The draft Sexual Health strategy (appendices 1 to 5 of this report on the council website http://www.croydon.gov.uk/democracy/dande/minutes/cabinet/2012/) contributes to Croydon Council’s vision of:

‘An Enterprising City’
- Improving the health and well being of the community for a healthier workforce.

‘A Learning City’
- Ensuring citizens have the knowledge to make choices which promotes their sexual health and well being.

‘A Caring City’
- Reducing health inequalities across all areas of the community, especially those communities in greatest need.

FINANCIAL IMPACT

All current and potential future expenditure related to the implementation of this strategy can be contained within existing budgets available to the NHS and council.

Sexual ill health costs the NHS nationally more than £700 million a year.1 Appropriate investment in sexual health services can deliver health care savings; for every £1 spent on contraceptive services £11 is saved.2

Through the successful implementation of the sexual health strategy long term savings would be anticipated to the relevant health and social care budgets. This, for example

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2 Audit Commission 2003
The strategy is based on the reduction of unplanned pregnancies and resulting terminations and early diagnosis of HIV and therefore improved overall health and wellbeing with reduced demand as a consequence of poor health and social need.

Croydon’s sexual health strategy builds on this premise recognizing that sexual ill health places a financial burden on all aspects of life – NHS, Local Government, education and the business sector.

**FORWARD PLAN KEY DECISION REFERENCE NO.:** not applicable

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

1. **RECOMMENDATIONS**

   **The Cabinet is recommended to**

   Adopt the Sexual Health Strategy for Croydon at Appendices 1 to 4 to this report *(e-copy on the Council website agenda for this meeting)*
   - and agree implementation of the associated action plans.
   - Note the findings from the Joint Strategic Needs Assessment in regard to sexual health.

2. **EXECUTIVE SUMMARY**

   The World Health Organisation (WHO) defines good sexual health as “a state of physical, emotional, mental and social well-being related to sexuality; not merely the absence of disease, dysfunction or infirmity.”

   The Croydon Annual Public Health Report 2010\(^3\) has further defined health and wellbeing as “more than the absence of disease; it is the ability for everyone in Croydon to fulfill their potential, make a contribution, and be resilient to life’s challenges.”

   Sexual ill health costs the NHS more than £700 million a year.\(^4\) Appropriate investment in sexual health services can deliver health care savings; for every £1 spent on contraceptive services £11 is saved.\(^5\)

   It is important to reduce sexual health inequalities and to maximise the health of people of Croydon, as well as normalise pleasurable and safe sexual experiences and relationships which are free from discrimination, coercion and violence.

   **Aims of the Strategy**

   The overall aims of the Croydon Sexual Health Strategy (the Strategy) are to:

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\(^5\) Audit Commission 2003
• Improve the sexual health of the population;
• To reduce inequalities in sexual health;
• Set targets in line with national priorities and monitor progress as appropriate to local populations;
• Ensure prevention is integral to service delivery.

Strategic Vision
The sexual health needs for Croydon will be addressed through the use and development of relevant services that are in line with national and local policies and targets. Health promotion and sexual health education will also play a key role in increasing sexual health awareness and helping people to make informed and responsible choices for their own health. The service provision will be consistent, evidence-based and delivered in a variety of clinical and community settings so that all individuals can have choice and access.

Purpose of the Strategy
The purpose of the Strategy is to:
- Address local priorities in sexual health as well as to meet local and national targets;
- Ensure that sexual health services are comprehensive for the local population;
- Allow for the inclusion and cross-referencing of other strategies;
- Ensure and maximise best use of available resources;
- Provide support for the delivery of local sexual health services;
- Support all staff to develop their skills through work-based and other dedicated education and training programmes, in line with national priorities;
- Co-ordinate local information campaigns with national information campaigns and ensure they meet good practice benchmarks.

3. DETAIL

Introduction
The Strategy brings together for the first time a comprehensive needs assessment, short to medium term planning and associated action plans.

The Strategy has been co-produced with NHS Croydon Public Health and London Borough of Croydon with representatives and input from all relevant departments, service providers and commissioners. A strong focus was directed to obtaining the views and experiences of service users/patients through numerous consultation events (see below), as part of this process a full Equalities Impact Assessment was undertaken.

During 2010 a Joint Strategic Needs Assessment was commissioned and undertaken by Public Health. In undertaking the Joint Strategic Needs
Assessment information was gathered and analysed from a wide range of sources and has provided a solid basis on which to ground the strategy. In undertaking the review of literature as part of the JSNA it was necessary to source information which, in some cases has been in the public domain for some 8 years. However, the research used (and the references cited below) remain relevant. The advantage of such an approach as been the ability to view needs, trends and issues at a macro level whilst not losing sight of the individual needs of service users/patients and community at a micro level.

Inequalities in sexual health can be seen in a number of groups such as black Africans, women and young people especially in the areas of HIV, termination and repeat termination of pregnancy and teenage pregnancy. In addition there are cross cutting themes such as the diagnosis, treatment and prevention of sexually transmitted diseases such as Chlamydia.

A summary of the overall Strategy is provided above with summaries of the sub-strategies below.

**Policy context**

Sexual health is a high public health priority in the United Kingdom. This reflected by the national policies and strategies designed to improve sexual health services. The National Strategy for Sexual Health and HIV\(^\text{6}\) (2001) aims are to:

- reduce transmission of Human Immunodeficiency Virus (HIV) and sexually transmitted infections (STIs);
- reduce the prevalence and incidence of undiagnosed HIV and STIs;
- improve health and social care for people living with HIV;
- reduce stigma associated with HIV and STIs;
- reduce unintended pregnancy rates;
- create an infrastructure for excellence.

A toolkit was developed and published in 2003 in response to the first National Strategy for Sexual Health and HIV. Effective Sexual Health Promotion\(^\text{6}\) (2003) provides a range of practical tools which can be adapted to particular work settings, client groups and service users’ own levels of confidence, experience and skills.

In response to the 2008 mid-term review of the Independent Advisory Group on sexual health and HIV the government published Moving forward: progress and priorities - working together for high quality sexual health\(^\text{6}\) the following year. This outlined the progress made in improving sexual health since 2001 and responded to the national level recommendations put forward by the Independent Advisory Group.

The London Sexual Health Programme is funded by London's 31 Primary Care Trusts (PCTs) to improve the sexual health of Londoners through leading and strengthening Sexual Health Commissioning. An important report for the

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\(^\text{6}\) Better prevention, better services, better sexual health: the national strategy for sexual health and HIV
London Sexual Health Programme - Sex and Our City - was published in 2008 outlining the sexual health needs of Londoners and a map of services available. In 2009, the London Sexual Health Framework updated its predecessor from 2004 with a range of standards and sexual health indicators that can be used by PCTs.

In 2010, the Department of Health published the White Paper Equity and Excellence: Liberating the NHS outlining the new Coalition’s vision of how the NHS should be set up to achieve maximum efficiencies; provide high quality services; be innovative in its approach to tackling inequalities and demands; and including an agenda on prevention. This announced the start of restructuring the NHS, which will have a big impact on the way in which current services are delivered locally.

In 2003 the council, in partnership with the NHS established a Sexual Health and HIV Partnership Board. The partnership board has met regularly 9 years to develop services at strategic and operational levels. The partnership comprises of NHS and council commissioners, public health and service providers.

**Sub-Strategies**

**Sexual Health Promotion and Education Strategy**

Sexual health promotion is an important way of improving positive sexual health and reducing differences between individuals and communities. It can include providing information, support and also sexual and relationship education. The Croydon Sexual Health Promotion and Education Strategy aims to provide sexual health promotion around several key areas in sexual health to all Croydon residents and targeted sexual health promotion to meet the needs of the borough’s different populations including vulnerable adults.

The Sexual Health Promotion Strategy will deliver the following strategic objectives:

- Improve sexual health of all Croydon residents at all stages of the life course through the delivery of appropriate sexual health promotion initiatives and activities;
- Increase integration of sexual health promotion in health and social services programmes;
- Deliver targeted sexual health promotion including outreach to high risk groups;
- Deliver targeted sexual health promotion to Croydon’s vulnerable adult populations;
- Improve knowledge, information and access to local sexual health services through the development and implementation of Croydon’s Sexual Health Communication Strategy.

**Repeat Abortion Strategy**

More than one abortion in an individual’s lifetime is called a repeat abortion. In Croydon, 49% of women undergoing an abortion have had one or more abortions previously which is a higher rate compared to the UK and London.

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overall. The number of repeat abortions is particularly higher in women under the age of 25 and in women between the age of 30 and 39.

The Strategy aims to reduce the number of unwanted pregnancies and therefore the need for abortions in Croydon. It focuses on the need of those individuals who undergo more than one abortion during their lifetime. This will be achieved through increasing the use of contraception; increasing the provision and accessibility of sexual health support services; and providing promotion and education in regard to these services and this strategy.

An Action Plan has been drawn up that sets out the detailed steps proposed for achieving the strategy aims, the timescales and the measures that will be used to judge to what extent the step has succeeded.

**HIV Testing Strategy**

The number of people infected with HIV in Croydon is high and over 60% are diagnosed at a late stage in the course of the infection. New treatment options can make HIV manageable and life expectancy near normal if treatment is started early.

This strategy recommends ways of normalising HIV testing by integration into mainstream health services as well as testing targeted at population groups at a high risk of infection.

The Strategy aims to improve the uptake of HIV testing in Croydon and to reduce the individual, social, economical and public health burden of late presenting HIV infection. The vision is of greater uptake of HIV tests and diagnosis of HIV sero-positive individuals at an early stage of their infection through enhancing the provision of and access to HIV testing, encouraging normalisation of HIV testing and reduce stigma.

An Action Plan has been drawn up that sets out the detailed steps proposed for achieving the strategy aims, the timescales and the measures that will be used to judge to what extent the step has succeeded.

**Consultation**

The Health and Social Care Act 2001 and the NHS Act 2006 places a duty on NHS bodies to make arrangements for patient and public involvement and consultation on service planning and operation, as well as in proposals and decisions for changing the way those services are provided. This duty was reinforced in the 2006 publication “A Stronger Local Voice” from the Department of Health and included the establishment of Local Involvement Networks (LINks) to replace Patient and Public Involvement Forums to support the drive for greater and more meaningful involvement. The Healthcare Commission Standards for Better Health: Annual Health Check requires all organisations to demonstrate that they engage with patients, carers and the public about the services they deliver.

The involvement of the local community in the development of the strategy and programmes has been increasingly sought through existing user groups in Croydon. Croydon University Hospital Patient Assembly, Croydon BME Forum, Faith Together in Croydon, Croydon LINks, Croydon Voluntary Action, designated sexual health representatives and primary care patient groups have been involved in a variety of roles ranging from developing and implementing
strategies to service implementation.

Members of the Croydon Sexual Health & HIV Partnership Board and existing user groups were consulted and involved in the service and strategy development for sexual health. A more robust programme is needed to ensure that all stakeholders are able to provide input at all stages in the development of services.

**Commissioning Arrangements**
The current responsibility for commissioning sexual health related services are undertaken by NHS SWLondon Croydon Borough Team (the former PCT), and the Council.

NHS SWLondon have primary responsibility for the commissioning of acute and community sexual health services.

The council, in partnership with 10 other south London boroughs and former PCT’s (with the exception of Bromley) known as the South London HIV Partnership commission a range of health and social care services for people infected or affected by HIV.

From April 2013, commissioning of sexual health services for the testing and treatment of STIs and the provision of contraception and psychosexual services as well as the provision of sexual health promotion and Chlamydia testing as part of the National Chlamydia Testing Programme, will be the responsibility of Local Authorities. The commissioning of abortion services will form part of the CCG commissioning responsibility.

5. **FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

1 Revenue and Capital consequences of report recommendations

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<thead>
<tr>
<th></th>
<th>Current year</th>
<th>LBC Revenue</th>
<th>Medium Term Financial Strategy – 3 year forecast</th>
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<tr>
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<td>2012/13</td>
<td>2013/14</td>
<td>2014/15</td>
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<tr>
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<td>Income</td>
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Current NHS spend on a range of sexual health services amounts to c£7.5m, which will be included the c£17m ring-fenced Public Health allocation from 2013-14. The sexual health strategy has been developed on the basis that its action plan can be delivered within existing resources. The impact of the changes in commissioning arrangements will need to be monitored and the strategy updated accordingly if necessary.

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* Adult Social Care Budget only. This figure is exclusive of expenditure in Children, Families and Learners Social Care Services.
2 The effect of the decision
Through maintaining investment in sexual health services it is anticipated that long term savings will be realized. Maintaining good sexual health, reducing inequalities and providing effective prevention programmes all service to contribute to the long term savings to health and social care treatment and care budgets as well as associated areas such as employment.

3 Risks
The risks associated with disinvestment and decommissioning of services are outlined above and in the associated strategies.

4 Options
This has been covered in the body of the report.

5 Future savings/efficiencies
It is not possible to anticipate the changes in expenditure for both LBC and NHS Croydon at this time. However, research undertaken by the Audit Commission (2003) is clear in terms of the links between poor sexual health and the expenditure incurred by both the NHS and Local Authorities. Therefore it is reasonable to conclude that through improved sexual health cost reductions could be seen in specific budgets such as the social care expenditure related to people with HIV/AIDS for example.

6 (Approved by: Paul Heynes, Department Head of Finance, DASHH, on behalf of the Director of Finance).

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER
6.1 The Council Solicitor comments that there are no direct legal implications arising from this report.

(Approved by: Gabriel MacGregor, Head of Corporate Law on behalf of the Council Solicitor & Monitoring Officer)

7. HUMAN RESOURCES IMPACT
There are no Human Resources impacts.

7.1 (Approved by: Shola Adejonwo on behalf of the Director of Workforce, Equality & Community Resources)

8. EQUALITIES IMPACT
A full Equality Impact Assessment has been undertaken and is available as an e-copy only at www.croydon.gov.uk/agenda

The Equality Impact Assessment was undertaken by Public Health as an integral part of the development of the Sexual Health Strategy. In undertaking the EIA it was possible to have a clear understanding of the needs of the population of the borough in order to ensure that services were appropriately designed and targeted for maximum effect.

As described in section 3 above extensive consultation was undertaken with a wide range of stakeholders and community groups in order that needs were addressed in an appropriate and sensitive way.

9. ENVIRONMENTAL IMPACT
There are no environmental impacts

10. CRIME AND DISORDER REDUCTION IMPACT
This strategy does not impact on crime and disorder.

CONTACT OFFICER:
Simon Wadsworth, Commissioning Manager, Specialist Services, Adult Care Commissioning, DASHH.
Dr Ellen Schwartz, Consultant in Public Health, NHS South West London, Croydon Borough Team.

BACKGROUND DOCUMENTS: none

Appendices – e-copy only
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2 HIV Testing Strategy
3 Sexual Health Promotion Strategy
4 Repeat Abortion Strategy
5 Full Equality Impact Assessment – Sexual Health Strategy
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1. Introduction

The Croydon Sexual Health Strategy has been developed to improve the sexual health of people living in Croydon. The strategy proposes several approaches, such as, health promotion, education and development of specific services.

The World Health Organisation (WHO) defines good sexual health as “a state of physical, emotional, mental and social well-being related to sexuality; not merely the absence of disease, dysfunction or infirmity.”

The Croydon Annual Public Report 2010¹ has further defined health and wellbeing as “more than the absence of disease; it is the ability for everyone in Croydon to fulfil their potential, make a contribution, and be resilient to life’s challenges.”

Sexual ill health costs the NHS more than £700 million a year.² Appropriate investment in sexual health services can deliver health care savings; for every £1 spent on contraceptive services £11 is saved.³

It is important to reduce sexual health inequalities and to maximise the health of people of Croydon, as well as normalise pleasurable and safe sexual experiences and relationships which are free from discrimination, coercion and violence.

1.1 Policy context

Sexual health is a high public health priority in the United Kingdom. This reflected by the national policies and strategies designed to improve sexual health services. The National Strategy for Sexual Health and HIV⁴ (2001) aims are to:

- reduce transmission of Human Immunodeficiency Virus (HIV) and sexually transmitted infections (STIs)
- reduce the prevalence and incidence of undiagnosed HIV and STIs
- improve health and social care for people living with HIV
- reduce stigma associated with HIV and STIs
- reduce unintended pregnancy rates
- create an infrastructure for excellence

A toolkit was developed and published in 2003 in response to the first National Strategy for Sexual Health and HIV. Effective Sexual Health Promotion (2003)

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³ Audit Commission 2003
⁴ Better prevention, better services, better sexual health: the national strategy for sexual health and HIV
provides a range of practical tools which can be adapted to particular work settings, client groups and service users own levels of confidence, experience and skills.

In response to the 2008 mid-term review of the Independent Advisory Group on sexual health and HIV the government published Moving forward: progress and priorities - working together for high quality sexual health the following year. This outlined the progress made in improving sexual health since 2001 and responded to the national level recommendations put forward by the Independent Advisory Group.

The London Sexual Health Programme is funded by London’s 31 Primary Care Trusts (PCTs) to improve the sexual health of Londoners through leading and strengthening Sexual Health Commissioning. An important report for the London Sexual Health Programme - Sex and Our City - was published in 2008 outlining the sexual health needs of Londoners and a map of services available. In 2009, the London Sexual Health Framework updated its predecessor from 2004 with a range of standards and sexual health indicators that can be used by PCTs.

In 2010, the Department of Health published the White Paper Equity and Excellence: Liberating the NHS outlining the new Coalitions vision of how the NHS should be set up to achieve maximum efficiencies; provide high quality services; be innovative in its approach to tackling inequalities and demands; and including an agenda on prevention. This announced the start of restructuring the NHS, which will have a big impact on the way in which current services are delivered locally.

1.2 Aims of the Strategy

The overall aims of the Croydon Sexual Health Strategy are to:

- Improve the sexual health of the population
- To reduce inequalities in sexual health
- Set targets in line with national priorities and monitor progress as appropriate to local populations
- Ensure prevention is integral to service delivery

1.3 Strategic Vision

The sexual health needs for Croydon will be addressed through the use and development of relevant services that are in line with national and local policies and targets. Health promotion and sexual health education will also play a key role in increasing sexual health awareness and helping people to make informed and responsible choices for their own health. The service provision will be consistent, evidence-based and delivered in a variety of clinical and community settings so that all individuals can have choice and access.

1.4 Purpose of the Strategy

The purpose of the Croydon Sexual Health Strategy is to:

• Address local priorities in sexual health as well as to meet local and national targets
• Ensure that sexual health services are comprehensive for the local population
• Allow for the inclusion and cross-referencing of other strategies
• Ensure and maximise best use of available resources
• Provide support for the delivery of local sexual health services
• Support all staff to develop their skills through work-based and other dedicated education and training programmes, in line with national priorities
• Co-ordinate local information campaigns with national information campaigns and ensure they meet good practice benchmarks.

1.5 Development of the Strategy
The Sexual Health Strategy has been developed based on the Croydon Joint Strategic Needs Assessment (JSNA) on sexual health 2010/11 which brought together information from service data and demographic data, as well as information from previous JSNAs, service reviews, user consultations and other related local documents. The strategy has been written with reference to national and regional strategies; and guidance.

The work has been jointly led by NHS South West London Croydon Borough Public Health and Croydon Council with the involvement of partners in the local sexual health economy. The development of work in this area is overseen by the Sexual Health and HIV Partnership Board who meet on a regular basis. The Board consists of representatives of Croydon Council, NHS South West London Croydon Borough, Croydon Centre for Sexual Health (CCSH), Contraception & Sexual Health Services, Primary Care, and the South West London GUM & HIV Clinical Services Network (SWAGNET).
2 National and Local Targets and Indicators

There are several national and local targets set for sexual health for Croydon. These include specific indicators that may be related to activity of service providers, diagnostic rates and timely access to services.

