

HARINGEY JSNA: FOCUS ON

SEXUAL HEALTH

MAY 2019

Sexual health is an important element of physical and mental health. Good sexual health requires relationships to be safe and equitable, with ready access to high quality information and services that reduce the risk of unintended pregnancy, illness or disease ¹. Sexual health is influenced by a complex web of factors ranging from sexual behaviour, attitudes and societal factors, quality of SRE (Sex and Relationship Education), to biological risk and genetic predisposition ¹. It is important that sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) are prevented or treated early, to avoid long-term complications and risk of ongoing transmission to others. The consequences of poor sexual health include pelvic inflammatory disease, cervical and other genital cancers, hepatitis, premature delivery of the new born, still births, unintended pregnancies and abortions, reduced life expectancy and poor educational, social and economic outcomes of teenage mothers and their children ¹.

Facts and figures

- **6 in 1000** people in Haringey (aged 15 or over) were living with diagnosed HIV in 2017, **higher than the London** average of 5 in 1000 people²⁻³.
- In 2017, there were about **4,500 new STI diagnoses** in Haringey, with a **higher rate than London and England** for all STI types³.
- The rate of new STI diagnosis was four times higher than the borough average among younger **adults aged 20-24**⁴.
- The conception rate among girls aged 15-17 years has **decreased** in Haringey **over the decade**².

Measures for reducing inequalities

- Provide high quality SRE for all local children and young people.
- Ensure sexual health needs are always part of the holistic needs assessment of vulnerable children and young people.
- Use social marketing methods to promote access to services for identified priority groups.
- Ensure high priority is given to targeted HIV prevention groups, to help reduce STI and HIV infections and improve earlier diagnosis of HIV.

Population groups

- **Age:** The majority of people living with diagnosed HIV in Haringey are middle-aged, while younger adults have a higher incidence rate of STIs^{2,4}.
- **Gender:** In Haringey, 70% of people living with diagnosed HIV were men which equates to 9 per 1,000 men in the borough².
- **Ethnicity:** People from Black ethnic groups had a higher HIV prevalence rate (14 per 1,000 people) than other ethnic groups in the borough².
- **Sexual orientation:** Sex between men accounted for 48% of HIV diagnoses and 45% of new STIs in men where sexual orientation was known^{2,5}.

National & local strategies

- National Strategy for Sexual Health and HIV (2001) ⁶
- A Framework for Sexual Health Improvement in England (2013) ⁷
- Public Health England Health promotion for sexual and reproductive health and HIV: strategic action plan, 2016 to 2019 ⁸
- National Institute of Health and Care Excellence guidance: Contraception ⁹, HIV and AIDS ¹⁰, Sexually transmitted infections ¹¹, Termination of pregnancy services ¹²

SETTING THE SCENE: THE HARINGEY PICTURE

HIV: Who is at risk?

In Haringey **6 in 1,000** people aged 15 or over were living with diagnosed HIV in 2017 (N=1,380). This is **higher than the London average** of 5 per 1,000². The prevalence has remained stable over the past 5 years in the borough, while the number of people living with HIV has decreased by 3%.

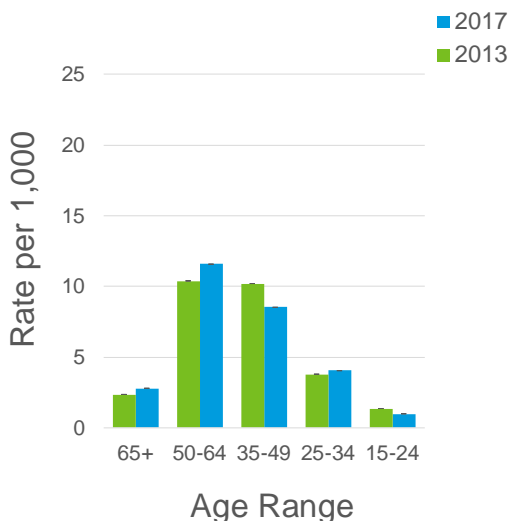
HIV diagnoses by gender, Haringey, 2017²



About seven in ten people diagnosed with HIV were **men**.

This is equivalent to a rate of **9 per 1,000 men** aged 15 or over in the borough, significantly higher than the rate in women in Haringey (4 per 1,000).

HIV diagnoses by age group, Haringey, 2013 and 2017²

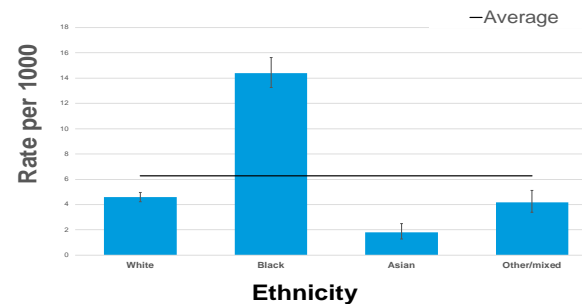


In 2017, most people living with an HIV diagnosis in Haringey were aged 35-49 (42%) or 50-64 years (35%).

