



Health and Wellbeing Board

Report title: Lewisham Sexual and Reproductive Health Local Action Plan to deliver LSL Sexual Health Strategy 2019-24

Date: 3 December 2020

Key decision: No

Class: Part 1 **Ward(s) affected:** All wards

Contributors: Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham, Dee Carlin, Director of Joint Commissioning. Comments for and on behalf of the Director of Law, Governance & HR Stephanie Fleck Principal Lawyer/ JZW

Outline and recommendations

Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024 and LSL Action Plan to deliver this strategy.

Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents across.

The Health and Wellbeing Board are recommended to note progress in delivering the LSL SRH Strategy and to endorse the Local SRH Action Plan.

Timeline of engagement and decision-making

Extensive consultation was carried out in 2018 on the development of the Sexual and Reproductive Health Strategy 2019-24. The Consultation included engagement with the public, sexual health professionals and other stakeholders. The Strategy was considered at Healthier Communities Select Committee, Safer Lewisham Partnership and CYP Strategic Partnership Board. It was formally adopted at the Health and Wellbeing Board on March 2019.

Local Action plan consultation included working with representatives from SRH Clinic Service Providers, Primary Care, YP Service, Education, Abortion Services, e-service, Council and Voluntary sector organisations working in and around sexual and reproductive health in Lewisham to develop the attached Action Plan.

Further consultation and engagement will be carried out to better understand the impact of Covid-19 and to inform future commissioning of Sexual and Reproductive Health Services.

1. Summary

- 1.1. Lambeth, Southwark and Lewisham (LSL) together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared Sexual and Reproductive Health Strategy for 2019-2024 and shared LSL SRH Action Plan.
- 1.2. LSL has a shared Action plan to deliver the LSL SRH Strategy 2019-24 which delivers strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL.
- 1.3. Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents across.
- 1.4. This report sets out progress to date in delivering against the strategy and the proposed next steps towards delivering the strategy through the Lewisham Local SRH Action Plan.

2. Recommendations

- 2.1. The Health and Wellbeing Board are recommended to :
note the progress made to date in delivering the LSL Sexual Health Strategy, and;
endorse Lewisham Local SRH Action Plan.

3. Policy Context

- 3.1. The sexual health services commissioned jointly across LSL support the priority identified in the 2018-2022 Corporate Strategy “Delivering and defending : Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need”.
- 3.2. Sexual Health is an important public health priority at both a national and local level. In 2013, Lewisham’s Health and Wellbeing Board identified sexual health as one of the 9 priorities for Lewisham. Lewisham continues to experience high demand and need for sexual health services reflected through high rates of teenage pregnancy, abortion and sexually transmitted infections. Contraception and sexual health services for diagnosis and treatment of STIs are currently commissioned from Lewisham and Greenwich NHS Trust (LGT).
- 3.3. The Health and Social Care Act 2012 (“the Act”) introduced changes by way of a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.
- 3.4. Secondary legislative provision, such as the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to provide certain public health services. The public health services which local authorities must provide are:
 - National Child Measurement Programme

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- Health checks
- Open access sexual health services
- Public health advice service to Clinical Commissioning Groups

4. Background

- 4.1. LSL together face some of the greatest sexual health challenges in England, with similarly young, mobile and diverse populations. Our rates of HIV and STIs are the highest in England, and there are persistent inequalities in sexual and reproductive health, with young people, men who have sex with men (MSM) and black and minority ethnic (BME) communities suffering the greatest burden.
- 4.2. In response to these challenges, Lambeth, Southwark and Lewisham agreed a shared [Sexual and Reproductive Health Strategy for 2019-2024](#). The Strategy has the following four pillars:
 - Healthy and fulfilling sexual relationships
 - Good reproductive health across the life course
 - High quality and innovative STI Testing and Treatment
 - Living well with HIV
- 4.3. Lambeth, Southwark and Lewisham (LSL) have been jointly commissioning sexual health services since April 2016. A specialist commissioning team, based at Lambeth Council, carries out a range of commissioning functions on behalf of the three boroughs, including overseeing a shared LSL Action Plan to deliver strategic needs assessments and cross-cutting projects to improve sexual and reproductive health across LSL. Progress to date includes the development of an enhanced Pharmacy Contraception Service, an online contraception tool and the introduction of the SXT Partner Notification tool across the three Hospital Trusts in LSL. Joint strategic needs assessments have been completed for Contraception, HIV prevention and the experience of living with HIV in LSL.
- 4.4. Lewisham recognised the need to also have a Local Action Plan to bring together local stakeholders in the borough to work collaboratively to improve sexual health outcomes for our residents across. Over the past three months we have engaged with representatives from: SRH Clinic Service Providers, Primary Care, YP Service, Education, Abortion Services, e-service, Council and Voluntary sector organisations working in and around sexual and reproductive health in Lewisham to develop the attached Action Plan.
- 4.5. This was an opportunity for us to get an understanding of local service developments and projects since the strategy was launched, to ask about service changes due to Covid-19, and to identify future projects and activity to improve SRH locally.

5. Lewisham Progress to date

- 5.1. There has been progress in delivering against the strategy locally over the past year. Some of the highlights are shown in the table below. More information is available in the full Action Plan Document Attached at Appendix 1.

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Table 1 - Local Progress to date

Strategy Priority	Achievements to date
Healthy and fulfilling sexual relationships	<ul style="list-style-type: none"> • Training for PSHE leads • RSHE portal launched • Workshops held in secondary schools • Community champion micro-influencers recruited from BAME community • Outreach sessions • Come Correct introduced online registration
Good reproductive health across the life course	<ul style="list-style-type: none"> • Contraceptive needs assessment completed • New community pharmacy SRH service operational; evaluated using mystery shoppers • LGT SRH service and maternity working more closely to offer women contraception post-partum • Contraception options tool developed • Practice nurse training
High quality and innovative STI Testing and Treatment	<p>Achievements</p> <ul style="list-style-type: none"> • SHL online-testing integrated into clinic offer • LGT clinic open throughout Covid lockdown with redesigned pathways • SXT partner notification cost effectiveness study complete; LGT pilot about to start • Compass held workshops, stalls in colleges and community venues • Come Correct offer in pharmacies extended
Living well with HIV	<p>Achievements:</p> <ul style="list-style-type: none"> • HIV prevention and treatment and care JSNA completed • Elton John Aids Foundation (EJAF) Social Impact Bond outcomes - 43 new HIV diagnosis and 33 People living with HIV re-engaged in care • Africa Advocacy Foundation (AAF) and LGT offering HIV Point of Care Testing in homeless hostels • Sexual Health Promotion Partnership providing training to professionals

6. Impact of Covid-19

- 6.1. Pharmacy Reproductive Health Services, including Emergency Hormonal Contraception (EHC), Progesterone-only Pill (POP), and the C-Card scheme (free condom distribution for young people) remained available during lockdown, though total contraception activity in pharmacy was substantially lower in Q1 and Q2 of 2020 than in the same period for 2019 - activity in April 2020 was just over 10% of that of April 2019. This is driven mainly by large reductions in provision of Emergency Hormonal Contraception, but Long-Acting Reversible Contraception (LARC) referrals and Condom issuing also reduced, including used of C-Card (scheme giving free condoms for young people). GP

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Sexual and Reproductive Health services also remained available and though activity reduced in the first months of lockdown, this was not as substantial as reductions seen in specialist and pharmacy services. Contraception activity in GP has also recovered more rapidly than it has in pharmacy, with GP contraception activity in Q2 2020 already approaching 2019 levels by September 2020.