The Department of Health has set several targets, some which are national and others which Croydon must respond to locally. The specific activity indicators to be included are:

- Reduce the under 18 conception rate by 50% by 2010 (compared to the 1998 baseline rate), which would require a reduction to a rate of 29.6 conceptions per 1,000 or approximately 195 conceptions per year.

- Review and monitor Chlamydia diagnostic rate from testing in both non-GUM and GUM settings and aim to achieve (or maintain) rates in the range from around 2,400 per 100,000 to 3,000 per 100,000 or higher in 2011/12, counting both GUM and non-GUM diagnoses made in the 15 to 24 year old age group. The target for 2010/11 was to screen 35% people aged 15 to 24 in Croydon.

- Achieve 90% uptake of antenatal HIV testing

- Reduce the number of newly acquired HIV and gonorrhoea infections

- The percentage of patients attending CCSH or genitourinary medicine (GUM) clinics who are offered an appointment to be seen within 48 hours of contacting a service, aiming to reach 100%

- The number of new diagnoses of gonorrhoea per 100,000 population to contribute to the reduction of infections by 25% by 2007

- All women who meet the legal requirements (up to 24 weeks) have access to abortion within 3 weeks of the first appointment with the GP or other referring doctor

- At least 75% of abortions that take place in a local area should be NHS funded

- Ensure access to abortion services under 10 weeks gestation to support early access to abortion and achievement of the standard set in the Sexual Health Strategy of a 3 weeks maximum waiting time

- 100% of Gum clinic attendees to be offered an HIV test with a 60% level of uptake

- Reduce late diagnosis of HIV to 15% for March 2011

- All homosexual/bisexual men to be offered a hepatitis B vaccine after the first visit with a 90% level of uptake

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6 Department of Health
7 Office for National Statistics and Teenage Pregnancy Unit, 2010
8 National Chlamydia Screening Programme, Feb 2011. Further to this statement, there is the continued expectation for PCTs to submit all chlamydia NAATs testing activity deriving from venues outside of GUM to the NCSP on a quarterly basis
9 Performance Indicator set by the Healthcare Commission
3 Sexual Health Needs in Croydon

Croydon has the largest population of any London borough and levels of deprivation vary significantly between wards. There are increased rates of diagnosis of sexually transmitted infections, such as Chlamydia, gonorrhoea and genital herpes in Croydon. The diagnosis of HIV at a late stage and the abortion and teenage pregnancy rates are higher than London and national averages. The strategy objectives include achieving national and local standards, focusing on vulnerable and high risk groups, and conducting health needs assessments for particular groups in the population.

3.1 Croydon Population Demographics

Croydon has both the largest resident population of any London borough (340,000) and also the largest population of children and young people aged 0-19 (90,000). 43% of Croydon residents are between 15 – 44 years old, where sexual activity is highest.\(^\text{10}\) There are an estimated 44,400 people aged 15-24 years old in Croydon.\(^\text{11}\)

Deprivation levels across Croydon vary considerably and Croydon includes some of the most and some of the least deprived areas in London. Deprived areas are concentrated in Croydon’s major social housing estates and in the North of the area while wealth is mainly in the South. Outcomes vary enormously: there is an 11 year gap in life expectancy. On average, Croydon is slightly less deprived than the national average and considerably less deprived than London as a whole.

At 41%, the proportion of the population from Black & Minority Ethnic (BME) groups is similar to the London average (42%). This is expected to increase to 47% by 2018 and over 50% by 2026. Over 100 different languages are spoken in the borough.

3.2 Sexually Transmitted Infections

London has the highest prevalence of sexual ill health in the UK. The numbers of new diagnoses of herpes rose by 29% and Chlamydia and warts each rose by 8% between 2004 and 2008 in London. However, the number of new diagnoses of gonorrhoea decreased by 24% and syphilis decreased by 7% over the same time period.\(^\text{12}\) Young people, black minority communities and men who have sex with men (MSM) are consistently identified as those who are most affected by STIs.\(^\text{13}\)

Chlamydia has been the most commonly diagnosed STI at the CCSH at over the years analysed. Rates of infection are much higher in young people (16-25 years) than in other age groups. There was a 14% increase (since 2008) of new diagnoses of Chlamydia at the CCSH Hospital in 2009 which partly reflects the changes in screening and diagnostics of the infection.

As part of the National Chlamydia Screening Programme, Croydon achieved 25.7% screening coverage in 2010/11 for those aged 15-24 years. Positivity rates are

\(^\text{10}\) GLA London Plan Projection, 2009
\(^\text{11}\) Office of National Statistics ONS estimates, 2009
\(^\text{12}\) STI annual data tables 2008 London: Health Protection Agency
\(^\text{13}\) Sex and our city London: MedFASH, 2008
higher than the average for London, which partly reflects that Croydon is appropriately targeting the service to reach groups of young people at risk of infection.

The rate of gonorrhoea diagnosed at the CCSH rose by 3% from 2004 to 2009. The rate of diagnosis of 84 per 100,000 population was higher than the London (72.8) and England (29.7) averages. The increase in diagnoses is particularly noticeable in the 20-24 year age group.\textsuperscript{14}

The number of cases of genital herpes diagnosed at the CCSH in 2009 rose by 73% from 2004. This is likely to reflect increased use of a more sensitive molecular test at Croydon University Hospital.\textsuperscript{15} The rate of diagnosis in 2009 was 79.3 per 100,000 population which was the same as the London average but higher than the England average (51.2).\textsuperscript{16}

There was a decrease of 19% from 2008 in the diagnosis of genital warts at the CCSH in 2009. The rate of diagnosis for genital warts in Croydon was 111.5 per 100,000 population and was less than the London (163.6) and England (145.6) average.\textsuperscript{17}

There were only a very small number of cases of syphilis (<10) diagnosed at the CCSH in 2009.\textsuperscript{18} The rate of diagnosis for Croydon was 6.1 per 100,000 population which was lower than London (14.1) but marginally higher than the England (5.5) average. Across the UK, men were six times more likely to be diagnosed with infectious syphilis than women. Of infected men who have sex with men (MSM), almost a quarter of those infected were also infected with HIV.

The prevalence of HIV in 2009 was 4.43 per 1,000 population for Croydon, compared to the London (5.24) and England (1.4) averages.\textsuperscript{19} 22% of patients accessing HIV care in 2008 were MSM and 59% were of Black African ethnicity.\textsuperscript{20} The majority of those living with HIV in Croydon acquired the infection outside the UK.

In 2008, 40% of HIV patients were diagnosed late in Croydon compared with the London average of 30%. UK wide it is estimated that a third of those with HIV are undiagnosed.\textsuperscript{21}

### 3.3 Abortions

Croydon continues to experience higher rates of abortions with variation in rates across the borough.\textsuperscript{22} The overall abortion rate in 2009 for Croydon was 27.0 per 1,000 women (aged 15-44), compared to 26.0 in London and 17.6 in England. The

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\textsuperscript{14} STI annual data tables data from genito-urinary medicine clinics. 2009 London: Health Protection Agency

\textsuperscript{15} HPA Data from UK GUM clinic up to 2007 indicates continued increase in diagnosis of STIs. Health Protection Report (Serial online) 2008; 2; (29) HIV/STIs.

\textsuperscript{16} HPA data, 2009

\textsuperscript{17} HPA, Croydon University Hospital KC60 data

\textsuperscript{18} ibid


\textsuperscript{20} SOPHID 2008


\textsuperscript{22} Department of Health.2010.op.cit
percentage of conceptions for women aged 15-17 years leading to termination was 54%; a decrease from 59% in 2008.\textsuperscript{23}

In Croydon, just under half (49%) of all women undergoing an abortion in 2009 had undergone one or more previous abortions, compared with 42% of women in London and 34% in England. The proportion of repeat abortions in women aged 30 to 39 was over 60% and in those under 25 was 41%.\textsuperscript{24} The proportion of repeat abortions by ethnic group is highest among women of black ethnicity (54%).\textsuperscript{25}

The main aims of the Croydon Repeat Abortion Strategy are to prevent unplanned pregnancies, reduce the number of unintended repeat conceptions in all age groups and provide accessible and equitable abortion services for the population of Croydon. This strategy supports the objectives from The National Strategy for Sexual Health and HIV (2001),\textsuperscript{26} The Care of Women Requesting Induced Abortion (2004)\textsuperscript{27} and Recommended Standards for Sexual Health Services (2005).\textsuperscript{28}

### 3.4 Teenage Pregnancies

Statistics released by the Office of National Statistics in February 2011 showed Croydon had seen the conception rate for women aged 15-17 years drop from a rate of 55.4 conceptions per 1000 during 2008 to 45.7 per 1000 during 2009. Croydon continues to maintain a reduction in its local under-18 conception rate with the rate of under-18 conceptions for the first quarter of 2010 recorded as 40.3 per 1000 girls. As a consequence, Croydon saw its under-18 conception rate drop by 22.7% from the 1998 baseline, and showed a drop of 17.5% from 2008 rates.

England and London have similarly seen drops in their under-18 conception rates with rates being at their lowest levels since 1998. The England rate of under-18 conceptions was 37.9 per 1000 girls for England and 39.7 per 1000 girls for London aged 15-17 years. However, Croydon has a higher rate on under-16 conceptions than London or England averages.

The Croydon Teenage Pregnancy Strategy 2011-12 covers eight key themes and includes a wide array of objectives covering issues such as strategic governance and commissioning, delivery of sex and relationship education in schools and colleges, delivery of young people focused sexual health services, targeted work with at-risk groups of young people and workforce development etc.\textsuperscript{29}

### 3.5 Specific Population Groups

In 2010, over 1000 children were looked after in care and more than half were unaccompanied asylum seeking children.\textsuperscript{30} These young people are recognised as being vulnerable to risk taking behaviour, including early and unprotected sexual activity. Young people leaving local authority care between 16 and 25 are also at risk and particularly vulnerable.

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\textsuperscript{23} Office of National Statistics, ONS estimates 2011  
\textsuperscript{24} Department of Health, 2010 op. cit  
\textsuperscript{25} Marie Stopes data  
\textsuperscript{26} Department of Health (2001)  
\textsuperscript{27} Royal College of Obstetrics and Gynaecology  
\textsuperscript{28} Croydon Repeat Abortion Strategy. Available at www.croydonobservatory.org  
\textsuperscript{29} Croydon Teenage Pregnancy Strategy 2011-12.  
\textsuperscript{30} Croydon Council data, 2010
Vulnerable adult groups identified in Croydon who are at an increased risk of acquiring STIs and blood borne viruses compared with the general population include homeless people, substance misusers, people with mental health problems, people with learning difficulties, asylum seekers, sex workers and victims of sexual violence and abuse.

Research into sexual risk behaviour among people with 'severe' mental health problems suggests that they are likely to engage in high-risk sexual behaviour, for a number of reasons, putting them at risk of sexually transmitted diseases.

The National Sexual Health and HIV Strategy highlights that 'sexual ill health is not equally distributed among the population', with gay men being identified as a high risk group. There has been little research carried out at national level on the sexual health needs of lesbian and bisexual women as they are deemed to be in a low risk category when it comes to sexually transmitted infections and HIV.

National data indicate that some Black and minority ethnic (BME) groups, especially younger black Caribbean, black African and other black population groups are disproportionately affected by STIs and sexual ill-health31.

There are particular barriers to accessing services for BME communities which, partnered up with the disproportionate numbers of HIV and teenage pregnancies amongst minority communities, makes this a crucial issue to tackle for Croydon. These barriers include language, taboo, and stigma. For this reason, understanding and meeting the needs of BME communities in Croydon is a challenge that needs to be met through better engagement of communities.

3.6 Strategic Objectives

The main strategic objectives are to:

3.6.1 Include standards for the quality of data collected and robust outcome measures into the sexual health strategy and commissioning of services

3.6.2 Prioritise the targeting of vulnerable and high risk groups with comprehensive sexual health care

3.6.3 Implement the Croydon Repeat Abortion Strategy and Action Plan

3.6.4 Implement the Croydon Teenage Pregnancy Strategy and Action Plan

3.6.5 Implement the Croydon HIV testing Strategy and Action Plan

3.6.6 Ensure all national and local targets and indicators are incorporated and measured

3.6.7 Carry out health needs assessments for those sections of the Croydon population whose sexual health needs are not clear for example, sex workers, refugees and asylum seekers and trafficked people

31 Chapter 6 STIs SWL annual report.
4 Commissioning and Management Framework

The main commissioners for sexual health services in Croydon are NHS South West London Croydon Borough Team and Croydon Council. The goals of this Strategy are to ensure standards are implemented and sustainable, to improve service procurement and to facilitate partnership working of service providers.

The recent consultation papers released to accompany the public health White Paper Healthy Lives, Healthy People\(^{32,33}\) indicated that the proposal is for sexual health (which includes all sexual services apart from contraceptive services) to be funded from the new public health budget via local authorities.

In line with Croydon’s Strategic Plan for Sexual Health and HIV 2010-2015, there is a commitment to develop integrated sexual health services which includes provision of holistic intervention, streamlined care pathways and efficient use of limited resources through better partnership work across all sectors.\(^{34}\)

NHS South West London Croydon Borough Team and Croydon Council continue to be the main commissioners for local sexual health services in line with the three tiered model set out in ‘Better Prevention, Better Services and Better Sexual Health’ (Appendix A)\(^{35}\) and the overarching commissioning standards set out in the London Sexual Health Strategic Framework (Appendix B).\(^{36}\) A list of current commissioners for individual services is provided in Appendix C. Croydon Contraceptive and Sexual Health service is managed by Croydon Health Services NHS Trust and provides the opportunity for integration between acute based CCSH and community based reproductive and contraceptive services.

The Croydon Sexual Health and HIV Partnership Board and the Children and Families Partnership: Be Healthy Sub-group ensures that the National Sexual Health and HIV Strategy and the London Sexual Health Strategic Framework are implemented at local level.

4.1 Strategic Objectives

The main Strategic Objectives are to:

4.1.1 Implement the standards of the London Sexual Health Strategic Framework in Croydon

4.1.2 Ensure sustainable commissioning arrangements for sexual health in Croydon

4.1.3 Improve procurement arrangements to ensure efficiency, effectiveness and value for money through better performance arrangements focused on outcomes

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\(^{34}\) Document available from www.croydonobservatory.org/ihaw/


\(^{36}\) London Sexual Health Strategic Framework 2009, London Sexual Health Programme
4.1.4 Review the Sexual Health and HIV Partnership Board and supporting Task Groups to facilitate partnership working

4.1.5 Investigate the cost-effectiveness of sexual health programmes in comparison with other NHS commissioning groups and examples of best practice
5 Sexual Health Services in Croydon

There are a range of sexual health services available in Croydon that provide a role in the promotion, prevention, diagnosis, treatment and advice on sexual health problems. Services include contraceptive care, genitor-urinary medicine, HIV care, abortion care and services for young people and specific groups. The aims of this Strategy are to integrate service provision, improve access and uptake of the service.

There are a range of sexual health services available in Croydon that are currently being integrated to provide a role in the promotion, prevention, diagnosis, treatment, advice and counselling of sexual health. They are held in different parts of the borough and may offer evening and weekend clinics. Services may be delivered through statutory, commissioned or voluntary organisations. They may provide a range of service level provision (Appendix A) and specialist services, for example, sessions for young people aged 25 and under.

A full list of available services provided is described in Appendix C.

5.1 Contraceptive Services

A number of contraceptive services across the borough offer various contraceptive methods, including condom supply, emergency hormonal contraception (EHC) and Long Acting Reversible Contraception (LARC). LARC methods are found to be more cost effective than the combined oral contraceptive pill. According to recent data it is believed that 19.8% of women in Croydon are using oral contraception and 3.6% are using LARC methods.

Key aims of this Strategy are to reduce the number of unintended pregnancies and reduce the incidence of STIs. Therefore it is essential that individuals can access contraceptive services that provide advice on all contraceptive methods available, free provision of all methods and ongoing support for contraception and STI screening.

5.2 Croydon Centre for Sexual Health (CCSH)/ Community and Sexual Health Services (CASH)

The CCSH is based in Croydon University Hospital and is open to Croydon residents as well as people from other boroughs. Patients can wait to be seen, or telephone to book an appointment within 48 hours of initial contact. Services including advice, information, testing and treatment for all STIs, partner notification, emergency contraception, and condom supply are available.

In 2006 the Department of Health introduced a national target to improve access to CCSH to reduce the rise in STIs across the country. This has been identified as a priority in the Operating Frameworks for the NHS in England and the Croydon JSNA 2010/11.

The CASH service is based at the Edridge Road Community Health Centre. Services are also available at outreach clinics at Parkway Health Centre in New Addington. The service provides advice, information and testing for Chlamydia and HIV, all methods of contraception including LARC, with specialist consultant-led problems referrals, psychosexual medicine counselling and a domiciliary service with intensive input for women already at risk of pregnancy.

The National Chlamydia Screening Programme (NCSP) in England was established in 2003. It is available at various services in Croydon and offers screening, treatment and partner management and prevention to sexually active young men and women aged 15-24 years.

Reducing the prevalence of Chlamydia among young people aged 15-24 is currently prioritised as a Vital Signs Indicator (VSI) with a new target based on Chlamydia diagnosis rates per 100,000 young adults aged 15-24 years. The NCSP recommends that 60% of screens should come from core services and has recently indicated that testing undertaken in CCSH will now also contribute to achievement of the target.

5.3 HIV Services

HIV testing and counselling is available in Croydon at the CASH and CCSH services. There are further services providing outreach testing, counselling, respite and support services. There is a dedicated HIV team that manages HIV positive individuals including the facility for inpatient care.

The UK National Guidelines on HIV Testing 2008 recommend that HIV testing should be a routine ‘opt-out’ strategy in general medical admissions and new registrants at GPs where the local prevalence is greater than 2 per 1000 population.

The Strategy aims to achieve greater uptake of HIV tests and diagnosis of HIV positive individuals at an early stage of their infection through enhancing the provision of and access to HIV testing and encouraging normalisation of HIV testing. Furthermore, HIV testing to be routinely offered to higher risk groups is recommended. Identified high risk groups include men who have sex with men (MSM) and men and women of African Origin. Services are also provided for parents, partners, and young people infected and affected by HIV. Advice and advocacy services to support those infected with HIV are also provided, as well as emotional and peer support groups.

A number of people who have HIV also require differing elements of social care, due to the debilitating nature of their illness. This is provided by a team of care managers in the Department of Adult Services and Housing, as well as by some services in the third sector. Care management includes assessing need, liaising with housing providers, legal assistance, respite and convalescence, or social support.

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40 British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA) and British Infection Society (BIS) Guidelines for HIV Testing 2008.

41 SOPHID, 2009: In Croydon, 21% of patients accessing HIV care in 2009 were men who have sex with men and 57% were of Black African ethnicity
The Croydon HIV Testing Strategy builds upon the key priorities and objectives outlined in this Strategy and reflects the key findings from the Croydon JSNA 2010/11 on Sexual Health.\textsuperscript{42} The actions include ‘opt-out’ testing in healthcare settings; targeted testing of higher risk groups and health promotion.

5.4 Abortion Services

The main provider of abortion services in Croydon is Marie Stopes International. Primary care services such as general practices and most pharmacies in Croydon offer emergency hormonal contraception (Level 1). Local services are organised to enable elective abortions to be provided at as early a gestation as possible (less than 12 weeks). When later abortions are needed, provision is available up to the maximum legal time limit of 24 weeks (except for abnormalities).