Compared to 2013, people aged **50-64** and those aged **65 or over** had an **increase** in the number of people living with HIV (but not in the rate), by 30% and 32% respectively.

On the other hand, there has been a significant decrease **among people aged 35-49**, with the number of people living with HIV decreasing by 11% over the previous 5 years and a corresponding decrease in rate of HIV diagnosis.

Prevalence of diagnosed HIV per 1,000 people aged 15 or over, by ethnicity, Haringey, 2017²



Nearly half (45%) of the people with diagnosed HIV were from **White** ethnic groups in Haringey in 2017, in line with the Haringey population aged 15 or over, where residents from White ethnic groups are the majority (61%).

People from **Black ethnic groups**, however, were **more likely to have an HIV infection** compared to other ethnic groups, with a rate of 14 per 1,000 population.

Late HIV diagnosis, Haringey, 2017³

Between 2015 and 2017, 35% of Haringey adults were diagnosed at a late stage of infection, **in line** with the London and England averages.

Route of infection, Haringey, 2017²



Sex between men accounted for almost half of all HIV diagnoses (48%), followed by heterosexual contact (44%).

Meanwhile, 2% of people with a HIV diagnosis were infected by injecting drug use.

HIV testing coverage, Haringey, 2017³

Overall, the HIV testing coverage was **lower** in Haringey (71%) **than London** (72%) in 2017. It has been decreasing since 2009 (76%). **Women had lower coverage** (63%) than the average, while the coverage was higher among men who had sex with men (91%).

SETTING THE SCENE: THE HARINGEY PICTURE

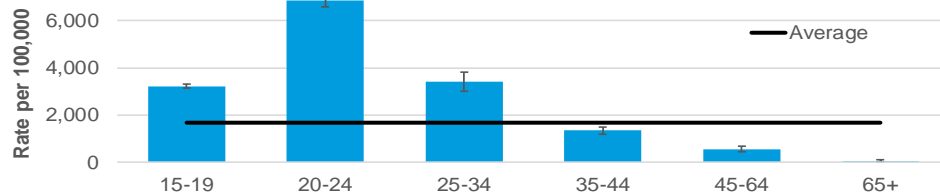
STI: Who is at risk?

STI diagnosis rate per 100,000 people, all ages, 2017³

Condition	Haringey	London	England
Gonorrhoea	304	228	79
Syphilis	49	39	12
Chlamydia	664	543	361
Genital warts	178	143	104
Genital herpes	118	91	57
All new STIs	1,665	1,335	743

In 2017, there were 4,529 new STI diagnoses in Haringey, including 1,807 Chlamydia and 826 Gonorrhoea diagnoses. The diagnosis rate for all STI types in Haringey was **higher than London and England**.

STI diagnosis rate per 100,000 people, by age, Haringey, 2017⁴



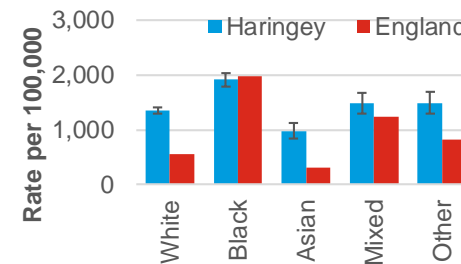
The rate of new STI diagnosis was four times higher than the Haringey average among **younger adults aged 20-24. This was significantly higher compared to the same age group in 2016**. The rates of new STI diagnosis among adults aged 45 and over is below the borough average and is not significantly different compared to the same age group in 2016.

STI diagnoses among men who have sex with men, 2017⁵



In 2017, where sexual orientation was known, 45% of new STIs in men were among men who had sex with men (MSM) in Haringey. The proportion has increased over the previous 5 years, from 35% in 2013.

STI incidence* by ethnic group, Haringey, 2017⁵



Haringey residents from **Black ethnic groups** had a significantly higher incidence rate of STIs (**1,913** per 100,000 people, respectively) compared residents from other ethnic groups. However, the incidence rate among residents from Black ethnic groups in Haringey is in line with the national average.

* Excludes chlamydia data from non-specialist sexual health clinics (SHCs); Rates based on the 2011 ONS population estimates

Meanwhile, the incidence rate was three times the national average among residents from **Asian ethnic groups**.