- 6.2. Access to Long-Acting Reversible Contraception (LARC) in GP Practices was restricted during the first lockdown and a project to further develop provision of LARC in Lewisham has been postponed. LARC activity in clinic also reduced considerably during the same period with clinic appointments prioritised on the basis of clinical urgency. LARC activity in clinic has recovered well since the summer months and two providers' recent activity is exceeding that of 2019 (LGT and Kings). Nonetheless, improving community provision of LARC remains a priority in Lewisham.
- 6.3. SRH clinic services were redesigned in line with guidance from the Faculty of Sexual and Reproductive Health (FSRH). Consultations were largely delivered by phone but face to face assessment or treatment was available when required. Clinic activity reduced substantially during lockdown and was much lower during the first part of the financial year than forecast - for example, STI testing activity in April 2020 was a little over 10% of the activity delivered in the same month of 2019. Activity started to resume in May but has not returned to pre-COVID levels with LARC, Emergency Contraception and STI treatment activity remaining lower in the summer months of 2020 than in 2019. The drop in STI testing in clinic was met with a corresponding - and planned - increase in use of the LSH.UK E-Service (STI testing kits ordered online). This activity was uncapped as part of business continuity measures, and clinics were encouraged to direct patients towards the service. E-service activity increased and 40% more STI tests were ordered through the platform in May to September 2020 than in January to April 2020.
- 6.4. Abortion providers reported reductions in overall activity during the period of lockdown. Around 13% fewer abortions were carried out in Jan to August 2020 compared to 2019. The numbers and proportion (of total activity) of Early Medical Abortions were higher in 2020 than 2019, and surgical abortions reduced in number and proportion. Regulatory change enabled Early Medical Abortions to be facilitated remotely, with telephone consultations and medications supplied by post, or collected from a clinic.
- 6.5. Women's use of sexual and reproductive health services is typically higher than males, yet the proportion of women accessing services in April to August 2020 has increased and numbers of women accessing services have now exceeded pre-COVID levels. The same is true of people aged 25-34. Whilst service data does not suggest that people of BAME ethnicities were disproportionately impacted by service changes during lockdown, there is some indication that service use has resumed more rapidly for people of White ethnicity. An exception is access to Emergency Hormonal Contraception in pharmacy, where use by women of Black ethnicity resumed more rapidly, suggestive of ongoing unmet contraceptive need. (Full rapid impact assessment report for LSL will be available December 2020).

7. Sexual Health Re-commissioning

- 7.1. Over the next two years there are a number of sexual health service contracts which will come to an end. There are also new services which need to be

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commissioned including routine PrEP. Commissioners will work with Public Health to ensure that services are developed, reviewed and where necessary renegotiated or reproced. There is an opportunity to continue to move activity around the Sexual Health system to better deliver the shared LSL Sexual and Reproductive Health Strategy whilst reducing overall spend.

- 7.2. LSL Commissioners based at Lambeth are leading a programme of work to look at how services are recommissioned to meet the current and future needs of LSL residents, with a focus on those services which they contract manage on our behalf through our Tripartite Agreement for Sexual Health which include the Sexual Health Core Clinic Contract with Lewisham and Greenwich Trust (LGT) which comes to an end in March 2022.
- 7.3. Sexual Health Services in Primary Care (Pharmacy and GP) will also need to be extended from March 2021 and recommissioned for April 2022 to ensure continuity of Pharmacy EHC and POP and GP LARC Services. Lewisham accesses e-services for STI Testing and Treatment accesses via an agreement with The City of London will expire in July 2021 and will need to be reviewed to ensure continuity of service. The Young Person’s Integrated Emotional health, substance misuse and Sexual health service is due to End in March 2021, but CYP commissioners are recommending that this is extended for 6 months plus 6 months due to the pandemic.
- 7.4. Further decisions about commissioned services will go through the appropriate governance processes and come back to DMT if required.

8. Local Sexual and Reproductive Health Action Plan

- 8.1. The below table highlights some of the activity which has been identified through consultation with local stakeholders to deliver against the four priority areas of the strategy. This is in addition to work which is going on across LSL, though some services which have contributed work across LSL.
- 8.2. We will also deliver Sexual Health in Primary Care Training, and recruit an HIV and an SRH Champion within Primary Care to improve awareness and to support further development of services across GP and Pharmacy. This will be managed within existing financial commitments and already assumes that a level of savings will be taken from SRH Service budgets from March 2021.

Strategy Priority	Activity
Healthy and fulfilling sexual relationships	<ul style="list-style-type: none"> • Public Health to support delivery of RHSE Curriculum, and to ensure that schools are aware of and actively signposting YP to the full range of SRH Services Available. • COMPASS to work with schools to target Yrs 10 and 11 for RHSE. • Lewisham Commissioners will work with new SRH Promotion service to develop SRH Promotion strategies based on engagement work carried out to improve access to services and reduce BAME Health Inequalities. • Promote C-card and other free condoms schemes • Review SRH Promotional materials for pharmacy and GP

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	<ul style="list-style-type: none"> • Deliver Sexual Health in Primary Care training
Good reproductive health across the life course	<ul style="list-style-type: none"> • Provide training to new SRH Pharmacies and refresher training to existing SRH Pharmacies • Review and refine pathways into LARC from Pharmacy and YP service • Deliver GP LARC Pilot which will focus on improving access to contraception and reducing SRH inequalities for Black African and Black Caribbean Women. • Strengthen pathways between termination services and follow up contraceptive services. • Promote contraceptivechoices.org and SH24 contraceptive options app. • Build on existing maternity pilot to link women in to SRH services post-partum • Pilot POP with women postnatally via midwives
High quality and innovative STI Testing and Treatment	<ul style="list-style-type: none"> • Promote e-service for testing for underrepresented groups. • Contribute to LSL Syphilis and Gonorrhoea needs assessment. • Raise awareness in primary care through SHIP training and GP Champion • YP SRH Provider to increase condom distribution
Living well with HIV	<ul style="list-style-type: none"> • Implement recommendations from HIV JSNA • Promote use of London HIV Prevention Programme materials and messages. • Evaluate EJAF Social Impact Bond and consider commissioning options for ongoing HIV testing • Evaluate HIV Point of Care testing pilot • Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces

8.3. Across LSL we are also carrying out an impact assessment to better understand how covid-19, and associated service changes, have impacted on service users, and what we can do to improve access going forward. This will inform further development of the LSL and Lewisham Local SRH Action Plan.

9. Financial implications

9.1. The costs of delivering the LSL Sexual Health Strategy and the Lewisham Local SRH Action Plan will be met from existing budgets, which are funded from the ring-fenced Public Health Grant.

10. Legal implications

10.1. No further comments. It is noted appropriate consultation will be carried out as necessary/required before any fundamental changes to commissioned services is considered

10.2. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have

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due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

10.3. The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

10.4. The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:
<http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>.

10.5. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty.

10.6. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:
<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

11. Equalities implications

11.1. As with many health outcomes, sexual health is patterned by socioeconomic inequalities, with those from deprived areas at greater risk of negative outcomes, such as sexually transmitted infections and unplanned pregnancy.

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HIV rates are much higher in men who have sex with men, and in Black African communities.

11.2. An Equalities Analysis Assessment (EAA) was undertaken for the LSL Sexual and Reproductive Health Strategy. The Strategy and Local Action Plan aim to reduce health inequalities and improve health outcomes.

11.3. A Rapid Impact Assessment of Covid-19 is currently underway across the whole of the Sexual and Reproductive Health System across LSL.

12. Climate change and environmental implications

12.1. There are no climate change and environmental implications pertaining to this report.

13. Crime and disorder implications

13.1. There are no crime and disorder implications pertaining to this report.

14. Health and wellbeing implications

14.1. This report recommends that The Health and Wellbeing Board endorse the Local Lewisham SRH Action Plan, which aims to improve sexual and reproductive health in Lewisham and to reduce health inequalities.

15. Background papers

15.1. LSL Sexual and Reproductive Health Strategy 2019-24.

16. Report author and contact

16.1. Dr Catherine Mbema, Catherine.mbema@lewisham.gov.uk

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Appendix 1 – Local Sexual and Reproductive Health Action Plan

Healthy + fulfilling sexual relationships								
Objective Reference	Objective	Action reference	Action	Who	Progress update sept 2020	Future Plans	When	Who
RSE1	We will ensure all schools in our boroughs are aware of and appropriately referring into our SRH services, including GP and pharmacy SRH services	RSE1.1	RSE1.1. LSL - Work with schools to understand what they need for their local guidance for mandatory RSE, including for parents.	LSL public health and Education	1.a There was a meeting for the PSHE Leads (23/01/2020) to help increase understanding of the statutory requirements of RSE, including the importance of consulting with Parents and awareness of services and support available. 1b Training for school governors about RSHE delivered 28/02/2020 1c. Template RSE policy developed	1a. Remote network meetings for PSHE Leads to be held termly 1.b Another Governor training session about RSHE (remote) 1d. Increase parents (and therefore adults) knowledge of sex and relationships through the support offer to schools for SRE policies and curriculum development. Make offer to all schools. Partner with SHP partnership and Compass if uptake is high.	1a. Termly 1b 15/10/2020 1d. Throughout 20/21	1a. Primary and secondary school PSHE Leads 1b. Primary & Secondary school governors 1d. PSHE advisor/SHP Partnership / Compass
RSE1		RSE1.2	RSE1.2. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE (and other contexts) in schools	LSL public health	1. Public Health team are supporting Compass with their delivery Compass is in the process of re-designing the RSHE workshops delivered within schools, following the changes around mandatory PSHE requirements for schools. Meetings have taken place with Compass and the Healthy Schools Officer and Lead for RSHE, Lewisham Public Health. Compass has already delivered RSE workshops within a number of secondary schools.	1. Public Health team to continue to support delivery 2. Ensure schools are aware of and actively sign posting young people to the full range of SRH services available including LGT, GPs, community pharmacy and Compass 3. Compass's new list of RSHE school index workshops and link to the Compass website to be included within the two Lewisham schools portals.	Nov-20	
RSE2	We will work with education to support evidence-based RSE	RSE2.1	RSE2.1. LSL - Work with schools to understand what they need for their local guidance for mandatory RSE, including for parents.	LSL public health and Education	1. To further support schools and keep them updated about resources and training opportunities for RSHE, a dedicated RSHE portal was launched in June 2020. 2. Schools are updated about the DfE funded RSHE teacher training programme for primary and secondary schools being rolled out over this term with training webinars and supporting teaching materials are being made available so schools adapt according to their pupils needs. 3. A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support.	1.. Schools have been signposted to RSHE audit so they can further assess their pupils needs. 2. Continue to keep schools updated 3. Plan to address needs once responses have been collated.	Ongoing over 2020/2021	Schools & PHSE advisor