5.5 Primary Care Services

The primary care services are general practice and community pharmacies and provide essential and enhanced sexual health services (Appendix C). All GP practices provide basic contraceptive services, sexual health promotion and advice, testing for symptomatic patients and referrals as necessary for specialist sexual health services. GP practices vary in the provision of services especially around LARC methods and HIV support.

Community pharmacies play an important role in promoting access to contraception for people under 21 years and signposting to appropriate sexual health services in Croydon.

There is potential to expand both these service providers to offer enhanced sexual health provision at Level 1 for all age groups. The Strategy aims for increased access and improved sexual health service provision for all age groups at a community level developed as part of an integrated shared care pathway.

5.6 Sexual Health Services for Young People

Croydon provides a wide range of sexual health services particularly targeted at young people. These range from dedicated CASH and CCSH clinics for young people; sexual health drop-ins in colleges and other targeted settings, enhanced sexual health services in pharmacies, dedicated LARC clinics and a young people’s domiciliary contraceptive service. Young people are also able to access universal sexual health services offered by local community, primary and acute based services.

An enhanced teenage health drop-in service is currently being piloted in one of Croydon’s local secondary schools and, if successful, then the development of additional services will be explored.

Croydon also offers free condoms to all young people via the local C-Card Scheme. This service is available from a wide range of agencies, including health, local authority and voluntary sector services. Further expansion of the scheme is a local priority.

5.7 Services for Specific Groups

Croydon offers services for specific groups especially those at risk or vulnerable. These include specialist assessment services for all new unaccompanied asylum seeking children, rape and sexual assault victims, the homeless, refugee and asylum seekers.

There is currently limited work around the sexual health and service requirements of vulnerable groups in Croydon. The Croydon JSNA 2010/11 recommends further investigation of service use and needs; sexual health education and relevant workforce training to help deliver these needs.

5.8 Third Sector provision

Croydon has a variety of sexual health services provided by the third sector. These include advice and support services, advocacy services, counselling and health promotion. These organisations are supported to ensure services designed for specific client groups, e.g. young people.

5.9 Strategic Objectives

Strategic objectives are to:

5.9.1 Develop and increase integrated sexual health service provision at levels 1 – 3 in the community

5.9.2 Increase access to contraception for all ages to reduce unintended pregnancies, repeat abortions and STIs

5.9.3 Improve uptake of contraception in all sexually active age groups, prioritising LARC methods

5.9.4 Consider future antenatal screening to include testing for other sexually transmitted infections other than HIV, Syphilis, Rubella and Hepatitis B if required at local level

5.9.5 Increase the number of sites to provide access of condoms through the C-card scheme

5.9.6 Continue to deliver the Chlamydia Screening Programme targeting sexually active young people aged 15-24 years and vulnerable adults

5.9.7 Implement “You’re Welcome” Quality Standards to improve patient experience for young people

5.9.8 Deliver targeted HIV promotion/testing through outreach and integration into core services

5.9.9 Reassess HIV service provision taking into account the increase in numbers tested and diagnosed as well as the reality that HIV has evolved into a long term condition

5.9.10 Reduce health inequalities through targeted outreach HIV testing and contraceptive services to identified high risk groups

5.9.11 Implement the Croydon HIV Testing Strategy and deliver targeted HIV promotion/testing through outreach and integration into core service
Sexual health promotion and education strategy

Sexual health promotion is an important way of supporting positive sexual health and reducing differences between individuals and communities. It can include providing information, support and also sexual and relationship education. The Croydon Sexual Health Promotion and Education Strategy aims to provide sexual health promotion to all Croydon residents and targeted sexual health promotion to meet the needs of the borough’s different populations including vulnerable adults.

Sexual health promotion has been defined by the Department of Health (2003) as ‘any activity which proactively and positively supports the sexual and emotional health and well-being of individuals, groups, communities and the wider public and reduces the risk of HIV transmission’.

Sexual health promotion involves a wide range of activities and settings which can be aimed directly at an individual or group or indirectly at professionals, institutions and service providers.

A key component in improving sexual health for the local population is ensuring that sexual health is promoted and that sexual health education is provided. This would include the provision of targeted information, support and signposting with a focus on self care and management and also the provision of sexual health education.

Croydon Sexual Health Promotion Strategy aims to respond to the specific needs of local populations or groups within Croydon that require targeted interventions, because they are at higher risk of poor sexual health, are identified as being particularly vulnerable or have particular access requirements. However it also aims to be a vehicle for promoting the sexual and emotional health and wellbeing of all Croydon residents. The Croydon Sexual Health Promotion Strategy builds from the key issues outlined in this Strategy, the JSNA 2010/11 and mapping of current sexual health promotion activities in Croydon.

6.1 Croydon Wide

All Croydon adults should have an understanding of key sexual health issues to support them in making informed decisions about their sexual health, and should be provided with accessible, comprehensive signposting to sexual health services.

One aim of the Croydon Sexual Health Strategy is to improve local health promotion initiatives through the use of local media, social media, or via initiatives in the workplace, or mainstream local authority services, and in healthcare settings such as pharmacies and general practices. Given the increasing public health function of local government, Croydon Council will provide a central role in promoting sexual health in the borough.

6.2 Young People

It is widely recognised that it is essential for all young people to have access to high quality information about sex and relationships and support to develop skills, confidence and appropriate values.

All secondary schools are encouraged to provide a comprehensive Sex and Relationship Education (SRE) programme as part of the Personal Social and Health Education (PSHE) curriculum. Department for Education and Employment guidance (2000) states: subject areas to be covered are puberty, menstruation, contraception, abortion, safer sex, HIV/AIDS and STIs; the needs of all people should be met
regardless of sexual orientation and ethnicity and these should include children with special needs and learning difficulties.

In Croydon, the Sex and Relationship Task Group works with a wide variety of local partners to ensure SRE is delivered effectively within school and non-school settings. The local Healthy Schools and Teenage Pregnancy Teams along with Public Health colleagues provide specialist advice and guidance to local teaching staff and PSHE Leads in this area.

Additional work has also been carried out with local colleges to ensure the delivery of high quality SRE programmes for further education students. Assistance and guidance has been provided to support local colleges in the development of their local SRE policies and programmes. As a consequence, many interventions have been developed and delivered in Croydon’s colleges over recent years. These include the delivery of SRE and targeted prevention programmes, the delivery of college based young peoples’ sexual health drop-in clinics, regular sexual health campaigns and the development of peer education initiatives.

There is also a wide range of sexual health promotion interventions aimed at young people taking place outside Croydon’s educational settings and these sexual health initiatives are part of Croydon’s Teenage Pregnancy Strategy. Some examples of local interventions that have been developed to further these objectives include borough-wide sexual health media campaigns; the production and dissemination of sexual health information and resources; development of a sexual health information website for young people that live in South West London; targeted prevention programmes for young people identified as being at greater risk of poor sexual health; sexual health outreach and information services; targeted sexual health drop-in clinics; seminars and a wide range of training for local professionals on a range of young people’s sexual health issues including teenage pregnancy.

Additionally, as part of the National Chlamydia Screening Programme which is aimed at 15-24 year olds, Croydon has carried out a range of sexual health promotion activities including: targeted mail-outs; poster campaigns in buses, cinemas and leisure facilities; web information; branded materials; outreach work.

6.3 Croydon Public Health Training Programme, Health Library and Resources Service

Croydon’s Public Health Department runs courses relating to national and local public health priorities, including sexual health. They are free to individuals and organisations involved in promoting the health of people in Croydon. Croydon Health Library and Resources Service operate a public health library and the Resources Team have a wide range of sexual health leaflets, posters, teaching packs and videos and provide support from staff on how to use them effectively and also a free delivery service.

6.4 Promotion at Sexual Health Services

Sexual health promotion is well integrated with the other activities of Croydon’s sexual health services. Croydon Centre for Sexual Health (CCSH) has Health Advisors providing sexual health promotion, safer sex education and counselling to all groups of patients attending the clinic.

CASH Services provide information, advice and signposting relating to STIs. CASH provides education to GPs and their practice nurses, pharmacists, paediatricians, gynaecologists and staff at CCSH about contraceptive decision-making. The pharmacists at the GP led health centre, cover wider health promotion issues during 1 to 1 sessions e.g. smoking cessation.
CCSH & CASH are part of a clinically managed regional network - South West London HIV & Sexual Health Clinical Services Network (SWAGNET). This has a sexual health promotion subgroup allowing members to share good practice, resources and training. There are targeted sexual health promotion activities including events, literature and training both for members of the network and other healthcare workers. SWAGNET has set up a web portal at www.swish.nhs.uk to direct patients to appropriate health and information services.

Other services as Marie Stopes International, South London HIV partnership and community pharmacies provide advice and information on abortion, contraception, vasectomies and STIs; provides a HIV Health Support Service; and participate in sexual health campaigns supported by materials from the Public Health Resource Department.

6.5 Targeted sexual health promotion and outreach

As outlined in the Sexual Health Promotion Strategy, there are various local populations with particular sexual health needs requiring targeted sexual health promotion. These include BME communities, Lesbian Gay Bisexual Transgender communities, Men who have sex with men (MSM), vulnerable adults, homeless people, people with learning difficulties and people with mental health problems.

6.6 Communications Strategy

For Croydon’s Sexual Health Strategy to be effective, it needs to incorporate or be accompanied by a comprehensive communications strategy. This should cover all the key areas of the Sexual Health Strategy: delivering universal sexual health promotion to Croydon residents; priority areas such as HIV testing and repeat abortions; targeted communications addressing the particular needs of different groups, including vulnerable adult populations.

6.7 Strategic Objectives

6.7.1 Improve sexual health of all Croydon residents at all stages of the life course through the delivery of appropriate sexual health promotion initiatives and activities.

6.7.2 Increase integration of sexual health promotion in health and social services programmes

6.7.3 Deliver targeted sexual health promotion including outreach to high risk groups

6.7.4 Deliver targeted sexual health promotion to Croydon’s vulnerable adult populations

6.7.5 Improve knowledge, information and access to local sexual health services through the development and implementation of Croydon’s Sexual Health Communication Strategy
Education, training and increasing workforce capacity are key in providing accessible, high quality sexual health services for the population of Croydon. The Strategy objectives are to implement a workforce development programme, provide training and education for all service providers through work-based or other education based programmes.

Education, training and personal development for all sexual health service providers is a key strategy for the Department of Health. This would include people with a role in delivery of STI prevention, education and services, for example, social workers, youth workers, prison staff and teachers. It recommends that training needs to cover core skills and issues such as awareness, information and communication skills. Furthermore, it recognises that considerable expansion and modernisation of services is required with an integrated delivery of service.

The Public Health White Paper ‘Choosing Health’ (2004) identified training and workforce capacity issues as integral to the Sexual Health agenda. It complements the Quality recommended Standards for sexual health training (2005) and provides excellent markers of good practice, designed to help improve the quality of services and the patient experience. The standards include good training practice; and delivery of training including content, style and evaluation. Good quality sexual health training can help to counter health inequalities.

The role of the sexual health workforce has been expanding over the past few years with an aim to deliver these recommendations and high quality care for all service users in Croydon. Local contraception and sexual health services have developed multi-disciplinary teams to make effective use of skills of all team members. CASH is a busy training centre for sexual health care providers (e.g. GPs and pharmacists) for the qualification of all contraceptive methods. It is acknowledged that extra time is involved in the delivery of this training and the impact on the running of clinics where back fill is not available.

A workforce training needs assessment was undertaken to inform a local training plan. The aim was to facilitate staff from the community sexual health services to deliver basic services and integrate delivery of both reproductive and sexual health services in a variety of settings. This would increase the capacity and flexibility to better meet local sexual health needs.

There is a range of sexual health training available for practitioners and the general public at national and local levels. NHS South West London Croydon Borough Team offers courses to all local professionals covering a wide range of subject areas, e.g. Chlamydia screening and condom awareness. Specialist training programmes have also been developed for specific groups, for example community pharmacists that offer enhanced sexual health services.

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44 Choosing Health (2004). Department of Health
45 Recommended Quality Standards for sexual health training (2005). Department of Health
7.1 Strategic Objectives

The overall Strategic Objectives are to:

7.1.1 Support all staff to develop their confidence, knowledge and skills through work-based and other dedicated education and training programmes, in line with national priorities

7.1.2 Provide access to flexible, multi-professional education and training to help develop interpersonal and communication skills; cultural competence, values and attitudes; and clinical and technical ability

7.1.3 Implement workforce development programme/capacity building to ensure competent and skilled staff to deliver to the integrated sexual health service and sexual health promotion agenda
8 Public Engagement and Patient Involvement

Community participation is important in helping deliver sexual health services effectively to Croydon population. The development of the strategy and programmes has been sought through existing user groups such as the Croydon University Hospital Patient Assembly and Croydon BME Forum. Successful public engagement and patient involvement would need to involve surveys, consultations, patient feedback and partnership working.

It is important to engage with current users of Croydon’s sexual health services and the community to help deliver and develop services that fully meet the needs of the local population.

The Health and Social Care Act 2001 and the NHS Act 2006 places duty on NHS bodies to make arrangements for patient and public involvement and consultation on service planning and operation, as well as in proposals and decisions for changing the way those services are provided. This duty was reinforced in the 2006 publication “A Stronger Local Voice” from the Department of Health and included the establishment of Local Involvement Networks (LINks) to replace Patient and Public Involvement Forums to support the drive for greater and more meaningful involvement. The Healthcare Commission Standards for Better Health: Annual Health Check requires all organisations to demonstrate that they engage with patients, carers and the public about the services they deliver.

The involvement of the local community in the development of the strategy and programmes has been increasingly sought through existing user groups in Croydon. Croydon University Hospital Patient Assembly, Croydon BME Forum, Faith Together in Croydon, Croydon LINks, Croydon Voluntary Action, designated sexual health representatives and primary care patient groups have been involved in a variety of roles ranging from developing and implementing strategies to service implementation.

Members of the Croydon Sexual Health & HIV Partnership Board and existing user groups were consulted and involved in the service and strategy development for sexual health. A more robust programme is needed to ensure that all stakeholders are able to provide input at all stages in the development of services.

8.1 Strategic Objectives

8.1.1 Conduct an annual sexual health service survey through community groups and local services.

8.1.2 Perform a service user consultation (including a qualitative needs assessment) to identify preferred options and address issues around priority topics

8.1.3 Use information obtained from patient feedback to inform and improve local services

8.1.4 Continue to adopt a partnership approach and develop further links with other groups/agencies and other public sector organisations

8.1.5 Demonstrate successful engagement of patients and broader stakeholders in the development of hospital and community services.
## Action Plan

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<tr>
<th>STRATEGIC OBJECTIVES</th>
<th>ACTIONS</th>
<th>TIMESCALE</th>
<th>PERFORMANCE INDICATOR</th>
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<tr>
<td>Develop integrated sexual health service provision at levels 1 – 3 in the community</td>
<td>- Develop/agree patient care pathways, clinical governance arrangements</td>
<td>September 2011</td>
<td>Patient pathways, governance arrangements agreed.</td>
<td>CASH)/GUM/ SWAGNET</td>
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<td>- Pilot integrated sexual health service through CASH</td>
<td>October 2011</td>
<td>3,600 patients who receive integrated care through CASH Tariff agreed for integrated care through GUM</td>
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<td>- Explore options for integrated sexual health service through CASH</td>
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<td>Implement Workforce Development Programme/Capacity building to ensure competent</td>
<td>- Undertake workforce training needs assessment for CASH staff to</td>
<td>July 2011 and</td>
<td>Training needs assessment undertaken for 100% of CASH staff</td>
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<td>and skilled staff to deliver to the integrated sexual health service and sexual</td>
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<td>health promotion agenda.</td>
<td>- Prepare and implement CASH training development plan.</td>
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<td>- Develop &amp; Implement Sexual Health Workforce programme for clinical</td>
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<td>and non-clinical staff across SWL Sector</td>
<td>July 2012</td>
<td>Sexual Health programme developed and promoted through SWAGNET</td>
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<td>- Ensure all healthcare providers and allied health professional (</td>
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<td>Annual audit of number of trained practitioners for sexual health service with breakdown in type of training</td>
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<td>RESPONSIBLE LEAD</td>
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</tbody>
</table>
| Reduce Health inequalities through targeted outreach HIV testing and Contraceptive services to identified high risk groups/areas. | - training courses  
  - Expand and increase the role of school nurses and health visitors in the delivery of Sex and Relationships Education (SRE)  
- Opt-out Testing Pilot in Medical Admission at CUH  
- Develop pilot of HIV Testing for newly registered patients in four GP practices  
- Consider expanding opt-out testing in Emergency Department, specialist outpatients and increasing upper age limit to 80 years  
- Opt-out testing in antenatal services, abortion services, CASH, drug and alcohol services, sickle cell and tuberculosis services  
- Mapping exercises in high risk groups to develop HIV testing preferences and service infrastructure  
- Develop targeted HIV testing through THT | Commence July 2011  
- Investigate/feasibility study by March 2012  
- Completed by December 2011  
- Scale up and establish by May 2012  
- Started July 2011  
- December 2011 | 1. 100% of attendees to be offered HIV test  
  - Number offered testing over unit time  
  - Number who accept testing over unit time  
  2. Reduce late diagnosis of HIV to 15% for 2011  
  - Number testing positive with CD4 count ≤350 over unit time  
  3. Monitor uptake of test offered  
  - Number testing positive over unit time  
  4. Increase in early diagnosis of HIV, particularly in target groups by 2011  
  5. Enhance appropriate HIV testing services sites for target groups using findings from | CUS/CHS  
- CCSH  
- NHS SWL/CCSH  
- NHS SWL  
- Public Health |
<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVES</th>
<th>ACTIONS</th>
<th>TIMESCALE</th>
<th>PERFORMANCE INDICATOR</th>
<th>RESPONSIBLE LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Evaluate the impact of the 1) Outreach HIV testing;</td>
<td>- 2) Young People’s domiciliary contraceptive service</td>
<td>Quarterly</td>
<td>Evaluation report produced</td>
<td>THT</td>
</tr>
<tr>
<td>- Deliver targeted TP3 programmes to at-risk young people</td>
<td>- Evaluate impact of targeted programmes to at-risk young people</td>
<td>April 2011-March 2012</td>
<td>Evaluation Report produced</td>
<td>CHS/CASH –TP Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>March 2012</td>
<td>Evaluation report produced</td>
<td>Public Health/ CHS-TP team</td>
</tr>
<tr>
<td>Improve procurement arrangements to ensure efficiency, effectiveness and value for money through better performance arrangement focused on outcomes.</td>
<td>- Undertake evaluation of the impact of the HIV support services for Croydon residents commissioned through the South London HIV Partnership.</td>
<td>November 2010</td>
<td>Report with recommendations for future commissioning options produced.</td>
<td>Public Health</td>
</tr>
<tr>
<td>Increase access to contraception to reduce unplanned pregnancies and repeat abortions.</td>
<td>- Condom distribution scheme (C-card) targeting young people 24 and under and other high risk groups.</td>
<td>Annually</td>
<td>Number of registered service users</td>
<td>Public Health</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVES</td>
<td>ACTIONS</td>
<td>TIMESCALE</td>
<td>PERFORMANCE INDICATOR</td>
<td>RESPONSIBLE LEAD</td>
</tr>
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</tr>
<tr>
<td>- Deliver targeted Sexual health Drop-In clinics for young people Colleges and youth Services</td>
<td>- Increase the number of pharmacies and pharmacists that provide enhanced sexual health services including oral contraception.</td>
<td>April 2011 and ongoing</td>
<td>1443 young people attended clinics 2011-12</td>
<td>CHS/CASH-TP Team</td>
</tr>
<tr>
<td></td>
<td>- Develop guidelines for pharmacies, educational institutes and community contraceptive services on signposting to sexual health services</td>
<td>Scale up for 2011/12</td>
<td>No of additional pharmacies/pharmacists offering services;</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>- Increase uptake of contraception post procedure by abortion providers to 85% and ensure there is provision for immediate advice</td>
<td>Establish and implement for 2012/13</td>
<td>No of EHC offered (% increase on 2010-11);</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>- Increase nurse-led sexual health service provision in GP practices and community settings</td>
<td>Scale up for 2012/13</td>
<td>No of Chlamydia treatment (% increase from 2010-11);</td>
<td>Public Health/NHS Commissioned provider</td>
</tr>
<tr>
<td></td>
<td>- Increase uptake of LARC contraception</td>
<td>Scale up for 2012/13</td>
<td>Percentage of women having an abortion who are offered screening for Chlamydia (incl uptake, diagnosed, treatment and partner treatment)</td>
<td>NHS SWL/Public Health/CHS</td>
</tr>
<tr>
<td></td>
<td>- Develop PID and secure funding to provide additional domiciliary service capacity for women who have had a repeat abortion</td>
<td>Increase for 2012/13</td>
<td>Percentage offered screening for other STIs</td>
<td>CHS/CASH &amp; SWL LARC Lead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scale up for 2012/13</td>
<td>Numbers or percentage receiving advice and supply of regular contraception</td>
<td>NHS SWL Commissioning Dept/Public Health</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVES</td>
<td>ACTIONS</td>
<td>TIMESCALE</td>
<td>PERFORMANCE INDICATOR</td>
<td>RESPONSIBLE LEAD</td>
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</tbody>
</table>
| abortion aged above 25 years | - Provide access for an abortion assessment within five working days of initial contact with an abortion provider or other healthcare provider  
- Provide access for an abortion within two weeks, but within a maximum of three weeks, of initial contact with healthcare providers  
- Access to abortion services at under 10 weeks gestation  
- Consider improving the availability of the provision of contraceptive services and STI screening at nurse led school drop in sessions and nurse led clinics in general practice | Quarterly  
Quarterly  
Quarterly | and number of repeat abortions  
Percentage of uptake and type of contraception prior and after abortion  
New attendee data breakdown e.g. by age, requested service type and LARC uptake  
Percentage of women seen for assessment within five days of first contact with health provider  
Percentage having abortion procedure within the maximum three weeks  
Gestation at abortion  
Percentage of medical and surgical abortions in all gestation groups and under 10 weeks gestation  
Percentage of self-referral to abortion services  
Number of referrals to domiciliary outreach team  
Numbers or percentage referred to or directed to alternative services for contraception | CASH/CHS  
CASH/CHS  
CASH/CHS  
CASH-TP Team/CHS/Public Health |
<table>
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<tr>
<th>STRATEGIC OBJECTIVES</th>
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<th>TIMESCALE</th>
<th>PERFORMANCE INDICATOR</th>
<th>RESPONSIBLE LEAD</th>
</tr>
</thead>
</table>
| Deliver Chlamydia Screening programme targeting sexually active young people age 15 – 24 years.                                                                                                                                  | - Work with Pharmacists and GP’s in the community to improve uptake of Chlamydia Screens  
- Provide opportunities for increasing provider confidence in screening by developing and organizing delivery of update sessions for services  
- Provide on site screening with colleges each term e.g. “Pee in the Pot” programme  
- Increase provision through the Integrated Youth Support Service  
- Deliver opportunistic testing in a range of settings e.g. GPs, pharmacies, community sexual and reproductive health services, abortion services, CCSH clinics and outreach  
- Ensure 60% of all screens come from core services i.e. GPs, pharmacies, community sexual and reproductive health services and abortion services  
- Develop dual testing to include gonorrhea testing                                                                                                                                                                                                                                           | Annually    | % of sexually active young people age 15-24 opportunistically screened for Chlamydia 2010-11  
Chlamydia diagnosis rates per 100,000 young adults aged 15-24 years 2011-12                                                                                                                                                                                                                                                            | THT/ Public Health |
|                                                                                                                                                                                                                                                                                    | Annually    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THT/ Public Health |
|                                                                                                                                                                                                                                                                                    | Oct 2011    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THT/ Public Health |
|                                                                                                                                                                                                                                                                                    | Annually    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THT/ Public Health |
|                                                                                                                                                                                                                                                                                    | Annually    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THT/ Public Health |
|                                                                                                                                                                                                                                                                                    | To commence 2011/12 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | THT/ Public Health |