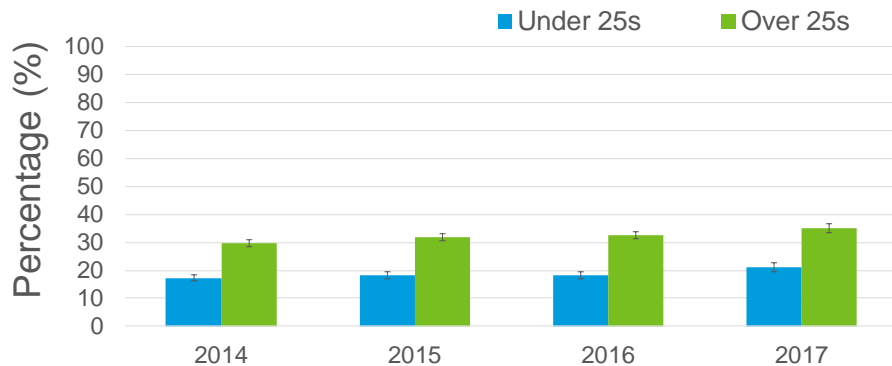
Reinfection of STI diagnosis rate, Haringey, 2017⁵

In Haringey, an estimated 9% of women and 12% of men presenting with a new sexually transmitted infection (STI) at a SHS during the 5 year period from 2013 to 2017 became re-infected with a new STI within 12 months. Nationally, during the same period of time, an estimated 7.0% of women and 9.4% of men presenting with a new STI at a sexual health service became re-infected with a new STI within 12 months.

SETTING THE SCENE: THE HARINGEY PICTURE

Contraception

Proportion of women who chose LARC as main method of contraception by age group, Haringey female resident population, 2017³



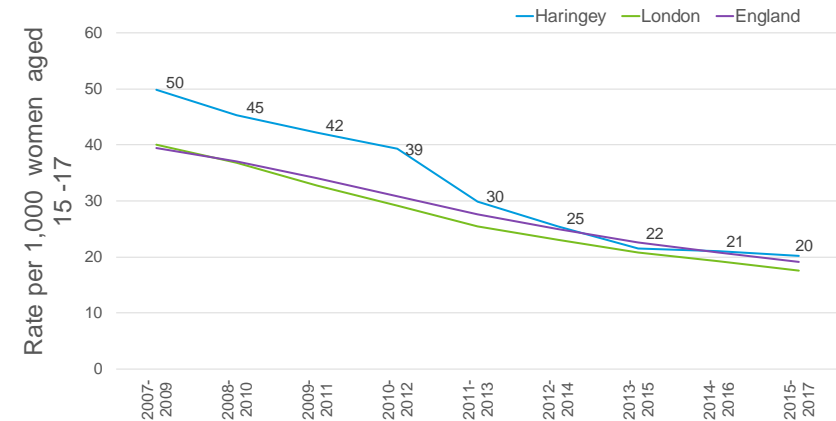
The proportion of women aged under 25 who chose long active reversible contraception (LARC) as their main method of contraception increased significantly from **17%** in 2014 to **21%** in 2017. Among women aged 25 and over, the use of LARC also significantly increased from **30%** in 2014 to **35%** in 2017. Use of LARC among both age groups were in line with the London average but significantly lower than the England average.

LARC Prescriptions, Haringey, 2017³

The rate of LARC prescriptions has decreased among Haringey women, from a rate of 43 prescriptions per 1,000 women (2,803 prescriptions) in 2014, to a rate of 40 prescriptions per 1,000 women (2,514 prescriptions) in 2017. The current rate is significantly higher than the London average but significantly lower than the England average. In 2017, 56% of LARC prescriptions were made in sexual and reproductive health (SRH) services.

Teenage pregnancy

Under 18 conception rate per 1,000 girls aged 15-17, Haringey resident population, 2007-17 (3 year rolling average) ¹³



The conception rate among **girls aged 15-17 years** has fallen by approximately 59% in the past 10 years. In 2017, 64% of pregnancies in **under 18s** led to an abortion in the borough.

Abortions

Overall **1,382 abortions** occurred in Haringey in 2017. This indicates that, on average, **22 in 1,000 women aged between 15 and 44** experienced an abortion. The rate was higher among girls and women aged **under 25 (30 per 1,000)** than women aged **25 or over (19 per 1,000)**³.

Repeat abortions, Haringey, 2017³

Out of about 470 girls and women aged **under 25** who had an abortion in 2017, **33%** had experienced a **previous abortion**. Among women aged **25 or over** who had an abortion, **47%** had had a previous abortion¹⁴.