RSE2		RSE2.2	RSE2.2. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE (and other contexts) in schools	LSL public health	Compass's new list of RSHE school index workshops and link to the Compass website to be included within the two Lewisham schools portals. Healthy schools lead to ensure that portal updated with service changes	1. Public Health team to continue to support delivery. Consider how to best support schools over 2020/2021 in light of Covid. Ensure Y11 pupils across the borough are aware of SHS and Come Correct scheme. 2. Ensure schools are aware of and actively sign posting young people to the full range of SRH services available including LGT, GPs, community pharmacy and Compass 3. COMPASS to work with schools targeting Y10 & Y11. Compass and the Healthy Schools Officer and Lead for RSHE, Lewisham Public Health to finalise the newly designed schools index workshops. Compass to collate a list of workshops delivered to schools around RSE	Dec-20	Schools & PHSE advisor Young Peoples SRH Provider
RSE3		RSE3.1	RSE3.1. LSL - Identify which groups of professionals need training and the gaps in current knowledge/skills and resources to meet this need.	1. LSL public health		Review findings from survey and put plans in place to meet training needs within currently available resources.		SRH Promotion Service
RSE3	We will train a range of multidisciplinary professionals in healthy sexual relationships and initiating conversations about healthy sexual relationships	RSE3.2	RSE3.2. LSL - Continue to work with professionals to ensure they continue to speak to disproportionately affected populations about sex and relationships.	2. LSL commissioners	Meetings have taken place with Compass and the Healthy Schools Officer and Lead for RSHE, Lewisham Public Health on the 30th September 2020. Compass has already delivered RSE workshops within a number of secondary schools. Compass received training from PIP on the 29th September 2020 2. SRH Promotion Service has recruited 7 community champions who will be trained to act as micro-influencers to cascade positive SRH messages to their community. 2 out of the 7 recruited are from Lewisham	1. Compass are proactively engaging with young people leaving care, youth offending service and PRUs and initiating conversations re healthy sexual relationships 2. SRH Promotion Service will recruit and train 25 community champions by the end of year 1, of which 25% will be from Lewisham 3. SRH Promotion service to raise awareness of services including online testing	Mar-20	Young Peoples SRH Provider / Primary care facilitator SRH Promotion Service
RSE3		RSE3.3	RSE3.3. LSL - Work with education (within public health) to collate the evidence to deliver mandatory RSE.	3. LSL public health	A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support	Review findings from survey and put plans in place to meet training needs within currently available resources.	Mar-21	Schools / Schools PSHE advisor
RSE3		RSE3.4	RSE3.4. LSL - Link in with other workers and strategies (e.g., housing officers and domestic abuse) on brief interventions.	4. LSL public health	The SRH Promotion Service are delivering SRH trainings to a wide range of professionals from the health sector, housing sector, local organisations that support BME people, criminal justice systems i.e. probation service, DV organisations etc. Since the commissioning of this service in April, the partnership has delivered 14 professionals trainings to 90 professionals from LSL, of this total, 26 professionals were from Lewisham	The SRH Promotion service will provide training to professionals in Lewisham monthly. By the end of Year 1, with the aim of reaching 75 professional from Lewisham by March 2021. SRH Promotion service will continue to undertake participation work throughout the lifetime of the contract to respond to need as it varies and changes on the ground	Mar-21	SRH Promotion Service

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RSE3		RSE3.5	RSE3.5. LshM - Work with schools to understand what information and resources they need from public health.	Lewisham public health	A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support	Review findings from survey and put plans in place to meet training needs within currently available resources.	YR 1: April 2020- March 2021	Schools - Primary and secondary PSHE Leads	
RSE3		RSE3.6	RSE3.6. LSL - Map local training offer.	LSL public health					
RSE4	We will encourage all professionals to discuss healthy sexual relationships when the opportunity arises	RSE4.1	RSE4.1. LSL - Identify which groups of professionals need training and resources to meet this need.	1. LSL public health	1. A questionnaire about RSHE has been sent to primary and secondary school PSHE leads to establish further areas in need of support	Review findings from survey and put plans in place to meet training needs within currently available resources.	Apr-21		
RSE4		RSE4.2	RSE4.2. LSL - Continue to work with professionals to ensure they continue to speak to disproportionately affected populations about sex and relationships.	2. LSL commissioners	We provide, through SRH training delivered by SRH Promotion Service to professionals information and resources that Professionals need to confidently discuss and give support on SRH issues with their service users. Resources have been provided to 27 professionals from Lewisham	By the end of Year 1 , we would have provided training and additional support to 75 professionals from Lewisham SRH Promotion service to raise awareness of services including online testing	YR 1: April 2020- March 2021	SRH Promotion Service	
RSE4		RSE4.3	RSE4.3. LSL - Work with education (within public health) to collate the evidence to deliver mandatory RSE.	3. LSL public health					
RSE4		RSE4.4	RSE4.4. LSL - Link in with other workers and strategies (e.g., housing officers and domestic abuse) on brief interventions.	4. LSL public health			SRH Promotion Service will deliver training to workers in a range of settings e.g. hostels	Mar-22	SRH Promotion Service
RSE4		RSE4.5	RSE4.5. LshM - Fund brief interventions training course to local professionals	5. Compass	Compass trains staff from external agencies such as YOS, on sexual health, emotional health, and healthy relationships. Compass to continue to integrate sexual health, Substance misuse and mental health services.	Compass will be continue to deliver a number of workshops, community events and interactive virtual sessions with CYP and discuss health sexual relationships when the opportunity arises.	Dec-20	Young Peoples SRH Provider	
RSE5		We will promote our condom services to residents and professionals	RSE5.1	RSE5.1. LSL - Put info on Come Correct in a resource pack for schools (relating to RSE).	1. LSL public health	Come Correct extension	As GPs also provide condoms, PH will work with GP practices to ensure they recognise the C-card and assist easy availability of condoms to young people	Mar-21	Primary care facilitator