27
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<tr>
<th>STRATEGIC OBJECTIVES</th>
<th>ACTIONS</th>
<th>TIMESCALE</th>
<th>PERFORMANCE INDICATOR</th>
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</tr>
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<tbody>
<tr>
<td>Implement the DH “You’re Welcome” Quality Standards to improve patient experience.</td>
<td>Increase the number of settings who have achieved ‘You’re Welcome Standards’ with initial priority placed on sexual health settings.</td>
<td>March 2011 and ongoing</td>
<td>No/Type of settings who have achieved You’re welcome Standards</td>
<td>NHS SWL – Croydon Borough Team</td>
</tr>
<tr>
<td>Improve knowledge, information and access to local sexual health services through implementation of sexual health promotion</td>
<td>Sexual Health Promotion Action Plan for Croydon</td>
<td>December 2012</td>
<td>Increased awareness of key SH messages</td>
<td>Public Health/Corporate Communications</td>
</tr>
<tr>
<td></td>
<td>Maintain SH promotion activities e.g. events, drop-in sessions, clinics</td>
<td>Develop and scale up in 2012/13</td>
<td>Number of events at which SH promotion is taking place</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Annual % increase in uptake of sexual health drop-in’s</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing record keeping audits</td>
<td>Public Health/ Corporate Communications</td>
</tr>
<tr>
<td></td>
<td>Increase awareness, uptake and availability of C-Card Scheme for young people</td>
<td>No/Type of agencies on C-Card scheme</td>
<td>Increase from 2009-10 baseline</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>Support the delivery of SRE and programmes in schools and colleges inline with best practice</td>
<td>Development of new Croydon Healthy Schools Programme in place. Healthy College Programme Strategy plan developed.</td>
<td>Number of condoms distributed</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>HIV Lead African Communities worker in post.</td>
<td>Initiated and ongoing</td>
<td>No/% of schools accredited. Reduction in number of U-18 conceptions in college settings</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Increase in uptake of HIV services by people from</td>
<td>Public Health</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVES</td>
<td>ACTIONS</td>
<td>TIMESCALE</td>
<td>PERFORMANCE INDICATOR</td>
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</table>
| − MSM health promotion activities
− Outreach into colleges for sexual health advice and provision of contraception for young people
− Extend intensive SRE in small group settings by expanding delivery of ‘TP3’, utilising knowledge of teachers and other professionals to target those most at risk.
− Health needs assessment of Croydon’s vulnerable adult populations
− Targeted communications to African communities
− Develop targeted communications to high risk and vulnerable groups
− Develop two related TP Communication Campaigns per year in Croydon
− Work with colleagues across SWL to maintain updates and revisions to Getting it on (GIO) Website and develop associated media and | Initiated and ongoing
Nurse in post since Sept 2010
Minimum 500 young people who undertook TP3 training in 2011-12.
November 2010
Annually
December 2012
Annually
Maintenance and update of GIO | African communities
Increase in uptake of HIV services by MSM
Numbers of people using service and mainstreaming into clinics where appropriate.
% reduction in local U-18 conception rate
% reduction in TOP and repeat TOPs amongst young people aged under 19.
HNA produced as part of JSNA
No of resources disseminated locally
No of resources disseminated locally
No of resources disseminated locally
No of campaigns delivered % increase in hits on GIO website | Public Health
Public Health
Public Health
Public Health
Public Health
TP Team/ Public Health
NHS SWL/ Public Health
<table>
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<tr>
<th>STRATEGIC OBJECTIVES</th>
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<th>TIMESCALE</th>
<th>PERFORMANCE INDICATOR</th>
<th>RESPONSIBLE LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>resources as funding allows.</td>
<td>website achieved-annually</td>
<td>% increase in uptake of local sexual health services</td>
<td>TP-Team/ Public Health</td>
<td></td>
</tr>
<tr>
<td>− Facilitate development and updating of local young people’s sexual health and teenage pregnancy resources</td>
<td>Annually</td>
<td></td>
<td>NHS SWL/ Public Health</td>
<td></td>
</tr>
<tr>
<td>− Deliver sexual health based information seminars for local managers and frontline practitioners.</td>
<td></td>
<td>No/Type of practitioners attending seminar  % increase on numbers trained from 2010-11</td>
<td>Public Health/TP-Team/THT</td>
<td></td>
</tr>
<tr>
<td>− Maintain on-going development and delivery of sexual health related training courses as part of NHS Croydon Public Health Training Programme</td>
<td>Annually</td>
<td>No/Type of TP and SRE training courses delivered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review the Sexual Health and HIV Partnership Board and supporting Task Groups to facilitate partnership working.</td>
<td>Work plan for Sexual Health Partnership Board &amp; Task groups Minutes/progress reports/ Annual sexual health &amp; HIV report</td>
<td>Report developed and disseminated.</td>
<td>Public Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Revised terms of reference developed</td>
<td>Work plan for Sexual Health Partnership Board &amp; Task groups Minutes/progress reports/ Annual sexual health &amp; HIV report</td>
<td>Public Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work plan developed for the Sexual Health &amp; HIV Partnership Board and Task Groups</td>
<td>April 2010 and ongoing quarterly</td>
<td>Report developed and disseminated.</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>Sexual Health &amp; HIV partnership board and task group meetings implemented</td>
<td>Annually</td>
<td>Written report</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>Perform a service user consultation (including a qualitative needs assessment) for priority issues e.g. repeat</td>
<td>Annually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVES</td>
<td>ACTIONS</td>
<td>TIMESCALE</td>
<td>PERFORMANCE INDICATOR</td>
<td>RESPONSIBLE LEAD</td>
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<tr>
<td>abortion</td>
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</tbody>
</table>
Appendix A- Croydon Contraception and Sexual Health Services offered

Level 1
• Sexual history taking, risk assessment and signposting
• HIV testing (including pre test discussion and giving of results)
• Pregnancy testing and counselling
• Referral for abortion
• Provision of emergency hormonal contraception
• Contraceptive information
• Health promotion
• Condom distribution
• Range of hormonal contraception / Depo-Provera
• Cervical screening and referral
• Chlamydia screening as part of the NCSP

Level 2
• IUD insertion and removal (including emergency IUD fitting)
• IUS insertion and removal for contraception and gynaecological reasons
• Contraceptive Implant insertion and removal

Level 3
• Specialist level responsibility for provider quality, teaching and training and clinical governance
• Contraceptive outreach provided: Weekly ‘4 All’ sexual health information and advice sessions plus condom distribution at 2 sites in collaboration with a voluntary sector provider via Teenage Pregnancy funding; Weekly ‘4 Lads’ sexual health information and advice sessions plus condom distribution with a voluntary sector provider via Teenage Pregnancy funding.
• 3 dedicated Young Persons clinics weekly
• Highly specialised contraception
• Difficult IUD insertion and removal
• Difficult implant removal
• Psychosexual / erectile dysfunction services

The service also provides teaching on natural family planning, a domiciliary service and has a care pathway in place with the local CCSH service for HIV positive women requiring contraception.

46 London sexual health service mapping-Results & analysis, London Sexual Health Programme. 
Appendix B- London Sexual Health Strategic Framework- Standards

Five overarching standards have been identified as the basis for commissioning improved sexual health and sexual health services in London to deliver the vision.

Standard One

PCTs should commission a comprehensive range of Sexual Health services that deliver improved health and wellbeing outcomes and measures meeting individual needs and showing service quality and effectiveness.

Standard Two

Sexual health services involve users in their design and delivery and regularly measure the experiences of service users.

Standard Three

Commissioners and providers work together to identify innovative approaches to promotion, prevention, and care that will increase and improve health and wellbeing outcomes.

Standard Four

Commissioners within each of the London sectors will work collaboratively and develop and fund Networks within a consistent London Framework, agreeing standards for quality and productivity across the sector.

Standard Five

Sexual health providers will develop integrated services across primary, community and secondary care using London Sexual Health tariffs to enable equity of access to integrated Sexual Health services. This will be under a Clinical Director providing leadership to the network of service providers, and with particular responsibility for clinical governance and training.

47 London Sexual Health Strategic Framework 2009, London Sexual Health Programme
http://www.londonsexualhealth.org/documents-resources.html
### Appendix C - Croydon Sexual Health Services – Service mapping 2009/2010

<table>
<thead>
<tr>
<th>SERVICE NAME</th>
<th>AUDIENCE REACHED</th>
<th>OUTLINE OF SERVICE PROVIDED</th>
<th>PROVIDER</th>
<th>LOCATION</th>
<th>COMMISSIONING ARRANGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL SEXUAL HEALTH &amp; HIV SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>CCSH</td>
<td>Croydon residents and residents from other boroughs</td>
<td>Advice, info, testing and treatment for all STIs, sexual health advice and info, partner notification, emergency contraception, condom supply</td>
<td>CUH</td>
<td>London Road, Croydon, CR7 7YE</td>
</tr>
<tr>
<td>2</td>
<td>CCSH</td>
<td>Croydon residents seen outside of borough</td>
<td>CCSH services (variable)</td>
<td>Other GUM (Sexual Health) Clinics Across London</td>
<td>Various locations</td>
</tr>
<tr>
<td>3</td>
<td>Sexual Health service provision through GP’s</td>
<td>Croydon residents</td>
<td>Condom supply, contraceptive advice and prescribing – 64 GP Practices, Provision of IUD/IUS and implant fitting - 55 GPs on NES</td>
<td>GPs</td>
<td>Various Locations in Croydon</td>
</tr>
<tr>
<td>5</td>
<td>GP Led Health Centre (Walk In Centre)</td>
<td>Open to all Croydon residents. Those not registered with GP - homeless, asylum seekers, younger people</td>
<td>Chlamydia testing, Oral contraception, EHC , referral to CCSH service.</td>
<td>GP</td>
<td>Impact House, Edridge Road, Croydon, CR9 1PJ</td>
</tr>
<tr>
<td>6</td>
<td>Contraceptive and Sexual Health</td>
<td>Croydon residents and residents from</td>
<td>Walk In Service except for services where appointments are required. Emergency</td>
<td>CCHS</td>
<td>Impact House, Edridge Road,</td>
</tr>
<tr>
<td>SERVICE NAME</td>
<td>AUDIENCE REACHED</td>
<td>OUTLINE OF SERVICE PROVIDED</td>
<td>PROVIDER</td>
<td>LOCATION</td>
<td>COMMISSIONING ARRANGEMENT</td>
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</tr>
<tr>
<td>Service (CASH)</td>
<td>other boroughs</td>
<td>contraception, supply of condoms, contraceptive advice, specialist clinics (IUD fitting, implant – Walk In Service; HIV testing/counselling by appointment, psychosexual clinic by appointment, natural family planning ), pregnancy testing and referral, Chlamydia screening and treatment. Clinic M-S, includes domiciliary service, LARC clinics 3/wk, psychosexual, outreach to Parkway and Connections - 1 clinic/wk ea.</td>
<td>Croydon, CR9 1PJ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Contraceptive and Sexual Health Service (CASH) Spoke of main CASH Service</td>
<td>Croydon residents and residents from boroughs</td>
<td>New Addington hub of familyplanning, contraception, condoms, SH advice. Appointment only.</td>
<td>Croydon Community Health Servicen - CASH</td>
<td>Parkway New Addington, CR0 0JA</td>
</tr>
<tr>
<td>8</td>
<td>Positive Parenting and Children HIV Support Service</td>
<td>Parents, partners, young people infected and affected by HIV</td>
<td>Support and health promotion</td>
<td>Positive Parenting and Children (PPC)</td>
<td>Joint Commissioning - South West London PCTs &amp; Local Authorities</td>
</tr>
</tbody>
</table>


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<tr>
<th>SERVICE NAME</th>
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<th>LOCATION</th>
<th>COMMISSIONING ARRANGEMENT</th>
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</thead>
<tbody>
<tr>
<td>9 Mildmay Respite Services</td>
<td>People living with HIV in SW London</td>
<td>Respite and rehabilitation for brain impairment following HIV</td>
<td>Mildmay UK</td>
<td>49 Effra Road London SW2 IBZ</td>
<td>Joint Commissioning - SWL PCTs &amp; Local Authorities</td>
</tr>
<tr>
<td>10 HIV Health Support</td>
<td>People living with HIV in South London</td>
<td>Health trainer/ Health promotion, with treatment and information publications</td>
<td>THT</td>
<td>Outreach in various locations</td>
<td>South London HIV Partnership (South London PCTs and South London Local Authorities)</td>
</tr>
<tr>
<td>11 HIV Counselling Service</td>
<td>People living with HIV in South London</td>
<td>1:1 counselling session for individual clients</td>
<td>THT</td>
<td>Outreach in various locations</td>
<td>South London HIV Partnership (South London PCTs and South London Local Authorities)</td>
</tr>
<tr>
<td>12 HIV Advocacy &amp; Support Service</td>
<td>People living with HIV in South London</td>
<td>Advise and advocacy on housing, immigration, debt and legal issues</td>
<td>THT</td>
<td>Outreach in various locations</td>
<td>South London HIV Partnership (South London PCTs and South London Local Authorities)</td>
</tr>
<tr>
<td>13 HIV Peer Support Services</td>
<td>People living with HIV in South London</td>
<td>Emotional and peer support weekly groups.</td>
<td>THT</td>
<td>Outreach in various locations</td>
<td>South London HIV Partnership (South London PCTs and South London Local Authorities)</td>
</tr>
<tr>
<td>SERVICE NAME</td>
<td>AUDIENCE REACHED</td>
<td>OUTLINE OF SERVICE PROVIDED</td>
<td>PROVIDER</td>
<td>LOCATION</td>
<td>COMMISSIONING ARRANGEMENT</td>
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</tr>
<tr>
<td>HIV Service Coordination</td>
<td>People newly diagnosed with HIV and people diagnosed with HIV already accessing services</td>
<td>Sign posting service for people living with HIV. First point of contact to all South London HIV Partnership services.</td>
<td>Metro Centre</td>
<td>Outreach in various locations</td>
<td>South London HIV Partnership (South London PCTs and South London Local Authorities)</td>
</tr>
<tr>
<td>Data Network Management for SLHP Services</td>
<td>People living with HIV in South London</td>
<td>Collection of all service user data for South London HIV Partnership</td>
<td>Meganexus</td>
<td>Based on the Euston Road.</td>
<td>South London HIV Partnership (South London PCTs and South London Local Authorities)</td>
</tr>
<tr>
<td>Monitoring Verification and Evaluation (MVE)</td>
<td>People living with HIV in South London</td>
<td>Monitoring and evaluation of SLHP services, producing user feedback and audits</td>
<td>NAW Solutions</td>
<td>Outreach in various locations</td>
<td>South London HIV Partnership (South London PCTs and South London Local Authorities)</td>
</tr>
<tr>
<td>HIV Social Care Support Service</td>
<td>Adults, children and young people infected or affected by HIV</td>
<td>Social care related support, care packages.</td>
<td>Croydon Council</td>
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<td>Croydon Council</td>
</tr>
<tr>
<td>HIV Support</td>
<td>Adults, children and young people</td>
<td>Advocacy, training, counselling, mentoring, social</td>
<td>The Junction</td>
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<td>Croydon Council</td>
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<td>SERVICE NAME</td>
<td>AUDIENCE REACHED</td>
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<tr>
<td>Service</td>
<td>infected or affected by HIV</td>
<td>events, general support, health promotion.</td>
<td>Croydon Community Health Service - CASH</td>
<td>Impact House, Edridge Road, Croydon, CR9 1PJ</td>
<td>NHS SWL –Croydon Borough Team</td>
</tr>
</tbody>
</table>