WHAT DO LOCAL PEOPLE THINK ABOUT THE ISSUE



Pan-London online survey

- January to March 2016 ¹⁴
- **Participants**
 - 2,231 respondents (1,610 London residents)
 - 5% of 2,231 were from Islington
 - Even split between male and female
 - 52% heterosexual, 36% gay, lesbian or bisexual
 - 69% respondents were White, 11% were Black, 8% were Asian
 - 59% respondents aged 25-44
- **Key findings**
 - 88% of London respondents used sexual health services
 - Last services used in order of popularity were GUM clinic, contraceptive clinic, other service, young people's sexual health service and GP surgery
 - Most frequently selected response for use of service was for a check-up (no symptoms)
 - Most common way people found out about the services was from previous use, with online research as the next most common method
 - 25% of 18-24 years found out about the service from online research, highest percentage of any age group
 - Confidentiality, waiting times and convenient opening times were the most important factors for respondents, which was similar across age groups, gender, sexual orientation and ethnicity.
 - 37% prefer one service offering both contraception and STI testing and treatment, rather than separate
 - 51% would consider using an online service to order sexual health kits that could be used at home for checking for STIs if it was available
 - Concerns for online testing included inability to speak with professional, reliability, delay in receiving results, lack of support and confidentiality



Healthwatch focus groups

- **'Public Voice'** was commissioned to conduct a service user survey on user experience relating to existing service and collate feedback on future model of service provision.
- **Demographics**
 - 5 clinics sent 50 copies of survey which they distributed to their own service users
 - Demographic data for each clinic participant's age group, sex, sexuality, race and disability was collected.
- **Participants**
 - The demographic data for the age group of participants showed that the participants largely belonged to the 18-24 age group.
 - Within the 18-24 year olds where demographic data was collected, the majority of participants for the clinical survey were female, with female respondents representing 72%, males 15%, transgender 1% & 12% providing no response.
 - The vast majority of participants were heterosexual
 - Majority of participants identified as white (37%) and 25% from BaME
 - 6 participants (3%) identified as having a disability.
- **Key findings**
 - 46% of all participants reported hearing about the service from friends or family members.
 - 64% of all participants reported that it was not their first visit to one of the local clinics, with Lordship lane (74%), Tynemouth road (68%) and Stroud Green (67%) having the highest proportion of participants who'd visited clinics before.
 - 42% of participants from mixed or multiple ethnic backgrounds attended the clinic for a check-up without having symptoms, whilst 29% from white ethnic backgrounds visited for this reason.
 - 47% of participants from mixed/multiple ethnic backgrounds attended the clinic for contraception compared to 25% from 'Any other ethnic group'
 - **Participants were also asked what the most important things were when choosing a service;**
 - The most frequently selected factors overall were how close the clinic was to the patient's home (68%), suitable opening hours of the clinic (52%) and low waiting times (51%).
 - **Suggested areas for improvement included:**
 - Convenient location for services
 - Online sexual health provision

FUTURE NEED



PrEP

PrEP trial ¹³

- The NHS England PrEP Impact Trial is fully implemented and is currently recruiting an additional 2000 places across London bringing recruitment up to 13,000 participants who are at a high risk of HIV, across England. The current trial runs until late 2020.



Young people, MSM and BME ⁵

- Burden of STIs greatest in young people, men who have sex with men and black ethnic minorities. Reducing the rate of STI transmission and infection in these groups will remain a priority.
- Growing evidence that condomless sex associated with HIV sero-adaptive behaviours (which includes the selection of partners perceived to be of the same HIV sero-status), is leading to more STI transmission.
- Chemsex, describing sex that occurs under the influence of drugs has also been identified as a particular risk factor among MSM in STI outbreaks.



STI reinfection ⁵

Reinfection with an STI is a marker of persistent risky behavior, with Haringey's reinfection percentage amongst women and men presenting with a new STI at a sexual health service during the 5 year period from 2013 to 2017 becoming re-infected with a new STI within 12 months higher than the national percentage during the same period of time.