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RSE5		RSE5.2	RSE5.2. LSL - Put extra promotion on Come Correct + SH promotion services partnership in year 1 to remind internal colleagues to promote services e.g. children services frontline staff to cascade to organisations providing commissioning youth services; pharmacies will need to promote come correct and RISE; GPs also.	2. LSL public health	Come Correct have implemented online registration making it easier for YP to access free condoms. Payment mechanism with pharmacies changed to incentivise them to promote the scheme. SRH Promotion Service has conducted 13 promotional/outreach sessions of which 4 were targeted at Lewisham residents	Continue to promote the Come Correct Scheme to YP through RSE and YP service. Ensure that YP also know they can access contraception through their GP and EHC and Condoms through Pharmacy. At the end of Year 1, SRH Promotion Service will conduct 10 promotional sessions targeted at Lewisham residents SRH Promotion service to raise awareness of services including online testing	YR 1: April 2020- March 2021	
RSE5		RSE5.3	RSE5.3. Swk - Promote Come Correct in community settings.	3. Swk public health				
RSE6	We will ensure our SRH services are promoted specifically to groups who are at higher risk of poor SRH	RSE6.1	RSE6.1. LSL - To ensure (through regular meetings with services) that locally commissioned SH prevention and promotion services target at risk groups (BAME, young people and MSM).	1. LSL commissioners	1. Lewisham Commissioners work with LSL commissioners to oversee both new BAME SRH Promotion service and new Chemsex Service to ensure they are reaching target groups. 2. SRH Promotion Service hosts regular monthly breakfast meetings of the Lewisham BME Network which since March have been held virtually and have been opened up to LSL partners and SRH stakeholders. These meetings serve as a platform for exchanging information with grassroots groups embedded in marginal communities which are at risk of poor SRH.	1. Utilise SHIP training to ensure that GPs are aware of and targeting at risk groups 2. SRH Promotion Service will provide access to email information and WhatsApp communication platforms through which LSL partners and grassroots groups working with "at risk" groups can communicate regularly and promotional materials from local SRH prevention and promotion services can be disseminated	YR 1: April 2020- March 2021	SRH Promotion Service
RSE6		RSE6.2	RSE6.2. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	2. LSL commissioners and public health	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	1. Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces 2. Public health to support local voluntary and community sector to develop Covid-safe approaches	Dec-20	LHPP Public health
RSE6		RSE6.3	RSE6.3. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE in schools	3. LSL commissioners and public health	Healthy schools lead to ensure that portal updated with service changes Come Correct promoted to YP through a variety of channels including workshops ran by Compass Compass has an interactive website which promotes the service to residents and professionals along with an active Instagram and twitter account.	Compass to include information on local SRH services through RSE sessions. Compass to identify regular meetings with services, that locally commissioned SH prevention and promotion services target at risk groups. When YP Service is recommissioned offer must include support to schools to keep information up to date.	Dec-20	Young Peoples SRH Provider
RSE6		RSE6.4	RSE6.4. Lam + Swk - To explore the provision of a DASH + HYP YP clinic at GSTT Streatham Hill site.	4. Lam + Swk commissioners				

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RSE6		RSE6.5	RSE6.5. Swk - Work with HYP to improve targeted service promotion in schools and young people's settings (YOS, youth centres, college), focusing on most at risk populations.	5. Swk public health				
RSE6		RSE6.6	RSE6.6. Lshm - Provide promotional material with EHC in pharmacies and through Check Urself SMS text messaging with chlamydia screening results.	6. Primary Care Facilitator	SRH Promotional materials available through SHL Testing site.	GP practices also need to promote good SH to at risk populations Review SRH promotional materials provided in Pharmacy through the SRH Service. Develop new resource list for telephone consultations to enable pharmacies to share links easily with people accessing the service. Ensure all online testing services also promote wider SRH information		Primary care facilitator
RSE7	We will work to ensure appropriate referral to psychosexual services	RSE7.1	RSE7.1. LSL - To ensure that all referring professionals from all Trusts (e.g. GPs, mental health professionals), have clear guidance on referring patients to the most appropriate psychosexual service.	LSL commissioners	Compass already displays information and confidence in referring young people onto appropriate psychosexual services. Practitioners advise and use psychosexual interventions. Compass's SHAC service, which provides sexual health interventions, signposts clients to relevant sexual health services.			LGT / providers
RSE8	We will ensure further integration between sexual health, mental health, and substance misuse services for young people	RSE8.1	RSE8.1. LSL - Ensure commissioned services are delivering holistic services through reviewing monitoring data	LSL commissioners	Lewisham commissioners receive monitoring information and take part in contract monitoring meetings with YP SRH providers .	Review impact of Covid-19 changes to services quarterly and ensure that new service developments are provided using an holistic approach.		Comissioners
RSE8		RSE8.2	RSE8.2. LSL - Look at potential for developing mental health offer in specialist YP services, particularly in Lam + Swk.	LSL commissioners and public health				
RSE8		RSE8.3	RSE8.3. LSL - Assess competence and training of clinical staff in mental health and substance misuse at specialist YP services.	3. LSL commissioners and public health				
RSE8		RSE8.4	RSE8.4. Lam - Discuss opportunities for incorporating mental health support into integrated sexual health and substance misuse service for young people, including discussing	4. Lam + Swk commissioners				

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			possibility of funding for this from CCG.						
RSE8		RSE8.5	RSE8.5. LshM - Continue to develop YP's integrated sexual health, substance misuse and mental health service.	5. Lewisham public health		YP Integrated Service model to be reviewed and recommissioned. Future service developments to focus on providing the best outcomes for YP through integrated commissioning.		Lewisham public health	
RSE9	We will provide outreach services to reach those most at risk / those marginalised from SRH services	SRE9.1	1. LSL - To ensure (through regular meetings with services) that locally commissioned SH prevention and promotion services target at risk groups (BAME, young people and MSM).	1. LSL commissioners	Lewisham Commissioners work with LSL commissioners to oversee both new BAME SRH Promotion Service and new Chemsex Service to ensure they are reaching target groups. SRH Promotion Service has hosted 5 meetings of SRH stakeholders from LSL boroughs since March to facilitate exchange of information and to generate greater awareness of developments in the field of SRH among marginalised communities.	SRH Promotion Service will continue to expand its base of LSL stakeholders via word of mouth and social media outreach on LinkedIn. Newly engaged stakeholders will be added to the SRH LinkedIn group as a means of deepening their engagement and facilitating collaboration.	YR 1: April 2020- March 2021		
RSE9		SRE9.2	2. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	2. LSL commissioners and public health	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces	Dec-21	LHPP	
RSE9		SRE9.3	3. LSL - To ensure schools have information to enable them to signpost YP to SRH services from RSE in schools	3. LSL commissioners and public health	All of Compass's RSE session include relevant information to enable schools and young people to access SRH services.	Upload links to the HWB portal	Jan-21	Young Peoples SRH Provider	
RSE9		SRE9.4	4. Lam + Swk - To explore the provision of a DASH + HYP YP clinic at GSTT Streatham Hill site.	4. Lam + Swk commissioners					
RSE9		SRE9.5	5. Swk - Work with HYP to improve targeted service promotion in schools and young people's settings (YOS, youth centres, college), focusing on most at risk populations.	5. Swk public health					
RSE9		SRE9.6	6. LshM - Provide promotional material with EHC in pharmacies and through Check Urself SMS text messaging with chlamydia screening results.	6. Primary Care Facilitator	PCF has worked with SRH Pharmacies to ensure people accessing SRH services are encouraged to test.	GP practices to promote good SH to at risk populations Pharmacy and general practice promote STI testing through SHL		Primary care facilitator	

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RSE10	We will target prevention activities around chemsex, with particular focus on MSM	RSE10.1	RSE10.1. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	1. LSL commissioners and public health 2. LSL commissioners	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces		LHPP
RSE10		RSE10.2	RSE10.2. LSL - To ensure (through regular meetings with services) that local SH promotion services target at risk groups (BAME, young people and MSM).		Outreach work with BAME, young people and MSM has been hampered by COVID - venues have been closed or offer reduced opening, etc. Some work has continued online	Implement new SH promotion strategies based on the finding of the engagement work		SRH Promotion Service
RSE10		RSE10.3Lew				Antidote contract included training with SH staff, running programme from KCH and GSTT	New Chemsex service working with SMU and SRH services to develop capacity and link to other vol sector services for MSM at Metro?	
RSE11	We will target prevention to those with HIV/ those whose sexual partner has HIV to ensure knowledge of the health risks of seroadaptive behaviour / condomless sex	RSE11.1	RSE11.1. LSL - To continue to work with London HIV Prevention Programme to promote safer sex / health promotion among MSM	1. LSL commissioners and public health	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces		
RSE11		RSE11.2	RSE11.2. LSL - To ensure (through regular meetings with services) that local SH promotion services target at risk groups (BAME, young people and MSM).	2. LSL commissioners	Outreach work with BAME, young people and MSM has been hampered by COVID - venues have been closed or offer reduced opening, etc. Some work has continued online.	Implement new SH promotion strategies based on the findings of the engagement work		SRH Promotion Service
RSE11		RSE11.3	RSE11.3. LSL - To implement EJAF HIV testing and care programme.	3. LSL commissioners	EJAF Social Impact Bond Pilot has been working to diagnose people with HIV and bring HIV+ people back into treatment through an outcomes based payment project in Lewisham and Greenwich Trust A&E, and in Primary Care through a contract with One Health Lewisham.	Continue with EJAF SIB activities		Dec-21 LGT, One Health Lewisham
RSE11		RSE11.4Lew				Evaluate the effectiveness of interventions used to deliver EJAF SIB outcomes and consider future sustainability		Dec-21 Public health / commissioning
RSE11		RSE11.5Lew				Ensure SHIP 'STI, HIV & BBV' training includes strategies to support PLHIV and their partners		Mar-22 Primary care facilitator