**YOUNG PEOPLE (<25's)**

| 19 | LARC Clinics - Contraceptive and Sexual Health Service (CASH) | Young people under 25 years. | Provision of LARC methods of contraception (IUD; Implant; Injectables;) and other methods of contraception (Oral contraception, EHC; Condoms) Chlamydia Screening, counselling, information, advise and signposting. | Croydon Community Health Service - CASH | Impact House, Edridge Road, Croydon, CR9 1PJ |

22  | C-Card Condom Distribution Scheme | Condom distribution to under 25's | Condom distribution through community outlets targeting young people under 25 and identified high risk groups. | NHS SWL - Croydon Borough Team - Public Health | Various community locations |

23  | Sexual Health service provision through community pharmacies | Young people aged under 21 | **Enhanced Service:** Condom provision via C-Card Scheme, emergency hormonal contraception, Chlamydia screening and treatment, partner notification, oral contraception, pregnancy testing; sexual health advice and signposting | 9 Community Pharmacies offering enhanced services | Various Locations in Croydon |

NHS SWL –Croydon Borough Team
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<thead>
<tr>
<th>SERVICE NAME</th>
<th>AUDIENCE REACHED</th>
<th>OUTLINE OF SERVICE PROVIDED</th>
<th>PROVIDER</th>
<th>LOCATION</th>
<th>COMMISSIONING ARRANGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Standard Pharmacy: Chlamydia screening, sexual health advise and signposting</td>
<td>Mostly 14-19year olds. A-level and vocational</td>
<td>sexual health clinics, DASH campaigns, targeted and universal SRE provision</td>
<td>CCHS – Teenage Pregnancy Team</td>
<td>3 sites (3 colleges), 2 session each site.</td>
<td>NHS SWL – Croydon Borough Team</td>
</tr>
<tr>
<td>25 Sexual health outreach – FE colleges</td>
<td>Young people accessing youth service provision (usually &lt;19 years)</td>
<td>Pregnancy test, Chlamydia screening, condoms, contraception, advice, EHC, TOP referral</td>
<td>CCHS – Teenage Pregnancy Team/ Integrated Youth Support Service</td>
<td>Waddon Youth Centre</td>
<td>NHS SWL – Croydon Borough Team</td>
</tr>
<tr>
<td>26 Sexual Health Outreach – Turnaround Centre</td>
<td>13-19 year old young people (upto 25 years of age if LDD young person)</td>
<td>SH Clinic</td>
<td>CCHS – Teenage Pregnancy Team</td>
<td>Turnaround Centre</td>
<td>NHS SWL – Croydon Borough Team</td>
</tr>
<tr>
<td>27 Talk Bus - General young peoples health advice – inc. sexual health</td>
<td>Sexual Health outreach, targets Young Peoplein New addington and Fieldway and Selhurst</td>
<td>General health promotion outreach services covering Drugs, Sexual health and other health issues relevant to young people.</td>
<td>Croydon Drop In</td>
<td>Various locations in Croydon</td>
<td>Healthy Croydon Partnership – commissioning overseen by NHS SWL – Croydon Borough Team</td>
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<tr>
<td>28 Sexual Health Outreach – Targeted Groups of</td>
<td>Those identified at greater risk of poor sexual health or</td>
<td>TP3 programmes and additional SRE provision</td>
<td>CCHS – Teenage Pregnancy</td>
<td>Based on local needs assessment, high rate</td>
<td>NHS SWL – Croydon Borough Team</td>
</tr>
<tr>
<td>SERVICE NAME</td>
<td>AUDIENCE REACHED</td>
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<tr>
<td>Young people</td>
<td>unintended teenage conception e.g. LAC, YP from particular wards/schools, young offenders, those excluded from school</td>
<td></td>
<td>wards/schools/groups of young people</td>
<td></td>
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<tr>
<td>MEN WHO HAVE SEX WITH MEN (MSM)</td>
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<tr>
<td>29</td>
<td>Health Promotion - Communication Campaign</td>
<td>Men who have sex with men</td>
<td>HIV prevention media targeting gay men, Dedicated website, information and signposting, sexual health magazine.</td>
<td>Gay Men Fighting AIDS</td>
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</tr>
<tr>
<td>30</td>
<td>Health Promotion – Group work</td>
<td>Men who have sex with men</td>
<td>HIV prevention group work targeting gay men</td>
<td>THT</td>
<td>Outreach in various locations</td>
</tr>
<tr>
<td>31</td>
<td>Health Promotion – Group work</td>
<td>Men who have sex with men</td>
<td>HIV prevention group work targeting gay men</td>
<td>PACE</td>
<td>34, Hartham Road, London N7 9JL</td>
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<td>32</td>
<td>Counselling and mentoring</td>
<td>Men who have sex with men</td>
<td>HIV prevention counselling and mentoring programme targeting gay men.</td>
<td>GMI Partnership</td>
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<tr>
<td>33</td>
<td>Health promotion - Health Trainers Initiative</td>
<td>Men who have sex with men</td>
<td>HIV prevention outreach programme targeting gay men.</td>
<td>GMI Partnership</td>
<td>Outreach in various locations.</td>
</tr>
<tr>
<td>SERVICE NAME</td>
<td>AUDIENCE REACHED</td>
<td>OUTLINE OF SERVICE PROVIDED</td>
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<tr>
<td>Condom Distribution</td>
<td>Men who have sex with men</td>
<td>HIV prevention condom distribution programme targeting gay men.</td>
<td>Camden PCT</td>
<td>Distribution outlets in various locations.</td>
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<tr>
<td>Communications – Mass Media</td>
<td>Men who have sex with men</td>
<td>HIV prevention media targeting gay men</td>
<td>THT</td>
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<tr>
<td>Telephone Helpline</td>
<td>Lesbian &amp; Gay service users</td>
<td>HIV prevention media targeting gay men</td>
<td>Lesbian &amp; Gay Switchboard</td>
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<tr>
<td>Health promotion - Health Trainers Initiative</td>
<td>Men who have sex with men</td>
<td>Health Trainer/ Health Promotion</td>
<td>THT</td>
<td>Outreach – Delivered through various locations</td>
<td>Joint Commissioning - SWL PCTs &amp; Local Authorities</td>
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<tr>
<td>North London Health Support Service</td>
<td></td>
<td>HIV Prevention work</td>
<td>THT</td>
<td></td>
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</tr>
<tr>
<td>Communications - Information Publications</td>
<td>Gay men, Black Africans</td>
<td>Treatment and health information publications</td>
<td>THT</td>
<td></td>
<td>Pan London HIV Prevention Programme</td>
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<tr>
<td>BME &amp; AFRICAN COMMUNITIES</td>
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<tr>
<td>Communications – African Communities (Mass and Small Media)</td>
<td>Black Africans; African Community/faith organisations</td>
<td>HIV Prevention work - media campaigns targeting Black Africans.</td>
<td>THT</td>
<td>Pan London HIV Prevention Programme</td>
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<tr>
<td>SERVICE NAME</td>
<td>AUDIENCE REACHED</td>
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<tr>
<td>41 African Health Promotion Skills</td>
<td>Black Africans, African Caribbean, Asian and people of African extraction infected or affected by HIV.</td>
<td>Emotional Support / Health Promotion</td>
<td>SHAKA</td>
<td>38-40 Kennington Park Road, London, SE11 4RS</td>
<td>Joint Commissioning - SWL PCTs &amp; Local Authorities</td>
</tr>
<tr>
<td>42 Community Outreach condom distribution</td>
<td>Black Africans in SWL, Lambeth, Southwark and Lewisham</td>
<td>Health promotion outreach and condom distribution targeting Black African communities.</td>
<td>African Cultural Promotion (ACP)</td>
<td>Outreach in various locations</td>
<td>Joint Commissioning - SWL PCTs &amp; Local Authorities</td>
</tr>
</tbody>
</table>

**SEXUAL HEALTH & HIV TRAINING & CAPACITY BUILDING - COMMUNITY GROUPS**

| 43 Organisational Development – Capacity Building | African Community Organisations | HIV prevention capacity building work with African community and faith organisations to enable them delivery HIV prevention work with their client groups. | THT                     | Pan London HIV Prevention Programme            |

**CLINICIANS & COMMISSIONERS**

| 44 SWAGNET - Clinical Network programme across SWL | Clinicians, commissioners | HIV and GU Clinical Network Activity across South West London | SWAGNET - Hosted by Wandsworth PCT | SWL PCTs                                      |

**RAPE & SEXUAL ASSAULT**
<table>
<thead>
<tr>
<th>SERVICE NAME</th>
<th>AUDIENCE REACHED</th>
<th>OUTLINE OF SERVICE PROVIDED</th>
<th>PROVIDER</th>
<th>LOCATION</th>
<th>COMMISSIONING ARRANGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>45</strong> Rape and Sexual Abuse Support Centre (RASAC) - Croydon</td>
<td>Women and girls over 14 years who are victims of sexual violence</td>
<td>Helpline, advocacy and counselling, long term (up to 18 months) psychological support to victims of rape and sexual assault.</td>
<td>Rape &amp; Sexual Abuse Support Centre</td>
<td>Croydon  CR9 2AW</td>
<td>London Councils, Croydon Council, GLA, Safer London, City Bridge Trust, NATWEST &amp; other charitable organisations</td>
</tr>
<tr>
<td><strong>46</strong> The Haven- Rape and Sexual Assault Service</td>
<td>General population - all age group</td>
<td>Medical forensic, practical and emotional support and counselling services.</td>
<td>The Haven</td>
<td>Ground floor, The Caldecot Centre, 15-22 Caldecot Road, London SE5</td>
<td>Pan London – Joint Commissioning between NHS London PCTs and Metropolitan Police Service</td>
</tr>
</tbody>
</table>

**MATERNITY SERVICES**

| **47** Mayday Midwifery Services | Females of all Age groups. Dedicated Service also available for under 16's. | Ante-natal support, STI testing & CCSH referrals | CUH | London Road, Croydon, CR7 7YE | NHS SWL - Croydon Borough Team |

**TERMINATION OF PREGNANCY SERVICES**

<p>| <strong>48</strong> Marie Stopes International - Termination of Pregnancy Services | General female population | TOP service and support, contraceptive advice, vasectomies Chlamydia screening, STI screening and treatment | Marie Stopes International | 1a Raleigh Gardens Brixton Hill London SW2 1AB | NHS SWL - Croydon Borough Team |</p>
<table>
<thead>
<tr>
<th>SERVICE NAME</th>
<th>AUDIENCE REACHED</th>
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<th>PROVIDER</th>
<th>LOCATION</th>
<th>COMMISSIONING ARRANGEMENT</th>
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</thead>
<tbody>
<tr>
<td>49 CUH – Termination of Pregnancy Services</td>
<td>Patients requiring complex care of all ages</td>
<td>Complex termination of pregnancies, Vasectomy, Female sterilisation</td>
<td>CUH</td>
<td>London Road, Croydon, CR7 7YE</td>
<td>NHS SWL -Croydon Borough Team</td>
</tr>
</tbody>
</table>

**REFUGEE & HOMELESS**

<table>
<thead>
<tr>
<th>50 Refugee health team</th>
<th>New entrants, asylum seekers, refugees, unaccompanied minors</th>
<th>General health services including provision of contraception, Chlamydia Screening, EHC, Condoms and sexual health advise.</th>
<th>CCHS</th>
<th></th>
<th>NHS SWL -Croydon Borough Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>51 Homeless Health Team</td>
<td>Homeless in Croydon</td>
<td>General health services including provision of sexual health services as required.</td>
<td>CCHS</td>
<td></td>
<td>NHS SWL -Croydon Borough Team</td>
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<tr>
<td>Abbreviation</td>
<td>Full name</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>BME</td>
<td>Black and Minority Ethnic</td>
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<td>CASH</td>
<td>Contraception and Sexual Health Services</td>
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<td>CCHS</td>
<td>Croydon Community Health Services</td>
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<tr>
<td>CCSH</td>
<td>Croydon Centre for Sexual Health</td>
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<tr>
<td>CHS</td>
<td>Croydon Health Services</td>
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<tr>
<td>CUH</td>
<td>Croydon University Hospital</td>
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<tr>
<td>EHC</td>
<td>Emergency Hormonal Contraception</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>GUM</td>
<td>Genito-Urinary Medicine</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HNA</td>
<td>Health Needs Assessment</td>
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<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
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<tr>
<td>IUS</td>
<td>Intrauterine System</td>
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<tr>
<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
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<td>LARC</td>
<td>Long Acting Reversible Contraception</td>
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<td>Men who have sex with men</td>
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<td>NCSP</td>
<td>National Chlamydia Screening Programme</td>
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<td>Primary Care Trust</td>
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<tr>
<td>PID</td>
<td>Project Initiation Document</td>
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<tr>
<td>PSHE</td>
<td>Personal, Social and Health Education</td>
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<tr>
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<td>Sexual Health</td>
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<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
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<tr>
<td>SRE</td>
<td>Sex and Relationship Education</td>
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<tr>
<td>SWAGNET</td>
<td>South West London GUM &amp; HIV Clinical Service Network</td>
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<td>Terrence Higgins Trust</td>
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<td>Teenage Pregnancy</td>
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<td>Vital Signs Indicator</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Croydon HIV Testing Strategy

The number of people infected with HIV in Croydon is high and over 60% are diagnosed at a late stage in the course of the infection. New treatment options can make HIV manageable and life expectancy near normal if treatment is started early.

This strategy recommends ways of normalising HIV testing by integration into mainstream health services as well as testing targeted at population groups at a high risk of infection.

This strategy builds upon the key priorities and objectives outlined in the Croydon Sexual Health Strategy and reflects the key findings from the Croydon Joint Strategic Needs Assessment 2010/11 on Sexual Health.

1 Introduction

1.1 Background

Highly active antiretroviral therapy (HAART) has transformed HIV infection from an illness inevitably leading to death to a treatable chronic condition with a near normal life expectancy. However there still continues to be significant morbidity and mortality associated with HIV infection. This is due to the diagnosis being made at a late stage in the course of infection.

A national audit by the British HIV Association (BHIVA) showed that the most common cause of death amongst HIV-positive adults in the UK was as a result of HIV diagnosis being made too late for effective treatment.1 Late diagnosis of HIV is also linked to impaired response to HAART and increased cost to healthcare services.2-3 Barriers to HIV testing include socio-demographic characteristics, language, stigma and fear of discrimination.4 Individuals who know of their HIV infection are less likely to engage in behaviour which carries the risk of transmission of the infection. Treatment with HAART reduces their viral load rendering them less infectious.5 Therefore earlier diagnosis is expected to offer other benefits including a reduction in onward HIV transmission.6 Early diagnosis and treatment is also cost effective with direct care costs for individuals diagnosed late estimated to be 200% higher than for those diagnosed early.7

1.2 HIV Diagnosis

In Croydon, the HIV prevalence in 2009 was 4.45/1000 population8 and 54.6% of diagnosed cases of HIV were late diagnoses9. There is a high rate of late diagnosis of over 60% with CD4 count of less than 350 and over 33% with CD4 of less than 200. National surveillance data shows that approximately one-third of all HIV infections in adults in the UK remain undiagnosed.9 Rates are higher in Croydon than the London average and this can bring considerable morbidity, mortality and financial costs to Croydon’s health economy.

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1 Based on HPA data 2009. True prevalence is therefore likely to be higher. HPA data: Overall 51.3% of diagnosed cases of HIV were late diagnosis for England.
The case for reducing HIV late diagnosis as part of an overall campaign including HIV prevention and promotion of sexual health is supported by Croydon’s Joint Strategic Needs Assessment 2010/11, UK National guidelines for HIV testing, Health Protection Agency and NHS London.\textsuperscript{10-15} The Department of Health had set a national target to reduce the rate of late diagnosis of HIV to less than 15% by March 2011 and new national targets are in development.\textsuperscript{16} The Pan London HIV Prevention Group emphasise it is important to target those with CD4 count of less than 350, the new definition for ‘late diagnosis’ since this is the point at which HAART should be offered (over 60% of those diagnosed with HIV in Croydon).\textsuperscript{8}

2 Strategic Vision

The strategy aims to improve the uptake of HIV testing in Croydon and to reduce the individual, social, economical and public health burden of late presenting HIV infection. The vision is of greater uptake of HIV tests and diagnosis of HIV sero-positive individuals at an early stage of their infection through enhancing the provision of and access to HIV testing, encouraging normalisation of HIV testing and reduce stigma.

3 HIV Testing Strategy

3.1 Integration of HIV testing into healthcare settings

The UK National Guidelines (2008) and the NICE Guidance (2011) on HIV Testing recommend that HIV testing should be a routine ‘opt-out’ strategy in; general medical admissions and new registrants at GPs where the local prevalence is greater than 2 per 1000 population.\textsuperscript{10, 14-15} The National Guidelines’ aim was to reduce stigma associated with testing by offering testing as part of routine care. In 2009, 955 Croydon residents accessed care for HIV, representing 4.45 per 1000 population.\textsuperscript{†} In addition, standard guidance have been published both at a local and regional level for appropriate training requirements for HIV service providers and adequate support provision for people testing positive.\textsuperscript{17-18}

Furthermore, the recommendation for routine ‘opt-out’ policy of HIV testing are explicitly stated with references to cost-benefit analysis and results from pilot programmes in the UK.\textsuperscript{10-12} There is also a need for clarity on immigration rules regarding immigration status of individuals and HIV testing and diagnosis.