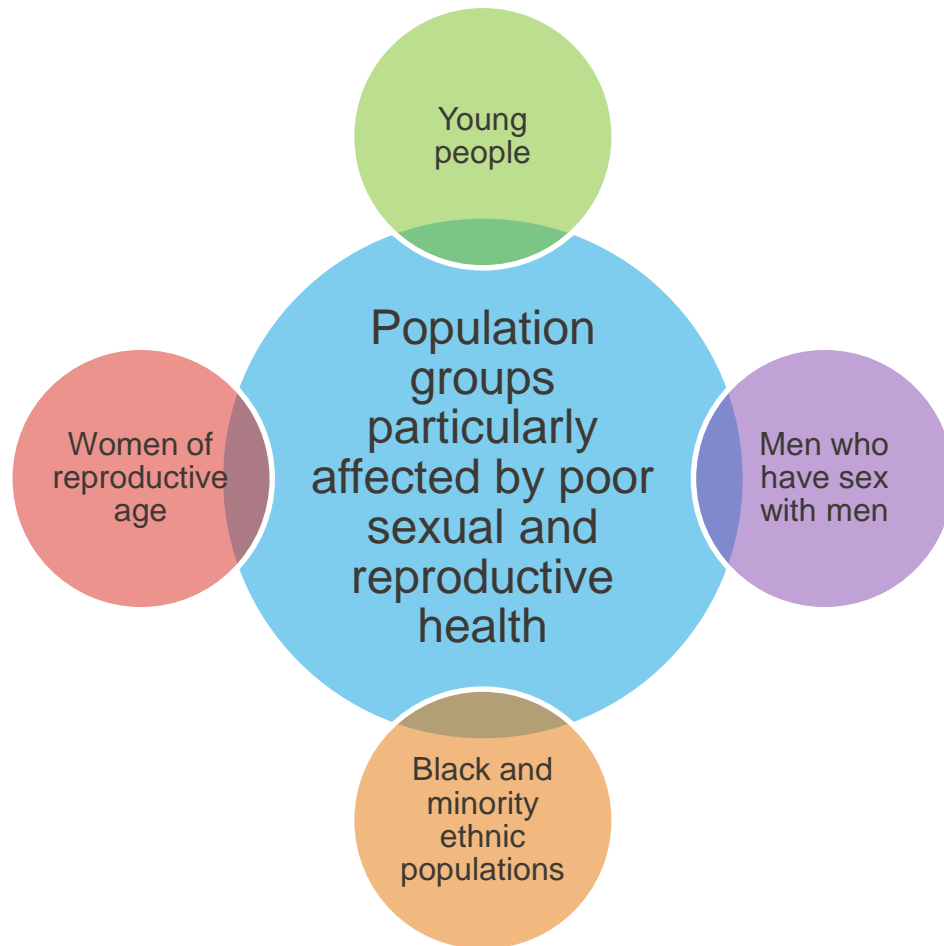
Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. Teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.



Rising abortion rates ⁵

- While the Haringey rate of teenage conception has been falling, amongst women under 25 years who had an abortion in 2017, the percentage of those who had had a previous abortion was higher than the England percentage. Evidence suggests that for effective prevention work, young people need a comprehensive programme of sex and relationship education within a broad range of educational and youth friendly settings alongside dedicated specialist sexual & reproductive health services.

WHAT INFLUENCES THIS TOPIC?



Sexually Transmitted Infections (STIs) in young people [5]

- Sexually transmitted infections remain one of the most important causes of illness due to infectious disease among young people (aged 16 – 24).
- Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload.
- In Haringey, an estimated 16.8% of 15-19 year old women and 11.1% of 15-19 year old men presenting with an STI at a GUM clinic during the five year period from 2013 to 2017 became re-infected with an STI within twelve months. Teenagers may be at increased risk of re-infection because they may lack the skills and confidence to negotiate safer sex.

Men who have sex with men [5]

While the overall number of new STIs is stable in London, there is a concerning increase in gonorrhoea and syphilis in MSM and persistent high rates of STIs relative to the rest of the country.

- In Haringey in 2017, for cases in men where sexual orientation was known, 44.6% of new STIs were among MSM, in 2013, this proportion was 35.2%.
- During the 2017-18 reporting period, 20% of gay or bisexual men presenting to drug treatment, in England, reported problematic use of one of the three substances most commonly used in relation to chemsex (GBL, methamphetamine and/or mephedrone). This proportion was much higher than among heterosexual men (0.4%).
- In Haringey for the same reporting period (2017/18) 21 gay or bisexual men presented to drug treatment in the borough. Of these, 11 cited use of one of these drugs, of which fewer than five further indicated they were injecting.

Black and minority ethnic populations [5]

- Research has shown that, compared with the population as a whole, people from black and minority ethnic (BaME) groups tend to suffer from poorer health and greater levels of socio-economic deprivation. Certain BaME groups have been identified as bearing a disproportionate burden of sexual ill-health.
- Where recorded, 48.6% of STIs diagnosed in Haringey were in people born overseas.

Diagnosed HIV prevalence & Late HIV diagnosis [5]

- In 2017, the diagnosed HIV prevalence in Haringey was 6.7 per 1,000 population aged 15-59 years compared to London at 5.7 per 1,000 population, and England at 2.3 per 1,000 population.
- Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a critical component of the Public Health Outcomes Framework and monitoring is essential to evaluate the success of expanded HIV testing.
- In Haringey between 2015 and 2017, 34.6% of HIV diagnoses were made at a late stage of infection compared to 41.1% in England.

Reproductive Health [5]

Unplanned pregnancies can end in abortion, maternity or miscarriage. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children. Those at greatest risk of unplanned pregnancy include women from black and minority ethnic groups, women who have had two or more children, those under the age of 20 years and those with lower educational attainment.