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RSE12	We will ensure appropriate referral pathways to other services	RSE12.1	RSE12.1. LSL - To ensure SRH services have up to date info on services to refer to and how to contact/refer e.g. domestic violence, social care, how to report assault awareness	1. LSL commissioners	LGT have been reviewing referral pathways especially in response to COVID to ensure they are upto date, effective and streamlined. Compass workshops held with partner agencies such as Lewisham college, PRU, secondary schools and YOS, provide an opportunity to give upto date referral pathway information. The professionals training and outreach/promotional sessions delivered by SRH Promotion Service provides an opportunity to give information on all available services in the borough so that professionals are equipped with this information in order to make appropriate referrals	All services providing sexual health promotion and clinical services will have a clear referral pathways from one service to another and will communicate changes in referral pathways effectively to service users and other stakeholders. SRH Promotion Service will continue to provide information about available services to professionals and build their skills to make effective referrals through trainings	01/01/2021 YR 1: April 2020- March 2021	Public health / SRH Promotion Service / Compass
RSE12		RSE12.2	RSE12.2. LSL - To conduct an annual audit of referrals made from SRH to other providers e.g. domestic violence	2. Trusts, DASH/HYP and LSL commissioners		LGT, Compass to audit the number and type of referrals to other providers SH services to cooperate with the development of the VAWG strategy and any forth coming recommendations		
RSE13	We will ensure all commissioned services' staff are trained to identify and appropriately refer cases of female genital mutilation, domestic violence and child sexual exploitation	RSE13.1	RSE13.1. LSL - Ensure all relevant staff have completed training to enable them to identify and appropriately refer cases of FGM, DV and CSE. Request service managers maintain a record of training for staff to demonstrate up to date training.	1. LSL commissioners	Lewisham Children's Safeguarding board provide training on FGM, DV and CSE Compass staff have attended FGM, DV, and CSE training, PiP training and LSCP training on CSE and harmful cultural practices. VAWG strategy is being reviewed and a new training offer is being developed	Service managers to continue assessing staff training needs, accessing the training offer and maintaining a record of staff training All SH services, including SRH Promotion Service, LGT and Compass to feed into the development of the VAWG strategy and implement any forthcoming recommendations	Mar-21	All providers
RSE13		RSE13.2	RSE13.2. LSL - To conduct an audit of sexual health staff to identify any training needs.	Trust staff		1. Conduct an audit of GP practice and pharmacy staff to assess need for FGM training in primary care. 2. Plan and deliver appropriate training to meet needs e.g. SHIP FGM for primary care module	1. Mar-21 2. Mar-22	Primary care facilitator

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Action plan: Good reproductive health across the life course

Objective Reference	Objective	Action reference	Action	Who	Progress update sept 2020	Future Plans	When	Who
REP1	We will maintain chlamydia detection rates above 2,300 per 100,000 aged 15-24	REP1.1	REP1.1. LSL - We will cost model and explore partner notification (e.g. via SXT) and its potential impact on improving detection rates	1. Lam LSE student	LSE student completed economic analysis	Completed		
REP1		REP1.2	REP1.2. LSL - we will maintain specialist young people's services to encourage the uptake of testing and treatment in this group, and encourage alignment of services where possible	2. LSL commissioners (separately)	Compass currently screens young people for chlamydia through our SHAC service. 1. Downham young person's service re-opened beginning of August 2020 2. Vulnerable and young people able to access all services as walk-ins if no symptoms of COVID-19 from Oct 2020	1. Provide training to new SRH Pharmacies and refresher training to existing SRH pharmacies to ensure women are signposted and encouraged to have testing 2. Compass will expand SHAC pathways to other clinics, partner agencies and educational providers. 3. LGT looking into walk-in services for young patients and those accessing voluntary sector / public health sectors for ease of treatment; contraception offer and treatment Downham now reopened - referral pathways form COMPASS need to be established and embedded. All referrals come into a central point and are then managed to the best clinic. Direct referral to Hawsted rd if no C19 symptoms; pathway to be streamlined. If direct call then could be fast-tracked	Mar-21	1. Primary care facilitator/ pharmacists 2. Young Peoples SRH Provider 3. LGT
REP1		Rep1.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs		Mar-22
REP2	We will ensure sexual and reproductive health services remain integrated, to maintain opportunistic screening	REP2.1	REP2.1. LSL - Ensure our clinics raise awareness of contraception with any woman who is channel shifted to online STI self-sampling, including via trust websites.	1. KCH, GSTT and LGT clinical leads - via LSL SH commissioning team (contract monitoring).	SEL CCG conversation - snap shot of what is happening now, 1. Online LARC telephone consultation via Zesty as an alternative to calling in for a triage appointment 2. Super-express option for patients on established contraception to pick up repeat contraception 3. Zesty website has informative videos on LARC insertion in addition to an interactive contraception choices website	1. Asymptomatic referred to SHL if no contraception needed. 2. Under 25s never having STI screen could be invited to clinic to ensure vulnerabilities and completeness of service offer 3. Still screening people not using SHL	Service offered now	
REP2		REP2.2	REP2.2. LSL - Discuss with Sexual Health London the opportunities to provide online contraception support.	2. LSL SH commissioning lead (representing LSL at London meetings).	Online contraception launched by SHL	Council and CCG to review evidence from early-adopters of online contraception service after 6 months to inform future decision on whether to join		Apr-21

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REP2		REP2.3	REP2.3. LSL - Maintain opportunistic screening to people attending for contraception.	3. KCH, GSTT and LGT clinical leads - via LSL SH commissioning team (contract monitoring).	Compass provides contraceptive advice and guidance to all young people access sexual health service. Compass provides the Come Correct scheme to issue condoms to local schools, colleges, and other alternative educational providers. Compass provides ChatHealth, where we can provide online contraceptive advice.	Utilise SHIP training contraception module to offer training for pharmacist to ensure that holistic package of EHC plus STI testing plus ongoing contraceptive is offered Compass to liaise with Sexual health London to streamline online contraceptive support.	Jan-20	Primary care facilitator/ pharmacists Young Peoples SRH Provider
REP3		REP3.1	REP3.1. Swk - Complete a new immunisation strategy and create a plan with providers and partners - <u>COMPLETED</u>	Southwark Public Health team				
REP3	We will reduce variation in HPV vaccine uptake between our boroughs and ensure that 90% of girls across LSL have received at least one dose of the HPV vaccine	REP3.2	REP3.2. Lsh - Put in place plan to boost rates. Do so through visiting schools and make it an admin priority	Lewisham Public Health team	1.LGT Offer all MSM <45 years the vaccine Covid-19 has delayed the 19-20 school based vaccination programme and current rates are as follows; HPV 1 - Girls 81.7% Boys 78.6% / HPV 2 - Girls 72.7% Boys 60.1%	1. Develop an integrated offer which encourages all stakeholders in contact with young women eligible for vaccination to check status and promote uptake 2. Encourage GPs to check with any women attending re HPV vaccination status 3. Add a flag to PharmOutcomes template to remind pharmacists to check HPV vaccination status in young women attending for EHC / condoms 4. LGT to offer HPV vacs for men 15 - 45 years of age 5. Catch-up for the 19-20 schedule will start via community clinics after school, weekends and school holidays once the 20-21 campaign has been delivered usually by the summer term. NHSE have extended the deadline to 31.8.21	4. Service now offered 5. Aug-21	1. PH Screening team 2. Primary care facilitator 3. Primary care facilitator 4. LGT 5. School health service
REP3		REP3.3	REP3.3. Lam - Maintain progress against this measure.	3. Lambeth Public Health team.				
REP4		We will reduce the rate of subsequent abortions by 20%, with particular focus on women identifying as black African or Caribbean	REP4.1	With a particular focus on black African and Caribbean women: REP4.1. LSL - Increase knowledge and confidence about contraception (through SH:24).	1. LSL SH commissioning team as contract lead.	SRH Promotion Service have recruited community champions to give positive SH messages to local communities	SRH Promotion service to raise awareness of services including online testing	Mar-22
REP4	REP4.2		REP4.2. LSL - Liaise with CCGs about funding for	2. PH consultants in 3 boroughs				