Initiatives in increasing early diagnosis of HIV would involve testing in several key areas:

3.1.1 Acute healthcare trust (Croydon University Hospital)

- Maintain and encourage high uptake of ‘opt-out’ testing at GUM
- Implement a universal ‘opt-out’ testing in Croydon University Hospital for all adult general medical admissions, MAU (16 – 59 years)
- Aim to broaden this in the future to develop and encompass;
  - a selection of Emergency Department attendees

\textsuperscript{†} Based on population aged 15-59 of 214,797 – ONS data reference
- specialist medical outpatient attendees including for example oncology, dermatology, colposcopy, hepatology and haematology
- extend the upper age limit of testing in MAU to 80yrs

3.1.2 General Practice

- Consider implementation of a universal ‘opt-out’ testing for all men and women aged 15-59 years registering with a GP throughout Croydon, but initially in four practices with the highest number of HIV patients
- Consider implementing ‘opt-out’ testing in patients seen by out of hours providers of GP services
- Ensure new entrants to the UK are offered a test on arrival in Croydon if they have not already been offered an HIV test

3.1.3 Other Settings

- Develop and maximise the uptake of ‘opt out’ testing in other healthcare settings, i.e. in antenatal care, Contraception and Sexual Health Services, termination of pregnancy services; tuberculosis services, drug and alcohol services
- Develop additional settings where HIV testing could be integrated to reach high risk groups, e.g. sickle cell clinics or community events

3.2 Targeted HIV Testing

The UK National Guidelines further recommends HIV testing to be routinely offered to higher risk groups. Identified high risk groups in Croydon (i.e. men who have sex with men MSM and men and women of black African origin) may not access mainstream healthcare services.‡ Ongoing analysis of local epidemiology will help identify other high risk groups who warrant targeted HIV testing. Strategies to target high risk groups include:

3.2.1 Community Outreach

- Undertake mapping exercises in high risk groups in Croydon to understand the preferences for testing in certain community groups and to help plan testing in the community
- Continue to link community outreach activities with HIV testing that target ‘hard to reach’ high risk groups and utilise resources from the voluntary sector, cultural and community organisations e.g. Crocus, Terence Higgins Trust

3.3 Health Promotion

HIV prevention and sexual health promotion are pivotal elements in improving sexual health and reducing the incidence of HIV in Croydon. Activities include:

- Increase awareness of HIV and the improved prognosis under early treatment with new drugs
- Promote safe sex and particularly condom use

‡ SOPHID, 2009 : In Croydon, 21% of patients accessing HIV care in 2009 were men who have sex with men and 57% were of Black African ethnicity
• Develop the Croydon condom distribution scheme to widen its reach and uptake
• Raise awareness around high risk behaviour
• Improve uptake of HIV testing through improved access and normalisation of testing
• Promote access to health services

Schemes to promote HIV testing may run in collaboration with other schemes that can enhance the information provided to patients to encourage and normalise HIV testing. Strategies specific to HIV Testing in Croydon include:

3.3.1 Social marketing and communication

• Maintain and increase health promotion in higher risk groups e.g. MSM and African communities, through communication campaigns, counselling and capacity building organisations that work with these client groups
• Develop effectiveness and reach of the sexual health elements of the public health training programme
• Realise economies of scale by participation in regional and national campaigns
• Expand social marketing campaigning, with the support from contacts in the pharmaceutical industry that can sponsor materials that promote ‘positive imagery’ of healthy HIV positive individuals
• Enhance communication through local media
• Increase the display and distribution of health promotion materials at GP surgeries, other healthcare providers (e.g. pharmacies), local authority sites, and local schools and colleges
• Promote HIV testing and associated issues with young people via delivery in local schools and colleges
• Link the social marketing and communication activities for HIV testing with the Croydon Sexual Health Promotion Strategy

4 Patient and community involvement

The involvement of community groups and patient groups in the development of the strategy and programmes could be sought through existing groups e.g. Croydon University Hospital Patient Assembly; Croydon Voluntary Action; Croydon LINks; designated Sexual Health and HIV representatives; and primary care patient groups.
# 5 Action Plan

An action plan has been developed to ensure strategic objectives are achieved with the key priorities for development and indicators for measuring progress.

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Priorities for development</th>
<th>Timescales</th>
<th>Progress Indicators</th>
</tr>
</thead>
</table>
| 'Opt-out' HIV Testing in healthcare settings | Testing in Medical Admissions at CUH  
Testing in Emergency Department, specialist outpatients and increasing upper age limit to 80 years  
Feasibility study for integration of HIV testing in GP practices  
Testing in services related to antenatal care, tuberculosis and where services may enter the differential diagnosis  
Develop opt-out testing in abortion services, CASH, drug and alcohol services, sickle cell and TB services. | Commences July 2011  
Investigate/feasibility study by October 2011  
GP pilot commenced November 2010 for 3 months  
Annually  
Scale up and establish by May 2012 | 1. 100% of attendees to be offered HIV test  
• Number offered testing over unit time  
• Number who accept testing over unit time  
2. Reduce late diagnosis of HIV to 15% for 2011  
• Number testing positive with CD4 count ≤350 over unit time  
3. Monitor uptake of test offered  
• Number testing positive over unit time  
4. Ongoing analysis and monitoring of local HIV data and associated uptake of HIV testing |

| Targeted HIV Testing | Mapping exercises in high risk groups to develop HIV testing preferences and service infrastructure  
Community outreach HIV testing through voluntary, community and faith groups | Completed by December 2011  
Scale up by October 2011 | As above plus:  
1. Increase in early diagnosis of HIV, particularly in target groups by 2011  
2. Enhance appropriate HIV testing services sites for target groups using findings from mapping exercises |
<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Priorities for development</th>
<th>Timescales</th>
<th>Progress Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
<td>Social Marketing campaigning and communication with support from pharmaceutical sponsors, local media, NHS/Local authority sites and community/voluntary groups</td>
<td>Investigate/feasibility study by October 2011</td>
<td>1. Increase of people accessing services for information, counselling and testing</td>
</tr>
<tr>
<td></td>
<td>Health promotion and communication in ‘hard to reach’ high risk groups, communities and public fora</td>
<td>Annually</td>
<td>2. Increasing distribution and delivery of testing campaigns and promotion material</td>
</tr>
<tr>
<td></td>
<td>Accessibility and access to information regarding HIV in Croydon for all service users and referrers</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Raising awareness through public health training scheme on sexual health</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Utilising national and regional campaigns</td>
<td>Annually</td>
<td></td>
</tr>
</tbody>
</table>
6 References


52
7 List of Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full name</th>
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<tbody>
<tr>
<td>BHIVA</td>
<td>British HIV Association</td>
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<tr>
<td>CASH</td>
<td>Contraception and Sexual Health</td>
</tr>
<tr>
<td>CUH</td>
<td>Croydon University Hospital</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HAART</td>
<td>Highly active antiretroviral therapy</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>MAU</td>
<td>Medical Admission Unit</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
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</tbody>
</table>
6. Sexual Health Promotion and Education Strategy

Sexual health promotion is an important way of improving positive sexual health and reducing differences between individuals and communities. It can include providing information, support and also sexual and relationship education. The Croydon Sexual Health Promotion and Education Strategy aims to provide sexual health promotion around several key areas in sexual health to all Croydon residents and targeted sexual health promotion to meet the needs of the borough’s different populations including vulnerable adults.

A key component in improving the sexual health of the local population is sexual health promotion, which the Department of Health (2003) defines as:

“Any activity which proactively and positively supports the sexual and emotional health and well-being of individuals, groups, communities and the wider public and reduced the risk of HIV transmission.”

It should also aim to reduce inequalities in sexual health. The Royal Society for Public Health (2009) identifies four approaches to health promotion:

- developing people’s skills and health literacy
- working with communities to help them take action themselves
- making environments more health promoting
- embedding health promotion in health services

Sexual health promotion includes the provision of targeted information, support and signposting with a focus on self care and management (LSHF 2009) and also the provision of sexual health education. It is an aspect of service delivery for most sexual health services and can take place in a variety of settings, both clinical and non-clinical, which includes outreach work.

Croydon Sexual Health Promotion Strategy aims to respond to the specific needs of local populations or groups within Croydon that require targeted interventions, because they are at higher risk of poor sexual health, are identified as being particularly vulnerable or have particular access requirements. However it also aims to be a vehicle for promoting the sexual and emotional health and wellbeing of all Croydon residents.

6.1 Croydon Wide

If people in Croydon are to fulfil their potential, make a contribution and be resilient to life’s challenges, they will need to be supported in all areas of their health and wellbeing, and this includes sexual health. All Croydon adults
should possess an understanding of key sexual health issues – contraception, safer sex, STIs – to support them in making informed decisions about their sexual health, and should be provided with accessible, comprehensive signposting to sexual health services.

At this point in time there are limited initiatives promoting sexual health and wellbeing at a borough wide level for all Croydon adult residents. One aim of the Croydon Sexual Health Strategy is to improve local health promotion initiatives to the Croydon population. These could take place using local media, social media, or via initiatives in the workplace, or mainstream local authority services, and in healthcare settings such as pharmacies and general practices. Given the increasing public health function of local government, Croydon Council will provide a central role in promoting sexual health in the borough.

Community pharmacies in Croydon currently participate in six health campaigns per year, supported by materials from the Public Health Resource Department, and one of these is usually on sexual health.

6.2 Young People

It is widely recognised that it is essential for all young people, both boys and girls, to have access to high quality information about sex and relationships and support to develop skills, confidence and appropriate values.

All secondary schools are encouraged to provide a comprehensive Sex and Relationship Education (SRE) programme as part of the Personal Social and Health Education (PSHE) curriculum. However at present the only statutory requirement is in relation the elements covered within the Science National Curriculum. Department for Education and Employment guidance (2000) states: subject areas to be covered are puberty, menstruation, contraception, abortion, safer sex, HIV/AIDS and STIs; the needs of all people should be met regardless of sexual orientation and ethnicity and these should include children with special needs and learning difficulties.

In Croydon, the Sex and Relationship Task Group works with a wide variety of local partners to ensure SRE is delivered effectively within school and non-school settings. The local Healthy Schools and Teenage Pregnancy Teams along with Public Health colleagues provide specialist advice and guidance to local teaching staff and PSHE Leads in this area.

There has been improvement in both the quantity and quality of SRE in local schools over recent years. Some examples of the actions and interventions that have contributed to this include: SRE and teenage pregnancy briefings for primary and secondary head teachers; delivery of specialist training for local practitioners and teachers; development of Primary and Secondary Sex and Relationships Education (SRE) ‘Schemes of Work’ covering Key Stages 1-4; locally developed targeted prevention programmes delivered in schools and Pupil Referral Units.

Additional work has also been carried out with local colleges to ensure the delivery of high quality SRE Programmes for further education students.
Assistance and guidance has been provided to support local colleges in the
development of their local SRE policies and programmes. As a consequence,
many interventions have been developed and delivered in Croydon’s colleges
over recent years. These include the delivery of SRE and targeted prevention
programmes, the delivery of college based young peoples’ sexual health
drop-in clinics, regular sexual health campaigns and the development of peer
education initiatives.

There are also a wide range of sexual health promotion interventions aimed at
young people taking place outside Croydon’s educational settings. These
sexual health initiatives are part of Croydon’s Teenage Pregnancy Strategy
and involve the following objectives:

- Ensuring an effective and accessible communication plan and media
  strategy is in place;
- Strong delivery of SRE and PSHE by schools and colleges to support
  the development of increased knowledge and skills amongst young
  people in relation to sex, relationships and sexual health risks.
- Specific prevention interventions targeting those young people
  identified at greater risk of unintended pregnancy and poor sexual
  health, such as Looked After Children and young offenders
- Delivery of workforce training on SRE to mainstream partner agencies
  and better support for parents and professionals on how to engage
  young people on relationships, sex and sexual health issues.
- Ensuring local Integrated Youth Support Services have a clear focus
  on addressing key social issues affecting young people, such as
  sexual health, substance misuse, drugs and alcohol.
- Raising aspirations and self-esteem of young people, particularly those
  most at risk of poor sexual health and teenage pregnancy

Some examples of local interventions that have been developed to further
these objectives include borough-wide sexual health media campaigns; the
production and dissemination of sexual health information and resources;
development of a sexual health information website for young people that live
in South West London; targeted prevention programmes for young people
identified as being at greater risk of poor sexual health; sexual health
outreach and information services; targeted sexual health drop-in clinics;
seminars and a wide range of training for local professionals on a range of
young people’s sexual health issues including teenage pregnancy.

Additionally, as part of the National Chlamydia Screening Programme which is
aimed at 15-24 year olds, Croydon has carried out a range of sexual health
promotion activities including: targeted mail-outs; poster campaigns in buses,
cinemas and leisure facilities; web information; branded materials; outreach
work.

6.3 Croydon Public Health Training Programme, Health Library and
Resources Service
Croydon’s Public Health Department runs courses relating to national and local public health priorities, including sexual health. They are free to individuals and organisations involved in promoting the health of people in Croydon. Teenage pregnancy and sexual health courses for 2011-12 are: Condoms R Cool; Contraception Overview; Sexually Transmitted Infections – An Overview; National Chlamydia Screening Programme; Sex Talk – it’s Easy; Promoting Self Esteem with Girls and Young Women; Promoting Self Esteem with Boys and Young Men; ‘Let’s leave it till later’ –Supporting Young People in Delaying Early Sex; Supporting Pregnant Teenagers and Teenage Parents; Young Fathers - Identifying and Supporting their needs; Teenage Pregnancy and Domestic Violence; Pornography: Influences on young people’s sexual health and relationships.

Croydon Health Library and Resources Service operate a public health library and the Resources Team have a wide range of sexual health leaflets, posters, teaching packs and videos and provide support from staff on how to use them effectively and also a free delivery service.

6.4 Sexual health services

Sexual health promotion is well integrated with the other activities of Croydon’s sexual health services. Croydon Centre for Sexual Health (CCSH) has 3.5 fte Health Advisors providing sexual health promotion, safer sex education and counselling to patients attending the clinic. The Health Advisors see patients who have been diagnosed with STIs including HIV. They: inform patients about infection, treatment and follow-up; talk through and formalise contact tracing; discuss risk reduction by promoting safer sex practices. Advice and support is provided to partners and family of patients with positive HIV results where necessary. Health Advisors see patients for counselling / assessment who have disclosed rape or sexual abuse / assault, those repeatedly requesting termination of pregnancy, those reporting problems with sexual identity or performance and patients with substance misuse issues. They also provide assessment, advice and crisis counselling to patients with mental health issues relating to their sexual health and relationships. All patients under 16 and all MSM are seen by Health Advisors for tailored health promotion. Under-16s and those under 18 if considered at special risk are seen by Health Advisors regardless of attending the young persons clinic or any other clinic session. Health advisors also see vulnerable adults and may assist with those with learning difficulties or cultural differences.

Contraceptive and Sexual Health (CASH) Services at Edridge Road Community Health Centre provide information, advice and signposting relating to STIs and provide all contraceptive methods, helping people to select one which will suit their individual needs. The consultant provides education to GPs and their practice nurses, pharmacists, paediatricians, gynaecologists and staff at CCSH about contraceptive decision-making. The pharmacists at the GP led health centre, cover wider health promotion issues during 1 to 1 sessions e.g. smoking cessation.
CCSH & CASH are part of a clinically managed regional network - South West London HIV & Sexual Health Clinical Services Network (SWAGNET). This has a sexual health promotion subgroup allowing members to share good practice, resources and training. As a result there are targeted sexual health promotion activities including events, literature and training both for members of the network and other healthcare workers. SWAGNET has set up a web portal at www.swish.nhs.uk to direct patients to appropriate health and information services. SWAGNET also run biannual STI foundation courses for GPs and allied health professionals in which sexual health promotion features significantly.

Marie Stopes International provides advice and information on abortion, contraception, vasectomies and STIs.

South London HIV partnership provides a HIV Health Support Service, in which health trainers support and mentor people diagnosed with HIV to increase their knowledge of skills around the condition, treatments, and self management

6.5 Targeted sexual health promotion and outreach
As noted above, there are various local populations with particular sexual health needs requiring targeted sexual health promotion. These include:

6.5.1 BME communities
There are a range of services targeting Croydon’s African communities. Croydon’s Public Health Department has an African Communities HIV lead delivering training to VCS organisations, people with HIV and also to GUM staff on African cultural perspectives. As part of the Pan London HIV Prevention Programme small media and mass media are targeted at African communities, with outreach work carried out in SW London by Shaka Services.

Mighty Men of Valour are a local VCS organisation aiming to support and empower men including men from local BME communities and their activities include providing information on STIs and preventing unwanted pregnancies.

Many BME faith organisations carry out health, including sexual health promotion as do other local VCS organisations, though current reductions in funding mean that service provision in this area is not clear at the moment.

6.5.2 Lesbian Gay Bisexual Transgender communities
Much of the work on LGBT health needs focuses on HIV/STI prevention amongst gay men, with limited broader LGBT sexual health promotion taking place in Croydon. Sexual and other health promotion needs to take into
account the health needs of LGBT communities including issues around social support and isolation, the experience of violence and bullying, mental health, drug, alcohol and tobacco use, healthcare staff knowledge and attitudes and wider issues of discrimination and homophobia (DH, 2007).

CUH ran two events for LGBT History Month.

Croydon also has a LGBTQ Youth Club ‘The Bridge’ which is for Croydon young people aged 14-19 years and runs every Monday evening.

6.5.3 Men who have sex with men
Men who have sex with men (MSM), as one of the at-risk groups for HIV, receive targeted health promotion when coming into contact with sexual health services such as Croydon Centre for Sexual Health. THT is responsible for gay men’s health promotion as part of Pan London Sexual Health programme carrying out a range of mass media and small media. Draft outputs for 2011/12 include two campaigns involving the gay press, posters, web awareness and social media, one on annual plus HIV testing and the other on the negative consequences of being diagnosed with HIV, and also some active distribution to gay venues.

6.5.4 Vulnerable adults
There are a number of populations of vulnerable adults in Croydon, several of whom are connected or overlap due to their members sharing such characteristics as mobility, displacement and / or being trafficked. These include: asylum seekers and refugees; trafficked people; sex workers; victims of sexual violence and abuse; women at-risk of or victims of female genital mutilation. North Croydon’s ethnic diversity, as in other similar areas in the UK, is linked to international population flows. However the presence of the UK Border Agency in the borough, which approves applications for permission to enter or stay in the UK, and for citizenship and asylum, is an additional factor attracting these populations to Croydon and surrounding areas.

There are numerous agencies and organisations driven by a range of policy areas and strategies working to address the needs of these groups; more work needs to be done to assess the health needs of these groups.

Lillith Research and Development have carried a number of research studies on prostitution in the UK, including work on exiting prostitution and they have an exiting prostitution development officer with a London wide remit.

The Westminster Drugs Project provides information and signposting to its clients which include sex workers.
Croydon Council is currently leading on implementing the National Referral Mechanism at a local level. This involves suspected cases of both adult and child human trafficking being risk assessed and if necessary referred to the UK Human Trafficking Centre.

Croydon Community Against Trafficking is a community group seeking to raise awareness of human trafficking for sexual exploitation in the borough, assist people in exiting prostitution and reduce the demand for prostitution.

Female Genital Mutilation (FGM) involves procedures traditionally practised among specific ethnic populations in Africa and the Middle East. These include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. They are medically unnecessary, painful and have serious health consequences, both at the time they take place and later on in life. FGM is illegal in the UK and it is also an offence to perform or assist FGM being carried out outside the UK. HM Government has issued multi-agency guidelines on tackling and preventing FGM (2011).

Croydon Health Service has developed a set of FGM protocols. Pregnant patients at CUH who have undergone FGM are referred to the Lead Midwife for FGM in the Midwifery Department to discuss / undergo deinfibulation (surgically opening the scar tissue caused by FGM). They also receive referrals from other sexual health services.

**Homeless people**

CHS Homeless Health Team runs surgeries at bed and breakfasts including Gilroy Court and also the South London YMCA 60 bed hostel. The Domiciliary Contraceptive Nurse from the CASH team has attended a hostel providers meeting to inform them about the services she provides.

**People with mental health problems**

Historically there has not been a SH promotion aspect to generic adult mental health services in Croydon. The COAST team which works with people aged between 18 and 35 experiencing their first episode of psychosis will engage in health promotion with service users and this may well cover sexual health promotion, but this is not carried out on a formal basis.

Sexual health is covered when assessing referrals to Croydon’s Child and Adolescent Mental Health Services with appropriate signposting and information provided if necessary.

**People with learning difficulties**

David Feakes, health lead at the Joint Community Learning Disability Team runs men’s and women’s health groups.

**6.6 Communications Strategy**
For Croydon’s Sexual Health Strategy to be effective, it needs to incorporate or be accompanied by a comprehensive communications strategy. This should cover all the key areas of the Sexual Health Strategy: delivering universal sexual health promotion to Croydon residents; priority areas such as HIV testing and repeat abortions; targeted communications addressing the particular needs of different groups, including vulnerable adult populations.

6.7 Strategic Objectives

6.7.1 Improve sexual health of all Croydon residents at all stages of the life course through the delivery of appropriate sexual health promotion initiatives and activities.

6.7.2 Increase integration of sexual health promotion in health and social services programmes

6.7.3 Deliver targeted sexual health promotion including outreach to high risk groups

6.7.4 Deliver targeted sexual health promotion to Croydon’s vulnerable adult populations

6.7.5 Improve knowledge, information and access to local sexual health services through the development and implementation of Croydon’s Sexual Health Communication Strategy
### 6.8 Action Plan

An action plan has been developed to ensure strategic objectives are achieved with the key priorities for development and indicators for measuring progress.