- In Haringey in 2016, the under-18s conception rate per 1,000 females aged 15 to 17 years was 19.2, while in England the rate was 18.8 per 1,000.
- Haringey's rank (out of 323*) within England for the under-18s conception rate was 127 (1st has the highest rate). Between 1998 and 2016, Haringey achieved a 69.2% reduction in the under-18s conception rate, compared to a 59.7% reduction in England.
- In 2017, The total abortion rate per 1,000 female population aged 15-44 years in Haringey was 21.9, while in England the rate was 17.2 per 1,000.
- Among women under 25 years who had an abortion in that year, the percentage of those who had had a previous abortion was 33.2%, while in England the percentage was 26.7%. The rank within England for this indicator was 8 (out of 149 UTLA) (1st has the highest percentage).

WHAT WORKS?

Dedicated and free young people's (under 25) contraceptive services

- Seeking consent and ensuring confidentiality
- Tailoring services for socially disadvantaged young people
- Information and advice
- Emergency contraception for women under 25
- Contraceptive services after a pregnancy
- Advising young women who have had an abortion and their partners

Condom schemes

- Multicomponent for young people under 16-25
- Distributing free condoms (with lubricant) and information to people at most risk of STIs/HIV

Age-appropriate sex and relationship education (SRE) in all schools and in a range of settings

STI services

- Identification
- Providing information and advice
- Notification
- Testing
- Treatment
- Follow-up of partners who have an STI (partner notification)

HIV testing

- Especially in populations at most risk
- Use or modify existing resources to help raise awareness of where HIV testing (including self sampling) is available.
- Materials and interventions for promoting awareness and increasing the uptake of HIV testing should be designed in line with the NICE pathways on behaviour change and patient experience.

HIV management

- Partner notification
- Rapid referral into care after diagnosis
- Treatment and retention of care of people living with HIV

Pre-exposure prophylaxis (PrEP) in combination with condom use

Ensure health professionals trained in providing contraceptive services to those under 25

Needle and syringe programme

- To meet needs of different groups of young people aged under 18 (including young people under 16) who inject drugs