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			training GPs and nurses on contraception.	supported by LSL SH commissioning team.				
REP4		REP4.3	REP4.3. LSL - Train GPs and nurses to discuss contraception with women opportunistically (numbers of people trained dependent on funding).	3. TBC - trainers	3. Contraception mini-events held at practice nurse forums	3. Deliver SHIP contraception module to primary care. (Community pharmacists offering SRH service could also attend). Include within the training the need to have positive consultations with black African and Caribbean women.	Mar-21	Primary care facilitator
REP4		REP4.4	REP4.4. LSL - Mobilise new pharmacy offer which will offer quick start OC and referral for LARC.	4. LSL commissioners.	Pharmacy service offering OC with EHC consultation now operational. Limited to POP during COVID	Pharmacists to attend regular updates and regular training offered by Primary care facilitator. Review Pharmacy LARC data and work with pharmacies to increase LARC referrals. Work with SRH clinics to follow up and improve uptake	Annually	primary care facilitator
REP4		REP4.5	REP4.5. LSL - Research feasibility and identify options for a financially viable and sustainable online centralised booking system for LARC locally.	5. LSL SH commissioning team.	On hold			
REP4		REP4.6	REP4.6. LSL - Increase uptake of post-abortion LARC	6. TOP service providers (via LSL SH commissioning team (contract monitoring))	<ol style="list-style-type: none"> 1. Offer of post-partum contraception to women who have just delivered or visit ANC 5 days post-delivery 2. SRH trainee has designed a postpartum contraception leaflet - currently with patient experience group to approve content - plan to be given to all women in the antenatal period 3. Offer contraception to all with an emphasis on LARC 4. See all referrals that attend from pharmacy if possible on the same day 5. Accepting referrals from pharmacy 	<p>Strengthen links with TOP service; post TOPs especially with vulnerable women and young women</p> <p>LGT SH service to develop stronger links with EPAU as can be an unplanned pregnancy and contraception needed later</p>	Sep-21	LGT
REP5	We will respond to what women have told us and create positive, whole woman-focused reproductive health services	REP5.1	REP5.1. LSL - Request that clinics develop a framework for determining whether clinics are female friendly, and conduct an annual audit	1. Clinics (via LSL SH commissioning team)	LGT to ensure the clinic remains friendly to all clients with welcoming reception staff	LGT to ensure the clinic remains friendly to all clients with welcoming reception staff and develop a mechanism for obtaining service user feedback e.g. through LGT patient engagement team, survey etc	Mar-21	LGT

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REP6	We will ensure that every woman in LSL can have a LARC method fitted in both primary care and in SRH services within 4 weeks of booking	REP6.1	REP6.1. LSL - Explore resident-only LARC fitting clinics across LSL and our trusts.	1. LSL SH commissioning team	LGT have not had a massive waiting list; zesty consultations established to have pre-fitting convo Survey monkey sent re where people are hearing about service PC and SRH website Pause on primary care training due to COVID-19	Link with pharmacy referral pathway ensures local women are prioritised Need to ensure other local services are clear what the pathway is to access LARC service		LGT
REP6		REP6.2	REP6.2. Swk + LshM - Work with GP federations to ensure we have a population LARC offer	Relevant borough teams	GP LARC Pilot in Lewisham has been postponed due to covid-19	Revisit GP LARC pilot programme with federation to gauge interest/capacity in engaging in expanding LARC service	Mar-21	Lewisham commissioning
REP6		REP6.3	REP6.3. LSL - Carry out contraception needs assessment to identify recommendations for increasing LARC provision	SpR - Lambeth	Completed	Review recommendations	Mar-21	Public health
REP6		REP6.4Lew	Recruit GP SRH champion to support the development of sexual health services in GP practices (as STI9.5Lew)			Define support needs and recruit GP SRH champion to work with primary care facilitator extending primary care services, piloting PN tool and offering SHIP training	Jan-21	Public health
REP7	We will make every contact count in contraceptive care, ensuring that women who are having a LARC removed are fully informed about the options to prevent pregnancy	REP7.1	REP7.1. LSL - Develop a post-LARC removal protocol for use in primary care	1. SH clinician(s) (via LSL commissioning team)	LARCs are removed by people who have contraception qualifications and therefore a conversation re ongoing contraception should be happening	Need to re-engage primary care with SHIP training to ensure all clinicians are able to engage with women re sexual health and contraception		Primary care facilitator
REP7		REP7.2	REP7.2. LSL - Identify an online information resource to provide health professionals and residents with accurate information around contraception, particularly to address misconceptions around the impact on fertility	2. SH:24 via LSL commissioning team	A range of online resources already exist including www.contraceptionchoices.org website - an interactive service for women deciding on the best contraception choice for them and an Contraceptive Options tool/ app developed by SH:24 Health professionals and residents are signposted to these.	1. Continue to Sign post women to www.contraceptionchoices.org and SH24 Contraceptive Options app 2. Promote increased use of the app across a variety of settings e.g. community pharmacy, GP practices, YP services 3. Assess if SH24 app is being used and is addressing misconceptions	ongoing	Services
REP8	We will review options and opportunities to create a centralised booking system for LARC contraceptive care, in order to utilise capacity more effectively	REP8.1	REP8.1. LSL(BB) - Research feasibility and identify options for a financially viable and sustainable online centralised booking system for LARC locally	LSL commissioning team to lead (on behalf of SEL commissioners group)		Ensure that local SH services can be integrated with a centralised booking system as it is developed	Mar-22	LGT / Primary care / Commissioning

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REP9	We will ensure all women post-pregnancy are offered a full choice of contraception, including easy booking of LARC	REP9.1	REP9.1. LSL - Carry out baseline study of current situation re: contraception including LARC following pregnancy (birth and abortion) (<i>see needs assessment above</i>)	SpR - Lambeth	<ol style="list-style-type: none"> 1. Leaflets on IUD/IUS/Implant/ POP and condoms have been given to antenatal clinics 2. Midwives send a list of women Day 5 post-partum for a telephone consultation on contraception 3. Via Twinning partnership with learning from Rwanda, VSO have funded and we have trained 5 midwives to do implant fitting. 4. SRH trainee has designed leaflet specifically for women in antenatal period - awaiting approval by patient experience group 	<ol style="list-style-type: none"> 1. Information to be given to clinics to give out to women antenatally; midwives see women 5 days post-partum so can link women into the clinic; 2. PGD training on POP/Depot and Implant for midwives - PGD's need to be reviewed at relevant governance meeting 		LGT
REP10		REP10.1	REP10.1. LSL - mobilise new comprehensive SRH offer in pharmacies which includes oral contraception and booking for LARC at SH clinics.	LSL commissioners	<p>Pharmacy offer has been commissioned in 11 (14) pharmacies. Pharmacists offering the service have been trained</p> <p>Referral for emergency IUDs via pharmacy is successful; Referral for routine LARC is not working so well</p> <p>LARC referral volume has gone down as a result or C19;</p>	<ol style="list-style-type: none"> 1. Comms to pharmacies to share the number for women to ring if interested in LARC 2. LGT looking at providing Zesty link to pharmacies as call volumes high and likely to put off those highly at risk and establish direct accessible pathways 		LGT / SRH pharmacies
REP10	We will reduce the repeat use of emergency contraception (EC) in pharmacies to be in line with SH clinics by ensuring that ongoing contraception is proactively offered wherever EC is available	REP10.2	REP10.2. LSL - Audit practice in pharmacies including mystery shoppers.		Pharmacy service has been audited using Mystery shoppers; visits completed to Lewisham pharmacies. Findings feedback to pharmacists Oct 20.	<ol style="list-style-type: none"> 1. Routine LARC pathway needs refine between pharmacy and LARC fitting service 2. Each pharmacist is getting individual feedback from the MS visits and an action plan will be agreed (training may be needed before action plan is operational) 3. Needs to record which pharmacists are providing the EHC services 4. Refresher training once a year for regular pharmacists / training sessions for new pharmacists provided on 121 basis from PCF 5. Pharmacists need COC training when they are able to provide f2f consultations again 6. six-monthly audit to measure the EHC conversion to contraception rate; quarterly for failing pharmacies 7. Improve weekend access 8. Repeat MS programme to test a direct request for OC or LARC to test pathway more thoroughly / test telephone consultation pathway 	Q2 2021	<ol style="list-style-type: none"> 1. pharmacists and LGT / GPs 2. Primary care facilitator / commissioner 3. Commissioner 4. Primary care facilitator / pharmacists 5. Primary care facilitator 6. Primary care facilitator 7. pharmacists 8. tbc
REP10		REP10.3Lew				Extend the efforts pharmacists are making to reduce EHC use to GP practices so that they also contribute to the reduction in EHC and increase in regular contraception	Q2 2021	Primary care facilitator