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Priorities for development</th>
<th>Milestones</th>
<th>Progress Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Croydon SH</td>
<td>Key SH messages for Croydon adults</td>
<td>November 2011</td>
<td>Key SH messages agreed.</td>
</tr>
<tr>
<td></td>
<td>Action plan for SH promotion at Croydon community events</td>
<td>November 2011</td>
<td>Increased awareness of key SH messages amongst Croydon adults</td>
</tr>
<tr>
<td></td>
<td>SH events such as World Aids Day to highlight sexual health awareness and access to testing.</td>
<td>World Aids Day event each December.</td>
<td>Number of events at which SH promotion is taking place</td>
</tr>
<tr>
<td></td>
<td>Maintain targeted weekly sexual health drop-ins in all three colleges and other targeted settings.</td>
<td>8 sexual health drop-in’s in place.</td>
<td>Annual % increase in uptake of sexual health drop-in’s</td>
</tr>
<tr>
<td></td>
<td>Maintain domiciliary contraceptive service to all vulnerable young people aged under 21, with particular focus on pregnant women and new mothers aged 19 and all young women under-21 who have had a TOP</td>
<td>No of referrals</td>
<td>% reduction in TOPs</td>
</tr>
<tr>
<td></td>
<td>Continue to extend and enhance Sexual Health LES in community pharmacies.</td>
<td>No of pharmacists; pharmacies offering SH LES</td>
<td>% reduction in Repeat TOPs</td>
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<td></td>
<td></td>
<td></td>
<td>% reduction in U-18 conception rate</td>
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<td></td>
<td></td>
<td></td>
<td>% increase in women aged under 21 using domiciliary service who access LARC</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>% of sexual health LES pharmacies offering pregnancy testing</td>
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<td></td>
<td></td>
<td></td>
<td>% of sexual Health LES pharmacies offering oral-contraception</td>
</tr>
<tr>
<td>Strategic Initiative</td>
<td>Priorities for development</td>
<td>Milestones</td>
<td>Progress Indicators</td>
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<tr>
<td></td>
<td>Increase advice and provision of LARC to young women aged 19 and under.</td>
<td>No/Type of LARC fitted to women aged U-19.</td>
<td>% of women U-19 attending additional LARC services</td>
</tr>
<tr>
<td></td>
<td>Increase awareness, uptake and availability of C-Card Scheme for young people.</td>
<td>No/Type of agencies on C-Card scheme</td>
<td>Increase from 2009-10 baseline</td>
</tr>
<tr>
<td>Integration with health and social services</td>
<td>Action plan for Croydon Council delivery of SH promotion.</td>
<td>November 2011</td>
<td>Number of Croydon Council services delivering SH promotion</td>
</tr>
<tr>
<td></td>
<td>Maintain and increase level of one to one sexual health promotion when people attend sexual &amp; reproductive health services in Croydon.</td>
<td>Initiated and ongoing</td>
<td>Ongoing record keeping audits</td>
</tr>
<tr>
<td></td>
<td>Twice yearly newsletter given to GPs and pharmacists on sexual health and access to services.</td>
<td>Initiated and ongoing</td>
<td>Newsletters produced and distributed</td>
</tr>
<tr>
<td></td>
<td>Annual training seminar for GPs and pharmacists</td>
<td>Initiated and ongoing</td>
<td>Attendance registers at training seminars</td>
</tr>
<tr>
<td></td>
<td>Support the delivery of SRE in Primary and Secondary schools</td>
<td>Development of new Croydon Healthy Schools Programme in</td>
<td>No/% of schools accredited.</td>
</tr>
<tr>
<td>Strategic Initiative</td>
<td>Priorities for development</td>
<td>Milestones</td>
<td>Progress Indicators</td>
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<tr>
<td></td>
<td>Develop Healthy College programme in partnership with colleges &amp; in-line with best practice.</td>
<td>place.</td>
<td>Reduction in number of U-18 conceptions in college settings</td>
</tr>
<tr>
<td></td>
<td>Healthy College Programme Strategy plan developed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-risk populations targeted</td>
<td>HIV Lead African Communities worker in post.</td>
<td>In post since 1995</td>
<td>Increase in uptake of HIV services by people from African communities</td>
</tr>
<tr>
<td></td>
<td>MSM health promotion activities</td>
<td>Initiated and ongoing</td>
<td>Increase in uptake of HIV services by MSM</td>
</tr>
<tr>
<td></td>
<td>Domiciliary contraception nurse to work with young people who have already risked pregnancy, and vulnerable adults.</td>
<td>In post since Nov 2010</td>
<td>Numbers engaged with and successful use of contraception following intervention.</td>
</tr>
<tr>
<td></td>
<td>Outreach into colleges for sexual health advice and provision of contraception for young people</td>
<td>Nurse in post since Sept 2010</td>
<td>Numbers of people using service and mainstreaming into clinics where appropriate.</td>
</tr>
<tr>
<td></td>
<td>Extend intensive SRE in small group settings by expanding delivery of ‘TP3’, utilising knowledge of teachers and other professionals to target those most at risk.</td>
<td>Minimum 500 young people who undertook TP3 training in 2011-12.</td>
<td>% reduction in local U-18 conception rate % reduction in TOP and repeat TOPs amongst young people aged under 19.</td>
</tr>
<tr>
<td>Vulnerable adults targeted</td>
<td>Health needs assessment of Croydon’s vulnerable adult populations</td>
<td>November 2011</td>
<td>HNA produced</td>
</tr>
<tr>
<td></td>
<td>Programme delivering appropriate SH</td>
<td>April 2012</td>
<td>Records of information, events, referrals,</td>
</tr>
<tr>
<td>Strategic Initiative</td>
<td>Priorities for development</td>
<td>Milestones</td>
<td>Progress Indicators</td>
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</tr>
<tr>
<td></td>
<td>promotion to Croydon’s vulnerable adult populations</td>
<td>uptake of services</td>
<td></td>
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<tr>
<td></td>
<td>Mental health services incorporated in SH promotion activities</td>
<td>Record of mental health services receiving information</td>
<td></td>
</tr>
<tr>
<td>Communication strategy</td>
<td>SH communications strategy + action plan</td>
<td>No of campaigns delivered</td>
<td>SH communications action plan produced</td>
</tr>
<tr>
<td></td>
<td>Croydon Council delivery of SH promotion</td>
<td></td>
<td>No of council services carrying out SH promotion</td>
</tr>
<tr>
<td></td>
<td>Targeted communications to African communities</td>
<td></td>
<td>No of resources disseminated locally</td>
</tr>
<tr>
<td></td>
<td>Targeted communications to MSM</td>
<td></td>
<td>No of resources disseminated locally</td>
</tr>
<tr>
<td></td>
<td>Targeted communications to vulnerable adults</td>
<td></td>
<td>No of resources disseminated locally</td>
</tr>
<tr>
<td></td>
<td>Targeted communications to LGBT communities</td>
<td></td>
<td>No of resources disseminated locally</td>
</tr>
<tr>
<td></td>
<td>Develop two related TP Communication Campaigns per year in Croydon</td>
<td>No of campaigns delivered</td>
<td>% increase in hits on GIO website</td>
</tr>
<tr>
<td></td>
<td>Work with colleagues across SWL to maintain updates and revisions to Gettington (GIO) Website and develop associated media and resources as funding allows.</td>
<td>Maintenance and update of GIO website achieved</td>
<td>% increase in uptake of local sexual health services</td>
</tr>
<tr>
<td></td>
<td>Facilitate development and updating of local young people’s sexual health and teenage pregnancy resources</td>
<td>At least 2 TP resources produced and disseminated.</td>
<td></td>
</tr>
<tr>
<td>Strategic Initiative</td>
<td>Priorities for development</td>
<td>Milestones</td>
<td>Progress Indicators</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
</tbody>
</table>
| (For Workforce Development strategy?) Deliver training opportunities to enhance and improve the sexual health promotion, knowledge and skills of local clinical and non-clinical practitioners. | Deliver TP/SRE based information seminars for local managers and frontline practitioners. Maintain on-going development and delivery of TP and SRE related training courses as part of NHS Croydon Public Health Training Programme | 1 seminar delivered | No/Type of practitioners attended % increase on numbers trained from 2010-11
| | | | • No/Type of TP and SRE training courses delivered in 2011-12 |
6.9 References


Department of Health (2003). Effective Sexual Health Promotion: A toolkit for Primary Care Trusts and others working in the field of Promoting Good Sexual Health and HIV Prevention. London: DoH

Fish, J. Reducing health inequalities for lesbian, gay, bisexual and trans people - briefings for health and social care staff. DH. 2007.


London Sexual Health Programme London Sexual Health Strategic Framework. 2009.

Appendix 4

Croydon Repeat Abortion Strategy

More than one abortion in an individual’s lifetime is called a repeat abortion. In Croydon, 49% of women undergoing an abortion have had one or more abortions previously which is a higher rate compared to the UK and London overall. The number of repeat abortions is particularly higher in women under the age of 25 and in women between the age of 30 and 39.

The Strategy aims to reduce the number of unwanted pregnancies and therefore the need for abortions in Croydon. It focuses on the need of those individuals who undergo more than one abortion during their lifetime. This will be achieved through increasing the use of contraception; increasing the provision and accessibility of sexual health support services; and providing promotion and education in regard to these services and this strategy.

An Action Plan has been drawn up that sets out the detailed steps proposed for achieving the strategy aims, the timescales and the measures that will be used to judge to what extent the step has succeeded.
Croydon Repeat Abortion Strategy

1 Introduction

This strategy builds upon the Croydon Sexual Health Strategy and includes priorities and findings from the Croydon Joint Strategic Needs Assessment 2010/11 (JSNA). This work has been led by NHS South West London Croydon Borough Team, in conjunction with Croydon Borough Council.

1.1 Background

Repeat abortion is described as more than one therapeutic termination of pregnancy and can be associated with various characteristics including age, the number of times a woman has given birth (parity), relationship status, cultural or behavioural attitudes towards contraception.¹⁻⁴ There are limited published studies comparing people who have undergone first abortions with those who have had repeated abortions and the studies appear to show that factors for an abortion are similar in both cases.⁵⁻⁶ Furthermore, there is no clear definition of a repeat abortion in the literature. Specific causes of repeat abortions include the use of contraceptive methods, limited access to sexual health services and limited family planning counselling.⁷

Contraception counselling is an important process in preventing repeat abortions, however some studies have shown that the effect is short lived and did not appear to reduce the rate of repeat abortions.⁸⁻¹² There is evidence to suggest that interventions with a strong focus on young or women who have given birth more than once as well as women who have had an abortion are less likely to undergo a repeat abortion. The use of long-acting reversible contraception (LARC) seems to also decrease the risk of repeat abortions.¹³⁻¹⁶

1.2 Repeat abortion

Croydon continues to experience high rates of abortions with variation in rates across the borough.¹ In Croydon, just under half (49%) of all women undergoing an abortion in 2009 had one or more previous abortions, compared with 42% of women in London and 34% in England. The proportion of repeat abortions in women aged 30 to 39 was over 60% and in those under 25 was 41%.¹ The proportion of repeat abortions by ethnic group is highest among women of black ethnicity (54%).² The Croydon JSNA 2010/11 suggests that abortions may be used as a form of birth control in some cases and that there may be a lack of effective contraceptive methods being recommended and/or used by this group. There has been some effort to provide quicker access to abortion services³ and service providers offering counselling and contraception at the point of abortion.⁴

The case for monitoring and reducing repeat abortions as part of an overall campaign for contraception and reproductive health (including teenage pregnancy) is cited within the Croydon JSNA 2010/11, National Strategy for Sexual Health and HIV, Healthcare Commission’s Report on Sexual Health Services in England, NICE guidance on Long-Acting Reversible Contraceptives, Pan-London Commissioning Guidelines for Abortion Services and MedFASH⁶ Recommended Standards for Sexual Health Services.⁷⁻²¹

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¹ Overall abortion rate in Croydon 29.7 per 1,000 women (Source: Croydon JSNA 2010/11)
² Department of Health.2010.op.cit
³ Marie Stopes data
⁴ Department for Children, Schools and Families on 26/2/09 stated “Data for 2007 shows that progress is being made to increase early access: 68 per cent of NHS funded abortions took place at under ten weeks, compared with 51 per cent in 2001.”
⁵ Counselling is part of the 2009 service specification for terminations of pregnancy in Croydon http://www.dcsf.gov.uk/pns/DisplayPN.cgi?pn_id=2009_0041
⁶ Medical Foundation for AIDS and Sexual Health
2 Strategic Vision

The overall aims of the strategy are to avoid unintended conceptions and therefore reduce the need for abortions in all age groups. Both will be achieved by increasing the uptake of contraceptive methods by men and women and by providing accessible and equitable sexual health services for the population of Croydon. Local services are organised to enable abortions to be provided at as early as possible. Where late abortions are needed, provision is available up to the maximum legal time limit of 24 weeks (except for abnormalities). Objectives will vary for women of different age groups, ethnicity or socio-economic backgrounds and this strategy focuses on the main priorities.

The sexual health needs of the population would be addressed through commissioning integrated community based sexual and reproductive healthcare in line with national policy and evidence based clinical practice. Furthermore, the strategy aims to support objectives and recommendations from The National Strategy for Sexual Health and HIV, Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines, Recommended Standards for Sexual Health Services and the Independent Advisory Group Report on Sexual Health and HIV.17, 21-23

3 Current service provision

The main provider of abortion services in Croydon is Marie Stopes International. Community contraceptive and family planning services are provided at Levels 1, 2 and 3 (Appendix A) by Croydon Health Services NHS Trust Contraception and Sexual Health Service (CASH). This is commissioned by NHS Southwest London Croydon Borough. GP practices in Croydon offer some Level 1 services. Currently, there are 12 pharmacies which provide emergency hormonal contraception (EHC) free of charge to under-21 years. In addition 3 pharmacies are accredited to provide on-going oral contraception to those accessing EHC.
4 Repeat Abortion Strategic Objectives

4.1 Service Provision

The overall plan is to prevent and reduce the number of unintended conceptions and improve the uptake of contraception in all age groups. The Department of Health in 2009 stressed the importance of developing a protocol to allow provision of early medical abortion in a community medical setting and the need to link contraceptive and abortion service patient pathway. Furthermore, the national contract for the provisions on NHS abortions includes a requirement for providers to supply women with post-abortion contraception and advice.

4.1.1 Integrated service pathway

- Develop effective joint working and partnership arrangements between providers of sexual health services in the acute, community and primary care settings in order to ensure appropriate delivery of contraceptive and sexual health services within Croydon.
- Develop and establish an agreed integrated sexual health care pathway with guidelines to improve awareness, support and inform all healthcare providers and other community services (for example, educational institutes) on the processes of referral or signposting to contraceptive and sexual health services, (CASH, GUM and abortion services) appropriately.
- Conduct an audit of local abortion of pregnancy care pathway to identify any gaps and inconsistent practice.

4.1.2 Community provision and follow up

- Increase the provision of sexual health enhanced services in pharmacies including emergency hormonal contraception and/or in combination with the provision of oral contraception.
- Develop self-referral arrangements to abortion services whilst maintaining contact with the community contraceptive providers for follow up contraception care after initial provision by abortion providers.

4.1.3 Contraceptive and service provision requirements

- Offer a choice of abortion methods clinically appropriate for gestation and individual circumstances (including arrangements for those who need or request medical or psychological follow-up).
- Provide individualised support and access to specialist counselling if needed at anytime during or after the abortion process.
- Increase uptake of contraception following an abortion to 85% and ensure there is provision of immediate advice about, and initial supply of, the full range of reversible contraceptive methods, including condoms, and access to permanent methods.
- Increase LARC uptake in all age groups.
- Explore the possibility to integrate and increase LARC services across GP practices.
- Increase the service level provision of the local enhanced sexual health services in general practice, for example, Level 2 intrauterine device insertion/removal clinics.
4.2 Service Access
The strategy objectives are to improve access to existing and new sexual health and contraceptive services e.g. LARC clinics and outreach services. Restricted access to sexual health services can have an impact on the individual's choice of contraception, adherence to the contraception, and provision of abortions including the choice of abortion method.

4.2.1 National and local guidelines
Aim to meet targets as specified in the RCOG guidelines and national policy:

- Ensure at least 75% of abortions that take place in a local area should be NHS funded.
- All women should have access to an abortion within 3 weeks of the first appointment with a general practitioner (GP) or other referring doctor (other than in exceptional cases, for example where a longer wait was clinically appropriate).
- Access to abortion services under 10 weeks gestation to support early access to abortion and achievement of the standard set in the National Sexual Health Strategy of a 3 weeks maximum waiting time.
- Continue to provide direct access to, or be referred for, an abortion assessment within five working days of initial contact with an abortion provider or other healthcare provider.

4.2.2 Increasing access for all
- Explore the opportunity to increase the age range to initially include under-25 years old for those accessing emergency hormonal contraception through pharmacies.
- Consider methods to follow up and monitor contraceptive defaulters who choose contraceptive service providers and those who have accessed abortion services in Croydon.
- Increase the capacity and service level provision for nurse-led services in GP practices and community settings, for example, school nurse drop in and domiciliary outreach service to improve the availability of the provision of contraceptive services and STI screening.

4.3 Health promotion and education
Promotion and education of sexual health and abortion services should be considered as part of the overall sexual health promotion strategy. The National Strategy for Sexual Health and HIV state that commissioners and service providers should ensure that information about local pregnancy counselling and abortion services is readily available and widely publicised.17

4.3.1 Information and campaigning
- Ensure that sexual health service information and education provided in Croydon is up to date, comprehensive, accurate and unbiased.
- Conduct social marketing research on the use of LARC and repeat abortions to inform local campaigns to increase uptake in LARC methods and strategies to reduce repeat terminations.
- Promote uptake of contraception through media for women aged over 20 years.
- Continue to implement campaigns (in all age groups) and sexual health education programmes to raise awareness of the local sexual health service provision,
contraception and self referral in non health settings, for example, through bus campaigns; educational establishments; cinemas; gyms; libraries; community centres; cytology clinics; midwives; and health visitors.

- Link local media campaign to provide effective signposting of services, for example targeted LARC campaign for those above 20 years or article in ‘VOICE’ newspaper.

### 4.3.2 Training and education

- Ensure all relevant healthcare professionals including practice nurses, health visitors and midwives are appropriately trained to provide up to date contraceptive and sexual health advice for all age groups in line with national and local guidance.

- Expand and increase the role of Croydon’s Children’s Universal Services in the delivery of Sex and Relationships Education (SRE) in schools and colleges.

- Increase the number of family planning trained nurses in primary care and community health services, with prioritisation placed on practice nurses and staff in CUS and maternity services.

- Increase the number of LARC trained sexual health practitioners and general practitioners.

### 4.4 Patient involvement and public engagement

The involvement of community groups and patient groups in the development of the strategy and programmes could be sought through existing user groups e.g. Croydon University Hospital Patient Assembly, Croydon Voluntary Action, Croydon Link Sexual Health group, BME Forum and primary care patient groups.

### 4.4.1 Research and consultation

- Conduct an annual sexual health service survey questionnaire through community groups at various locations.

- Perform a service user consultation (including a qualitative needs assessment) to identify preferred options and address issues surrounding unintended pregnancies and repeat terminations

- Explore the possibility of further research on repeat abortion in relation to domestic violence, trafficking and abuse
## 5 Action Plan

An action plan has been developed to ensure strategic objectives are achieved with the key priorities for development and indicators for measuring progress. Some of these priorities are also covered in the Croydon Teenage Pregnancy Strategy and the Health Promotion Strategy.