Human papillomavirus (HPV) vaccination

- For 12-13 year old girls

PREVENTION PYRAMID: WHAT WE ARE DOING IN HARINGEY

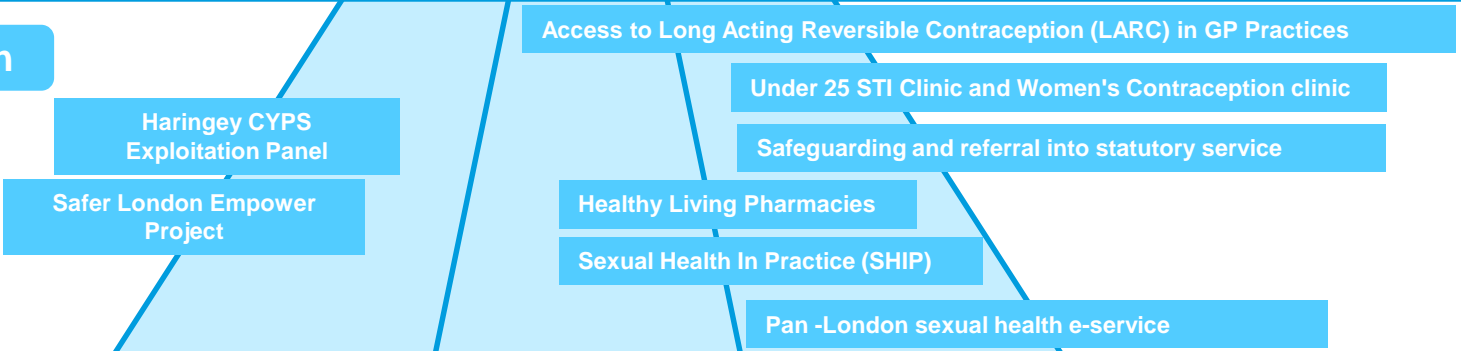
Tertiary Prevention

Improving independence in people with HIV or STIs



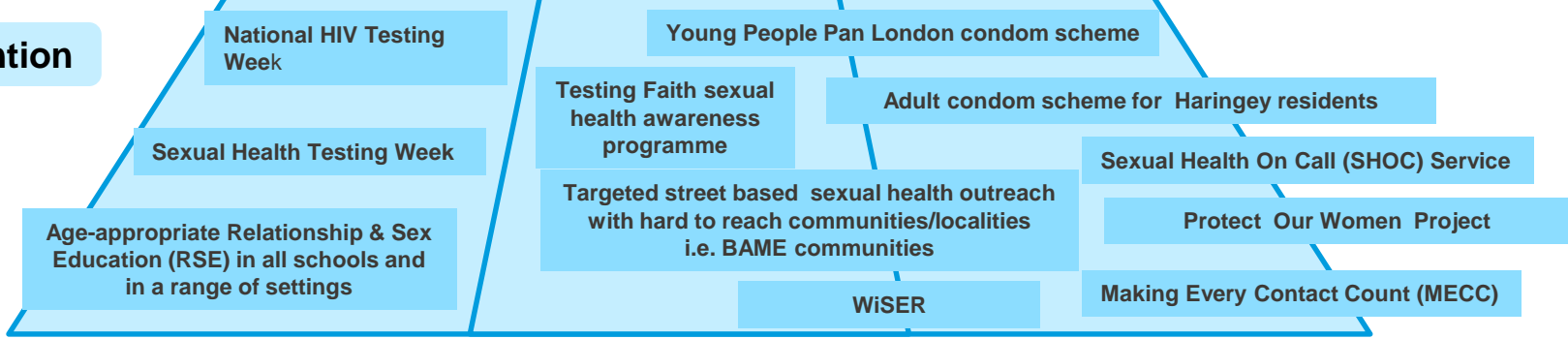
Secondary Prevention

Identifying and treating specific risk factors



Primary Prevention

Preventing people from developing risk factors



Population health (policy interventions to improve health) **Community wellbeing** (working with our communities and businesses to improve health) **High Quality health and care services**

ASSETS AND SERVICES



Dedicated young people STI Clinic (under 25) & women's contraceptive services;

- Information & advice on sexual & Reproductive health
- STI testing & treatment for young people
- Partner Notification
- Contraception advice and access including all forms of Long Acting Reversible Contraception to women of all age ages.
- Education and advice on Relationship and Sex Education
- Consent and confidentiality
- Safeguarding and referral into statutory service
- Child Sexual Exploitation (CSE)



Primary Care

- General practice offering Long Acting Reversible Contraception (LARC) as part of an open access agreement to Haringey GP registered residents
- Sexual Health In Practice (SHIP); free training & development for Haringey Doctors and Practice Nurses.



Age-appropriate Relationship & Sex Education (RSE) in all schools and in a range of settings



HIV management

- Partner notification
- Rapid referral into care after diagnosis
- Treatment and retention of care of people living with HIV



Healthy Living Pharmacies – Providing a healthy living ethos and prevention programme.

- STI testing and treatment
- HIV Point of Care Testing
- Emergency Contraception for women of all ages
- Pan-London Condom Scheme for young people under 25yrs
- Adult condom scheme for Haringey Residents



Sexual Health Outreach & Promotion programme for BaME communities; *Dedicated community based outreach & promotion prevention service engaging with at risk communities & marginalised groups*

- Targeted street based sexual health outreach with hard to reach communities/localities
- Faith Group engagement focused on HIV awareness, de-stigmatisation, testing and treatment
- STI testing for Chlamydia/Gonorrhoea
- HIV Point of Care Testing
- Information and advice
- Support for Newly diagnosed Pregnant Women
- Support for people living with HIV



Specialist services for vulnerable young people

- Safe Talk Nurses- dedicated support and guidance for vulnerable young people
- Safeguarding and referral into statutory service
- Child Sexual Exploitation (CSE)
- Violence Against Women & Girls (VAWG)



Specialist Genitourinary Medicines (GUM) services;

- Information & advice on STI
- Asymptomatic and Symptomatic STI testing
- Treatment of symptomatic STI infections
- Provision of LARC & complex/problematic LARC insertion
- Partner Notification

TARGETS AND OUTCOMES

Target	Related document or strategy	Timeframe to meet target
Reducing rates of: <ul style="list-style-type: none"> Onward HIV transmission, acquisition and avoidable deaths Sexually transmitted infections (STIs) Unplanned pregnancies Teenage conceptions (under 16 and under 18) 	A Framework for Sexual Health Improvement in England	Ongoing
People presenting for HIV at a late stage of infection <ul style="list-style-type: none"> <25% late diagnosis out of total HIV diagnosis 	Public Health Outcome Framework	Ongoing
Under 18 conceptions	Public Health Outcome Framework	Ongoing
Chlamydia diagnoses among 15-24 year olds <ul style="list-style-type: none"> At least detection rate of 2,300 per 100,000 resident 15-24 year olds 	Public Health Outcome Framework	Ongoing
Eliminate HIV-related mortality and transmission <ul style="list-style-type: none"> 90% of people living with HIV to be diagnosed 90% of those diagnosed to receive antiretroviral treatment (ART) 90% of those treated to be virally suppressed 	UNAIDS	2020