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REP11	We will create a co-designed online information resource for residents and professionals to inform decisions around contraception, including understanding what impacts on fertility	REP11.1	REP11.1. LSL - identify an online information resource to provide health professionals and residents with accurate information around contraception, particularly to address misconceptions around the impact on fertility	As per REP7	Contraceptive Options tool has been developed by SH:24	<ol style="list-style-type: none"> Promote increased use of the Contraceptive Options tool across a variety of settings e.g. community pharmacy, GP practices, YP services Assess if app is being used and is addressing misconceptions 	ongoing	Pharmacists, GPs, practice nurses, Young Peoples SRH Provider outreach
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Action plan: High quality + innovative STI testing + treatment

Objective Reference	Objective	Action reference	Action	Who	Progress update sept 2020	Future Plans	When	Who
STI1	We will ensure continued online provision of STI testing services	STI1.1	STI1.1. LSL - Work with London to ensure we maintain access to online services for our residents.	1. LSL commissioners	SHL, the London E-service has been uncapped and local sexual health service providers are actively channelling asymptomatic patients. Data analysis shows e-service activity increasing	Continue to promote SHL	ongoing	LGT, SHL
STI2	BLANK							
STI3	We will re-establish a decreasing trend in the rate of gonorrhoea diagnosis across LSL	STI3.1	STI4.1/STI5.1/STI6.1 LSL - Conduct analysis to identify any groups of men under-represented in testing (e.g by age group ethnicity, or location), to better understand barriers to testing, and recommendations for improving testing rates	1. LSL public health teams/trainees		Await outcome of JSNA		
STI3		STI3.2	STI4.2/STI5.2/STI6.2. LSL - Undertake an LSL needs assessment for syphilis and gonorrhoea and make recommendations to address barriers to testing and treatment.	2. LSL public health teams/trainees	2. Needs assesment being done by Public Health Register	Review and implement JSNA recommendations	Mar-21	Public health
STI3		STI3.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs	Mar-22	Primary care facilitator / SHIP trainers
STI4	We will increase STI testing rates in young men to that of young women	STI4.1	As STI 3.1		1. Encourage on-line offer. Work with voluntary sector to see how we can engage young men to services.	Compass to prioritse schools and community groups working with YP in higher deprivation areas, also target services where there is a higher representation of young men such as YOS, future men as well as proactively seeking to target young men within other services and agencies	Dec-20	Young Peoples SRH Provider
STI4		STI4.2	As STI3.2		2. Needs assesment being done by Public Health Register	Review and implement JSNA recommendations	Mar-21	Public health
STI4		STI4.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs to increase STI testing of young men in primary care	Mar-22	Primary care facilitator / SHIP trainers

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STI5	We will increase syphilis and gonorrhoea testing in MSM	STI5.1	As STI 3.1		1. Encourage on-line offer. Work with voluntary sector to see how we can engage young men to services.	SHL service to be widely promoted Compass will prioritise schools and community groups working with YP in higher deprivation areas. Compass to increasing gonorrhoea screening. Compass will also look to increase gonorrhoea testing through increasing the awareness, education and information around MSM and also offering testing for individuals where necessary.	Dec-20	Young Peoples SRH Provider
STI5		STI5.2	As STI3.2		As 3.2 - Needs assesment being done by Public Health Register	Review and implement JSNA recommendations	Mar-21	Public health
STI5		STI5.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs to increase syphillis and gonorrhoea testing in MSM	Mar-22	Primary care facilitator / SHIP trainers
STI6	We will increase STI testing in Black and minority ethnic groups	STI6.1	As STI3.1		1. Encourage on-line offer. Work with voluntary sector to see how we can engage young men to services.	1. Ensure primary care is included in any assessment and recommendations for improving testing rates Local SRH promotion service will target BAME groups with local campaigns		
STI6		STI6.2	As STI3.2		1. Compass works alongside YOS, colleges and target under-represented groups through youth groups and targeted sessions at alternative schools. 2. Needs assesment being done by Public Health Register	1. Compass staff to attend training to have a better understanding of the barriers impacting minority ethnic groups accessing sexual health services. Compass will continue to review the young people from the BAME community within the service and look to offer STI testing where necessary to those individuals.	Feb-21	1. Young Peoples SRH Provider
STI6		STI6.3Lew	We will provide training and support to primary care to increase testing			Deliver STI, HIV and BBV SHIP training to practice nurses and GPs. 2. Primary care needs to raise awareness of these STI and routine screening for asy patients	Mar-22	Primary care facilitator / SHIP trainers
STI8	We will continue to provide free condoms to young people in our boroughs	STI8.1	1. LSL - Continue to commission Come Correct service for YP.	1. LSL commissions and public health teams	1. Continue to offer C-cards to patients who walk-in / or attend for a booked appointment. Under 16 are being seen as walk-ins if they present		ongoing	LGT
STI8		STI8.2	2. LSL - Put info on Come Correct and GP condom schemes (Lewisham) in a resource pack for schools (relating to RSE).	2. LSL public health teams		Young peoples SRH provider to increase condom distribution through the promotion of Come Correct and GP condom schemes, including registering YP for Come Correct	Dec-20	Young Peoples SRH Provider

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STI8		STI8.3	3. LSL - Put extra promotion on Come Correct + SH promotion services partnership in year 1 to remind internal colleagues to promote services, e.g. children services frontline staff to cascade to organisations providing commissioning youth services; pharmacies will need to promote come correct and RISE; GPs also.	3. LSL commissioners and public health teams	Compass promotes and engages young people with the Come Correct scheme this is through SHAC and through our drop-in services. Compass also delivers workshops/stalls within colleges, schools, youth clubs and other alternative educational providers. Compass also provides community days where we promote and distribute condoms.				
STI8		STI8.4	4. LSL - Extend provision of Come Correct through pharmacy contract.	4. LSL commissioners and public health teams	Come Correct offer has been extended in community pharmacy to encourage all SRH pharmacies to register YP and actively supply condoms	All pharmacies to be confident and actively registering all young people for Come Correct C-card Ensure all SRH pharmacies are regularly updated and supported to be confident in delivering Come Correct	annually	Primary care facilitator / Pharmacies / Come Correct team	
STI9	We will continue to integrate partner notification services in STI testing	STI9.1	1. LSL - We will cost model and explore partner notification (e.g. via SXT) and its potential impact on improving detection rates.	1. LSL commissioners and public health teams	LSE student completed a cost effectiveness analysis of using SXT digital PN tool vs traditional model	Completed			
STI9		STI9.2	2. LSL We will conduct an audit of PN (including in primary care), which will include recommendations for improving PN where needed.	2. LSL commissioners		Support an audit of partner notification in primary care	Mar-21	Primary care facilitator	
STI9		STI9.3Lew	3. Lewisham - we will pilot the use of SXT in a range of settings e.g. primary care, SH clinics, YP services	Primary care facilitator		SHIP STI and BBV module includes effective PN; practices can treat partners too; piloting SXT in GP practices (4 practices)		Nov-20	Primary care facilitator
STI9		STI9.4	4. We will roll out the use of digital PN tool SXT across all SH services	SH services	LGT have put business case forward for a pilot of 1000 STIs - to be funded by research, to demonstrate cost effectiveness. Estimate 4k. One SLR for LGT. Need to get I&G approval		Run and evaluate pilot; make the case for continuation if effective and embed in service provision	Jul-21	LGT
STI9		STI9.5Lew	Recruit GP SRH champion to support the development of sexual health services in GP practices				Define support needs and recruit GP SRH champion to work with primary care facilitator extending primary care services, piloting PN tool and offering SHIP training	Jan-21	Public health