<table>
<thead>
<tr>
<th>Strategic Objectives</th>
<th>Priorities for development</th>
<th>Timescales</th>
<th>Progress Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Provision</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Develop effective joint working and partnership arrangements between providers of sexual health services in the acute, community and primary care settings in order to ensure appropriate delivery of contraceptive and sexual health services within Croydon.</td>
<td>Continue to scale up for 2011/12</td>
<td>1. Percentage of all NHS funded repeat abortions</td>
<td></td>
</tr>
<tr>
<td>Develop an agreed abortion care pathway to improve awareness and processes available for support or services and to signpost or refer service users</td>
<td>Establish and implement for 2011/12</td>
<td>2. Percentage of NHS funded repeat abortions under 10 weeks gestation</td>
<td></td>
</tr>
<tr>
<td>Conduct an audit of service care pathway to identify issues, gaps and inconsistent practice</td>
<td>Complete for 2011/12</td>
<td>3. Percentage of women having an abortion who are offered screening for Chlamydia:</td>
<td></td>
</tr>
<tr>
<td>Increase the number of pharmacies providing sexual health Locally Enhanced Services including emergency hormonal contraception in combination with further provision of oral contraception</td>
<td>Scale up for 2011/12</td>
<td>- Percentage uptake</td>
<td></td>
</tr>
<tr>
<td>Develop guidelines for pharmacies, educational institutes and community contraceptive services on signposting to sexual health services</td>
<td>Establish and implement for 2012/13</td>
<td>- Percentage diagnosed and treated</td>
<td></td>
</tr>
<tr>
<td>Increase uptake of contraception following an abortion by abortion providers to 85% and ensure there is provision for immediate advice</td>
<td>Scale up for 2011/12</td>
<td>- Percentage receiving prophylactic treatment</td>
<td></td>
</tr>
<tr>
<td>Increase nurse-led provision in GP practices and community settings</td>
<td>Scale up for 2012/13</td>
<td>- Percentage whose partners have accessed treatment (where this can be confirmed)</td>
<td></td>
</tr>
<tr>
<td>Increase uptake of LARC contraception particularly amongst women aged 18-29 years of age.</td>
<td>Increase for 2011/12</td>
<td>4. Percentage offered screening for other STIs including HIV</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>5. Numbers or percentage receiving advice and supply of regular contraception</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Type of contraception advised/offered</td>
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<tr>
<td></td>
<td></td>
<td>- Uptake of the offer/advice</td>
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<td>6. Percentage of abortion methods</td>
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<tr>
<td></td>
<td></td>
<td>7. Percentage of the proportion of LARC use and number of repeat abortions</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Percentage of LARC uptake</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Percentage of LARC continued more than 6 months and 1 year</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Percentage of uptake and type of contraception</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Objectives

<table>
<thead>
<tr>
<th>Priorities for development</th>
<th>Timescales</th>
<th>Progress Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase domiciliary service capacity for women who have had a repeat abortion aged above 25 years</td>
<td>Scale up for 2012/13</td>
<td>prior and after abortion</td>
</tr>
<tr>
<td>• Ensure at least 75% of abortions are NHS funded</td>
<td>Monitor on annual basis</td>
<td>9. Results of service care pathway and implementation of the recommendations</td>
</tr>
<tr>
<td>• Provide access for an abortion assessment within five working days of initial contact with an abortion provider or other healthcare provider</td>
<td>Monitor on annual basis</td>
<td>10. New attendee data breakdown e.g. by age, requested service type and LARC uptake</td>
</tr>
<tr>
<td>• Provide access for an abortion within two weeks, but within a maximum of three weeks, of initial contact with healthcare providers</td>
<td>Monitor on annual basis</td>
<td></td>
</tr>
<tr>
<td>• Access to abortion services at under 10 weeks gestation</td>
<td>Explore and consider implementation for 2012/13</td>
<td></td>
</tr>
<tr>
<td>• Increase the age range for those accessing free emergency hormonal contraception through pharmacies</td>
<td>Explore and consider implementation for 2012/13</td>
<td></td>
</tr>
<tr>
<td>• Consider improving the availability of the provision of contraceptive services and STI screening at nurse led school drop in sessions and nurse led clinics in general practice</td>
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</tr>
<tr>
<td><strong>Health Promotion and Training</strong></td>
<td>Commence September 2011</td>
<td></td>
</tr>
<tr>
<td>• Ensure that sexual health service information and promotion provided is up to date, comprehensive, accurate and unbiased</td>
<td>Scale up for 2011/12</td>
<td></td>
</tr>
<tr>
<td>• Continue to implement campaigns and sexual health education programmes</td>
<td>Establish regular training programme for 2012/13</td>
<td></td>
</tr>
<tr>
<td>• Ensure all relevant healthcare professionals including practice nurses, health visitors and midwives are appropriately trained to provide up to date contraceptive and sexual health advice for all</td>
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<tr>
<td>Strategic Objectives</td>
<td>Priorities for development</td>
<td>Timescales</td>
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<tr>
<td>---------------------</td>
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</tr>
<tr>
<td></td>
<td>age groups in line with national and local guidance</td>
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<tr>
<td></td>
<td>• Expand and increase the role of Croydon’s Children’s Universal Service (CUS) in the delivery of Sex and Relationships Education (SRE)</td>
<td>Scale up by September 2012</td>
</tr>
<tr>
<td></td>
<td>• Increase the number of LARC trained sexual health practitioners and general practitioners</td>
<td>Scale up for 2011/12</td>
</tr>
<tr>
<td>Patient involvement and public engagement</td>
<td>• Conduct an annual sexual health service survey questionnaire through community groups and locations</td>
<td>Complete on annual basis</td>
</tr>
<tr>
<td></td>
<td>• Perform a service user consultation (including a qualitative needs assessment) to identify preferred options and address issues surrounding unintended pregnancies and repeat terminations</td>
<td>Commence July 2011</td>
</tr>
</tbody>
</table>
6 References


22. Royal College of Obstetricians and Gynaecologists,. The Care of Women Requesting Induced Abortion Evidence-based Clinical Guideline Number 7. London. Royal College of Obstetricians and Gynaecologists, September 2004 


Appendix A- Croydon Contraception and Sexual Health‡‡
Services offered

Level 1
• Sexual history taking, risk assessment and signposting
• HIV testing (including pre test discussion and giving of results)
• Pregnancy testing and counselling
• Referral for abortion
• Provision of emergency hormonal contraception
• Contraceptive information
• Health promotion
• Condom distribution
• Range of hormonal contraception / Depo-Provera
• Cervical screening and referral
• Chlamydia screening as part of the NCSP

Level 2
• IUD insertion and removal (including emergency IUD fitting)
• IUS insertion and removal for contraception and gynaecological reasons
• Contraceptive Implant insertion and removal

Level 3
• Specialist level responsibility for provider quality, teaching and training and clinical governance
• Young people’s outreach clinics include 7 outreach clinics per week: 2 x John Ruskin College, 2 x Croydon College 1 x Coulsdon College, 1 x Turnaround Centre and 1 x Waddon Youth Centre. A full range of contraceptive services is provided at all of these settings.
• 3 dedicated Young Persons clinics weekly at CASH
• Highly specialised contraception
• Difficult IUD insertion and removal
• Difficult implant removal
• Psychosexual / erectile dysfunction services

The service also provides teaching on natural family planning, a domiciliary service and has a care pathway in place with the local GUM service for HIV positive women requiring contraception.

‡‡ London sexual health service mapping-Results & analysis, London Sexual Health Programme.
## Appendix B- List of Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>CASH</td>
<td>Contraception and Sexual Health</td>
</tr>
<tr>
<td>CUS</td>
<td>Children’s Universal Service</td>
</tr>
<tr>
<td>EHC</td>
<td>Emergency Hormonal Contraception</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GUM</td>
<td>Genito-urinary Medicine</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
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<tr>
<td>LARC</td>
<td>Long Acting Reversible Contraception</td>
</tr>
<tr>
<td>MedFASH</td>
<td>Medical Foundation for AIDS and Sexual Health</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
</tr>
<tr>
<td>RCOG</td>
<td>Royal College of Obstetricians and Gynaecologists</td>
</tr>
<tr>
<td>SRE</td>
<td>Sexual and Relationship Education</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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</tbody>
</table>
Appendix 5

Full Equality Impact Assessment – Croydon Sexual Health Strategy 2010 - 2013

1 Identify the aims, objectives and outcomes of the document/service and equality groups have been consulted

| What are the aims of the document/service? | The Sexual Health Strategy aims to provide a summary of the relevant sexual health policies and targets which influence delivery of sexual health provision in Croydon; highlight the local sexual health picture and identify the needs of the local population particularly those identified as being vulnerable and at high risk of sexual ill health; benchmark Croydon sexual health statistics and service provision with England, London and other Primary Care Trust areas with similar demography and to demonstrate the vision for the direction of travel in the next three years to address sexual health needs in Croydon. |
| What are the intended outcomes of the document/service | - Provide a shared vision and strategic direction of travel for the development and delivery of sexual health services in Croydon to meet the needs of the local population as identified in the sexual health and HIV joint strategic needs assessment (JSNA). |
| | - To raise awareness of gaps in local service provision and influence commissioning arrangements to ensure services address health inequalities, continue to evolve in line with best practice and national/regional policy developments. |
| How will you measure the outcomes? | - Develop a performance scorecard of agreed key indicators which will be monitored annually to review progress on baseline year (2009/10) activity.
- Undertake a review JSNA to monitor implementation of recommendations and developments in local service provision as well as patient experience of services in Croydon. |
| Who is intended to benefit? | - All Croydon residents.
- All patients accessing Croydon services.
- Croydon residents identified as being vulnerable and at high risk of sexual ill health.
- Professionals and volunteers involved in the delivery of sexual health service across all sectors.
- Professionals and volunteers working with Croydon residents who may require a service.
- Professionals and volunteers across all sectors working with Croydon residents who are identified as being vulnerable or at risk of sexual ill health. |
| Does the document/service promote equality/eliminate discrimination, achieve equity? | - Service development will focus on understanding and addressing the needs of the local population identified as being vulnerable and at high risk of sexual ill health. (e.g. Young people, Croydon residents who are homeless, have mental health issues, BME origin, drug and alcohol misusers; sex workers, lesbian, gay, bisexual and transgender people; people with learning difficulties and Croydon residents experiencing domestic violence.

- Service development will ensure that there is flexibility in sexual health service provision to meet the diverse needs of the local population e.g. older age population, working population, people with disabilities, people who do not speak English as a first language. |

2 Gather and consider available information and data (see step two)

It is important to have as much up to date, reliable information as possible about different groups the document/service is likely to or does affect.
What relevant data and information has been considered?

- The sexual health & HIV needs assessment has identified that the current configuration of service provision does not meet the needs of the local population. Data from Croydon University Hospital GUM clinic show an increasing trend in number of sexually transmitted infections. Diagnosis of Genital Herpes increased by 74% between 2004 and 2009; diagnosis of Gonorrhoea increased by 3% for the same period.

- The abortion rate in Croydon in 2009 was 27 per 1,000 women aged 15 – 44 years. This is higher than the rate of both London (26 per 1000) and England (17.6 per 1,000).

- 43% of women accessing abortion services in the first quarter of 2010 had a previous abortion.

- The 2009/10 data shows that women age 35 – 39 years had the highest percentage of repeat abortions at 65.5% followed by women age 30 – 34 years at 60%.

- 2005 – 07 ward level data shows that teenage conception rate is highest in Fieldway at the rate of 82.2 per 1,000 women under 18 years followed by South Norwood at 74 per 1,000 and Woodside at 72.9 per 1,000.

- There were 366 conceptions to young women under 18 in 2008, 59% of which ended in abortions. The 2009 quarterly data however shows a decreasing trend in teenage conceptions.

- The 2009 SOPHID data shows that the prevalence of HIV in Croydon is 4.45 per 1,000 age 15 – 59 years. 37% of patients diagnosed with HIV in 2009 were diagnosed very late. Croydon has made no progress in reducing late diagnosis from the baseline year of 2004/5 and currently ranks 25 among London boroughs.

- Patients diagnosed late are more likely to have complex health
### Positive impact

- Targeted outreach services to MSM and BME groups through HIV outreach testing services and targeted rapid HIV testing through GP’s will result in increased early HIV diagnosis among identified “high risk” groups; early access to treatment and care; better health outcomes for patients and reduction in health inequalities.

- Provision of community based STI testing and treatment service will ensure better access for all client groups particularly those with physical disability as the services will be delivered closer to their homes.

- Improved access to STI testing and treatment services in the community will reduce onward transmission for all patient groups.

- Increased opportunities for holistic sexual health care for patients accessing contraceptive services. The patient care pathway will be streamlined resulting in increased access to STI testing and treatment.

- The service will be offered on an “opt out” basis to ensure that all patients have equal access to STI testing and treatment.

### Positive Impact:

- Negative impact: it could benefit
- Neutral impact: it could disadvantage
- No impact

Please answer ‘yes’ or ‘no’ in the following table

<table>
<thead>
<tr>
<th>Positive Impact – it could benefit</th>
<th>Negative impact – it could disadvantage</th>
<th>No impact</th>
<th>Explain reasons for impact</th>
</tr>
</thead>
</table>

85
<table>
<thead>
<tr>
<th>Gender</th>
<th>Women</th>
<th>Men</th>
<th>STI testing incorporated with contraceptive services. As above as well as STI testing services which are easily accessible in community settings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Asian or Asian British people</td>
<td>Yes</td>
<td></td>
<td>As above as well as targeted HIV outreach services.</td>
</tr>
<tr>
<td>Black or Black British people</td>
<td>Yes</td>
<td></td>
<td>As above as well as targeted HIV outreach services.</td>
</tr>
<tr>
<td>Chinese people and other people</td>
<td>Yes</td>
<td></td>
<td>STI testing services in accessible community settings.</td>
</tr>
<tr>
<td>People of mixed heritage</td>
<td>Yes</td>
<td></td>
<td>STI testing services in accessible community settings.</td>
</tr>
<tr>
<td>Gypsies and Irish Travellers</td>
<td>Yes</td>
<td></td>
<td>STI testing services in accessible community settings.</td>
</tr>
<tr>
<td>Disabled people</td>
<td>Yes</td>
<td></td>
<td>STI testing services in accessible community settings.</td>
</tr>
<tr>
<td>Lesbians, gay men and bisexuals</td>
<td>Yes</td>
<td></td>
<td>STI testing services in accessible community settings. Services will be delivered to meet diverse sexual orientation of patients. Targeted HIV testing services for MSM.</td>
</tr>
<tr>
<td>Transpeople</td>
<td>Yes</td>
<td></td>
<td>STI testing services in accessible community settings. Services will be delivered to meet diverse sexual orientation of patients.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Age</td>
<td>As above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(60+)</td>
<td>Yes</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>26-59</td>
<td>Yes</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>(18-25),</td>
<td>Yes</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>(0-17)</td>
<td>Yes</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Faith Groups</td>
<td>Yes</td>
<td></td>
<td>Services will be sensitive to the diverse faith needs of patients.</td>
</tr>
</tbody>
</table>

Notes:

*Faith groups cover wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs, Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.*

*The categories used in the Race section are those used in the 2001 census. Consideration should be given to the needs of specific communities within the broad categories such as Bangladeshi people and to the needs of other communities such as Turkish/Turkish Cypriot, Greek/Greek Cypriot, Italian and Polish that do not appear as separate categories in the census.*

4 **Consider the alternatives**

<table>
<thead>
<tr>
<th>If no negative impact identified</th>
<th>move to question 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, what will you do to limit a negative impact or any potential it may have for damaging relations between groups or consider alternative policies that might better achieve the promotion of equality</td>
<td></td>
</tr>
<tr>
<td>If the negative impact remains, (it must be changed or abandoned). If unavoidable, please explain why implementation is justified.</td>
<td></td>
</tr>
</tbody>
</table>

5 **Involve and consult advisors or groups - please read step six before completing**
**Have you consulted on the document/service**

<table>
<thead>
<tr>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes please state which individuals and organisations were contacted (internal and external). If no please explain why</td>
</tr>
<tr>
<td>N.B. Check what research/studies/reports concerning the equality target groups and the likely impact have been used to plan the project and guide it or indicate what research you intend to carry out</td>
</tr>
</tbody>
</table>

**Consultation:** Members of the Sexual Health & HIV Partnership Board were consulted regarding the service development. The membership includes both internal and external partners.

**Research/Studies/Reports:**

- Croydon Sexual Health & HIV Needs Assessment (2010)
- Choosing Health (DH; 2004)
- HIV late diagnosis target toolkit (HPA; 2010)

### Equality Groups

<table>
<thead>
<tr>
<th>Please identify which individuals and organisations (supply names of organisations) you consulted and approached</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (men/women)</strong></td>
</tr>
<tr>
<td>Sex orientation (lesbians, gay men, bisexuals or trans people)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Disabled people</td>
</tr>
<tr>
<td>Race (Black and minority ethnic communities)</td>
</tr>
<tr>
<td>Religion/Belief – Faith Groups</td>
</tr>
<tr>
<td>Age (all ages groups)</td>
</tr>
</tbody>
</table>

**Resource implications**
<table>
<thead>
<tr>
<th><strong>Will there be any e.g. financial, human resources implications to ensure that document/service is non-discriminatory?</strong></th>
<th><strong>No. Non discriminatory practice will be included in the service commissioning arrangements.</strong></th>
</tr>
</thead>
</table>

6   **Decided whether to adopt the Document/service**

<table>
<thead>
<tr>
<th><strong>Do you intend to reject, implement or amend the document/service? Please state which</strong></th>
<th><strong>Implement the document</strong></th>
</tr>
</thead>
</table>

**Meeting the legal duty**

<table>
<thead>
<tr>
<th><strong>Does the document/service provide an opportunity to promote equality of opportunity and promote good relations between the equality groups?</strong></th>
<th><strong>Yes</strong></th>
</tr>
</thead>
</table>

**Improvement/Action Plan**

<table>
<thead>
<tr>
<th><strong>State any changes or improvements made to the policy as a result of the EIA</strong></th>
<th><strong>To undertake patient survey to ascertain the impact of the service development by April/May 2011.</strong></th>
</tr>
</thead>
</table>

**State any changes or improvements to be made to the policy its purpose, date and lead**

7   **Monitoring and Review**

<table>
<thead>
<tr>
<th><strong>Describe arrangements for monitoring or carrying out regular checks on the effects of this policy on different racial/equality groups - ensure that improvements made carry on.</strong></th>
<th><strong>Performance targets will be established for the HIV testing services to reach identified risk groups.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If there is no system currently in place, what plans are there to establish monitoring?</strong></th>
<th><strong>Service user monitoring data will be reviewed to measure access by gender, sexual orientation, ethnicity, age and performance targets established to address any inequalities.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Please state when document/service will be reviewed and in light of evidence collected</strong></th>
<th><strong>The Sexual Health Service redesign will be reviewed annually.</strong></th>
</tr>
</thead>
</table>

8   **Publishing the results**
Once completed EIA’s will be published on the internet. Please sign and date this form, keep one copy and send the other electronically to vivienne.aiyela@croydonpct.nhs.uk

| **Director** | Signed: \…………………………………………\ |
| Print Name: \…Dr Peter Brambleby\……\ |
| Date: \05/10/2011\…………………………………… \ |
| \…………\ |

| **Completing Officer** | Signed: \…………………………………………\ |
| Print Name: \Dorothy Okotie\…………………………\ |
| Date: \March 2010 \………………………………\ |
| Review Date: \March 2011\………………………………\ |