RECOMMENDATIONS

“Strengthened local and national services for the prevention, diagnosis, treatment, and care of STIs & HIV need to be delivered to the general population as well as focus on groups with greater sexual health needs, including young adults, black ethnic minorities and MSM (PHE Spotlight on STIs in London 2017)”

SUPPORTING VULNERABLE GROUPS

Young people

- Young people under the age of 25 years experience high rates of new STIs and contribute to a significant proportion of new STIs diagnosed in Haringey. Developing services that are tailored to meet the needs of young people continues to be a key priority for Haringey.
- There is a need to ensure that people, especially young people, are aware of local sexual health services and how to access them
- There is a need to identify and implement best practice models of working with young men, so effective interventions can be commissioned which increase safe sexual health practice and STI testing and treatment.
- There is a need to increase access to Long Acting Reversible Contraception for women within General Practice.
- There is a need to ensure schools and other youth support services are informed and supported to promote positive attitudes about sexual health through high-quality relationship and sex education (RSE) in secondary schools and wider youth settings; RSE will also equip young people with the skills to maintain their sexual health and overall wellbeing

Men Who Have Sex With Men (MSM)

- Ensuring gay, bisexual and men who have sex with men (MSM) have access to services appropriate to their needs both locally and as part of the wider London sexual health provision.
- Chemsex, describing sex that occurs under the influence of drugs is a particular risk factor among MSM in STI outbreak. There is continued need to strengthen partnerships between alcohol and drug services and sexual health services to ensure an integrated approach to care, including training existing staff groups to improve their knowledge and awareness of the substance misuse and sexual health issues commonly faced by MSM.

RECOMMENDATIONS

SUPPORTING VULNERABLE GROUPS [Continued]

<p>Black and Minority Ethnic (BaME) groups</p>	<ul style="list-style-type: none"> Nationally, new HIV diagnoses in both Black African and Black Caribbean heterosexuals have been decreasing steadily, with this decline also reflected in Haringey and similarly the number of HIV diagnoses made at a late stage of infection also seeing a reduction. Despite this decline, the proportion of late diagnoses remained high in 2017, particularly in black African heterosexual men and women and those over the age of 50. Proportionally, people from BaME communities experience higher rates of STI diagnosis. Developing a range of sexual health services that are community based, located in areas of prevalence and support clear pathways into sexual health clinics for complex cases, to improve patient experience is an ongoing focus of need in Haringey There is a need to ensure that people, especially residents from BaME communities, are aware of local sexual health services and how to access them
<p>Termination of Pregnancy</p>	<ul style="list-style-type: none"> While the Haringey rate of teenage conception has seen a significant decline over the years, the proportion ending in abortion is higher than the England percentage but lower than the London region. Evidence suggests that for effective prevention work, young people need a comprehensive programme of sex and relationship education, and access to young people-centred contraceptive and sexual health services. There is a need to increase knowledge of Long Acting Reversible Contraception (LARC) for young women within General Practice

1. [The Islington 2009/10 JSNA: Chapter 6. Sexual health](#)
2. London PHE Centre HIV surveillance data tables for Haringey, 2017, accessed via the [HIV & STI Web Portal](#)
3. [PHE Sexual and Reproductive Health Profiles](#), accessed 31 August 2018
4. GUMCADv2 Report: Numbers and Rates of New STIs Diagnoses for Haringey, 2017, accessed via the [HIV & STI Web Portal](#)
5. 2017 LASER report for Haringey, PHE
6. [Sexual Health and HIV strategy, Department of Health and Social Care, 2010](#)
7. [A Framework for Sexual Health Improvement in England, Department of Health and Social Care, 2013](#)
8. [Sexual and reproductive health and HIV: strategic action plan, Public Health England, 2015](#)
9. <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/sexual-health/contraception>
10. <https://www.nice.org.uk/guidance/conditions-and-diseases/infections/hiv-and-aids>
11. <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/sexual-health/sexually-transmitted-infections>
12. <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/sexual-health/termination-of-pregnancy-services>
13. ONS Conception Statistics:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>
14. ONS Abortion Statistics: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2017>
15. Haringey Sexual Health Services – User Survey 2017: <https://haringey.healthwatch-wib.co.uk/sites/healthwatchharingey.org.uk/files/Haringey%20Sexual%20Health%20Services%20User%20Feedback%20Report%20%282016%29.pdf>

About Haringey's JSNA

Haringey.gov.uk brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Haringey's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This factsheet was produced by **Akeem Ogunyemi, SRH Commissioning Manager** and **Tasnim Baksh, Public Health Intelligence and Information Officer**, and approved for publication by **Susan Otiti, Assistant Director of Public Health** in **May 2019**.

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