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Objective Reference	Objective	Action reference	Action	Who	Progress update sept 2020	Future Plans	By When	Who	
HIV1	We will commission HIV prevention and promotion services for most at risk populations, promoting the use of condoms, testing, PrEP, and treatment as prevention (TasP)	HIV1.1	HIV1.1. LSL - In year 1, continue to commission prevention and promotion services targeting at-risk population groups	1. Lambeth Commissioners	Multiple organisations working to promote good sexual health and reduce HIV LSL BME service (SHP partnership) is providing trainings and support to professionals on HIV , PrEP, TasP and testing as part of its service delivery .	1. Evaluate impact of current model of service provision, COMPASS, SRH Promotion Service 2. Ensure that primary care services are aware of at risk population groups and offering HIV testing 3. Offer SHIP HIV and Blood Borne Viruses training to GP practice teams	3. Mar-21	2. Primary care facilitator 3. Primary care facilitator plus HIV GP clinical champion	
HIV1		HIV1.2	HIV1.2. LSL - Conduct a needs assessment to identify issues around prevention of HIV	2. Swk public health registrar	JSNA completed.	Implement recommendations from HIV JSNA with a particular focus on reducing stigma. (see obj HIV7)	Mar-22	LGT, Lewisham BC, community organisations	
HIV1		HIV1.3	HIV3.3. LSL - Promote PrEP to at risk communities who are not accessing PrEP, through providers/services in contact with at-risk groups.	3. LSL public health/commissioners	From October 20 anyone who is eligible (and not on PrEP impact trail) will be able to access PrEP from SH service. People already on the PrEP impact trial will continue as is.	1. Providers / services in contact with at-risk communities to continuing promoting availability of PrEP. 2. LGT to maximise capacity to deliver PrEP through staff training and nurse PGDs 3. SRH Promotion Service to include PrEP information and awareness as part of their outreach and staff training programmes 4. GP HIV champion to utilise GP bulletins to raise awareness with GPs and primary care staff of PrEP availability 4. Maximise the use of e-service for the routine STI testing required for PrEP provision with a target of 50% of testing is via e-service	1. Oct-20 2. Dec-20 3. Dec-20 4. Oct-21	1. LGT, AAF, SHP partnership, community organisations 2. LGT, SHL 3. SRH Promotion Service 4. GP HIV champion	
HIV1		HIV1.4				Rapid SH impact assessment is in progress to understand the impact of COVID on at risk populations	Alongside addressing any recommendations from the impact assessment, consider how/whether self testing could be enhanced and the mechanisms that are in place to support messaging and availability of self testing for BAME communities	Dec-20	Public health
HIV1		HIV1.5Lew			Lewisham Public Health		Conduct a review to understand the impact of PrEP on inequalities	Mar-22	Public health
HIV2	We will manage and run the London HIV Prevention programme, amplifying prevention and treatment messages to the wider population	HIV2.1	HIV2.1 LSL - Ensure that local services (including primary care and local councils) promote and use messaging in line with the London-wide campaign to local service users by sharing LHPP links and materials with services and requesting their use.	1 LSL commissioners		Ensure that primary care services are aware of LHPP messages and use their materials for messages	ad hoc	Primary care facilitator / LHPP	

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HIV3	We will maximise access to testing by offering more testing through a variety of channels, specifically primary care and A&E in the first instance	HIV3.1	LSL - Research the costs of, and undertake cost modelling into HIV testing in A&E.	1. LSL public health		EJAF programme to look at the cost effectiveness with the research team from KCL. Exact scope yet to be agreed but would anticipate some combination of lifetime HIV costs, incidence rates, likely rates of transmission against the costs of delivering the service.	Dec-21	EJAF / KCH
HIV3		HIV3.2.	LSL - Work with training and clinical providers to develop training to implement opt-out testing.	2. LSL public health/commissioners		Offer SHIP 'STI, HIV and Blood Borne Viruses' training to GP practice teams	Mar-21	Primary care facilitator plus HIV GP clinical champion
HIV3		HIV3.3	LSL - Research and plan (resource-dependent) programme of implementing training where needed.	3. LSL public health/commissioners		SHIP training to be offered; utilise the HIV audit tool and critical incident analysis to identify where opportunities to test for HIV have been missed	Mar-21	Primary care facilitator
HIV3		HIV3.4	HIV3.4 LSL - Work with EJAF to implement a programme of increased testing across A&E and primary care e.g. in NHS Health Checks and Point of Care Testing as per NICE guidelines	Lam commissioners	1. POCT currently being piloted thru primary care in 10 practices 2. LGT A&E is offering HIV testing and have identified 43 new PLHIV previously undiagnosed 3. Pop-up on EMIS template is prompting HIV testing at new patient registration (NPR) in GP practices. Target is to increase testing by 10%	1. Evaluate the impact of POCT testing and make recommendation all practices 2. Continue testing in A&E 3. HIV GP champion to continue to promote HIV testing in primary care via new patient registrations	1. Mar-21 2. Dec-21 3. Dec-21	1. Primary care facilitator 2. LGT A&E 3. HIV GP clinical champion
HIV3		HIV3.5	HIV3.5 LSL - Work with EJAF to develop a plan to maintain increased HIV testing in primary care and A&E as a result of the EJAF programme	Lam commissioners		Investigate effectiveness of using GP champion model to promote continued testing in primary care. Continue GP champion role if deemed effective	Dec-21	EJAF/HIV GP clinical champion
HIV4	We will work with services targeted to those most at risk of HIV, increasing testing and addressing inequalities	HIV4.1	HIV4.1 LSL - Promote safer sex / health promotion among MSM by continuing to work with London HIV Prevention Programme.	1. LHPP commissioners	Do It London website has been updated and now displays a Covid-19 section. This includes updated safer sex guidelines, an Online Service Offer, links to home testing via SHL and MSM condom delivery service.	Explore options for safe outreach including the use of a mobile outreach bus to deliver testing, condoms and sexual health information at public sex environments (PSEs) and other outdoor LGBT social spaces	Mar-21	LHPP

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HIV4		HIV4.2	HIV4.2 LSL - To ensure (through regular meetings with services) that local SH promotion services target at risk groups (BAME, young people and MSM) to increase awareness of importance of regular testing	2. Lam commissioners	Africa Advocacy Foundation and LGT have been awarded a grant through FTCl to provide 300 point of care HIV and syphilis testing in homeless/supported shelters. LGT have started virtual training homeless shelter staff to deliver tests.	There is a need to continue enhancing the capacity of our local SRH services to reach the people being left behind through active conversations, training and mobilisation. Taking SRH services from traditional clinical settings into community venues e.g. barber shops, nail-bars, salons, African cultural centres/ festivals, County Shows/Peoples Day, churches, mosques, sport events/centres, travel clinics and agencies, restaurants, housing/employment/benefits advice services, immigration services, patient community organisations, restaurants, clubs. Continue to offer testing. Consider using remote consultations and possible homeless shelter based clinic days.	Mar-22	AAF and LGT
HIV4		HIV4.3	HIV4.3 LSL - Work with EJAF to implement a programme of increased testing across A&E and primary care e.g. in NHS Health Checks and Point of Care Testing as per NICE guidelines.	3. Lam commissioners	LGT A&E is offering HIV testing via through EJAF project. Opt out testing has identified 43 new PLHIV previously undiagnosed Pop-up on EMIS template is prompting HIV testing at new patient registration (NPR) in GP practices. Target is to increase testing by 10%	Continue to raise awareness about the need for opportunistic HIV testing in general practice with an emphasis on people with high HIV risk. Offer SHIP 'STI, HIV and BBV' training annually to GP practice staff to increase skills in opportunistic testing and raising awareness of at risk groups to target	Dec-21 Mar-22	GP HIV clinical champion Primary care facilitator
					AAF SIB this year to focus on BAME communities and increase testing using community approach.	Evaluate effectiveness of this approach vs. other testing routes.	Dec-21	AAF / EJAF
HIV5	BLANK							
HIV6	We will ensure our specialist care and support services are fit for purpose and support self-management *	HIV6.1	HIV6.1 SEL - Continue to commission care and support services and ensure they meet needs of PLHIV to continue moving in the direction of increased self-management.	1. Lam commissioning				
HIV7	We will work with mainstream care and support providers to ensure their services are relevant for PLHIV	HIV7.1	HIV7.1 LSL - Work with training and mainstream health and care providers to identify training on the needs of PLHIV to staff working in mainstream care and support services, and research and plan a (resource-	1. LSL public health		Self management, training expert patients as mentors, active platforms for sharing learning, reducing stigma and discrimination, ensuring clinical settings and healthcare practitioners are trained appropriately; working to have integrated healthcare services for PLWH		AAF

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			dependent) programme of implementing training.					
HIV7		HIV7.2	HIV7.2 Deliver training	2. LSL public health/commissioners		Offer training and awareness raising with LGT and council workforce to promote current HIV messages (U=U, PrEP availability) and ensure non-stigmatising behaviours	Mar-21	LGT, Lewisham BC
HIV7		HIV7.3Lew	We will work towards eliminating HIV stigma in NHS organisations and council services			LGT and Lewisham BC will commit to being HIV friendly in line with the London FTCI HIV friendly charter. They will <ul style="list-style-type: none"> • Train staff about HIV stigma • Run a campaign in their organisation • Put in place a clear reporting process for people who experience discrimination • Put in place support for staff living with or affected by HIV 	Mar-22	LGT, Lewisham BC
HIV8	We will support the development of integrated care for PLHIV	HIV8.1	HIV8.1 Carry out mapping of actions in place across STP for HIV integrated care (care of wider health issues for PLHIV)	1. LSL public health				

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