

ISLINGTON JSNA: FOCUS ON

SEXUAL HEALTH

JANUARY 2020

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), biological risk among other factors¹. 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. Access to choice of contraception supports planned pregnancy and parenthood which supports better outcomes. 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 poorer educational, social and economic outcomes of teenage mothers and their children ¹.

Facts and figures

- **7 per 1,000** people in Islington (aged 15 or over) were living with diagnosed HIV in 2018, **higher than the London** average of 5 in 1000 people ².
- New HIV diagnoses dropped from 81 in 2015 to 46 in 2018 (-76%). The rate for new HIV diagnoses is **similar to London**, at 23 per 100,000 adults but is almost **three times higher than the national average**.
- In 2018, there were about 5,373 new STI diagnoses in Islington, with a higher rate than London and England ³.
- **34% of new STI** diagnoses were in young people aged **under 25** (2018) ⁴.
- There were **20 pregnancies per 1000 girls** (aged 15-17) in Islington in 2017, similar to both London and England averages ³.
- Overall **1,242 abortions** occurred in Islington in 2018 ³.

Population groups

- **Age:** The majority of those with diagnosed HIV in Islington are aged 35-49, while younger adults have a higher incidence rate of STIs (2018) ^{2,4}.
- **Gender:** In Islington, 85% of people living with diagnosed HIV were men which equates to 12 per 1,000 men in the borough (2018) ².
- **Ethnicity:** People from Black ethnic groups had a higher HIV prevalence rate (19.8 per 1,000 people) than other ethnic groups in the borough (2018) ⁵.
- **Sexual orientation:** Sex between men accounted for 71% of all diagnosed HIV and 67% of new STIs in men where the sexual orientation was known ^{2,5}.

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.
- Promote contraceptive choice, safer sex and 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.

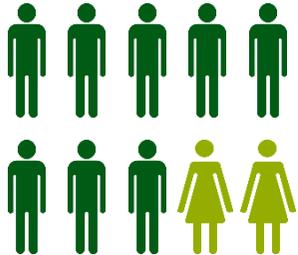
National & local strategies

- National Strategy for Sexual Health and HIV (2011) 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

HIV: Who is at risk?

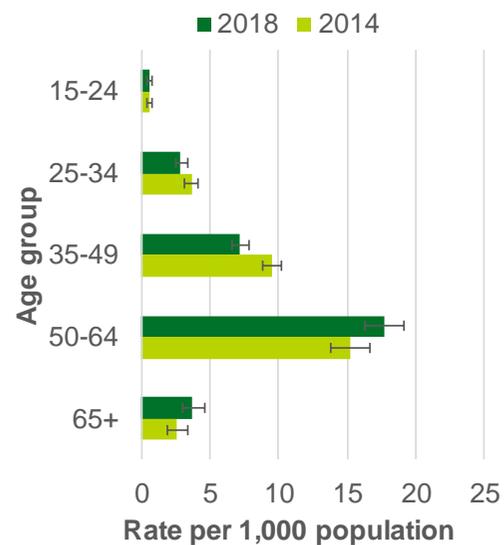
In Islington **7 in 1,000** people aged 15 or over were living with diagnosed HIV in 2018 (N=1,413). This is **higher than the London average** of 5 per 1,000 ². The prevalence rate has remained stable over the past 5 years in the borough, while the number has decreased by 2%.

HIV diagnoses by gender, Islington, 2018 ²



8.5 in 10 people with diagnosed HIV are **Male**. This is equivalent to **11 per 1,000 men** aged 15 or over in the borough, higher compared to women (2 per 1,000).

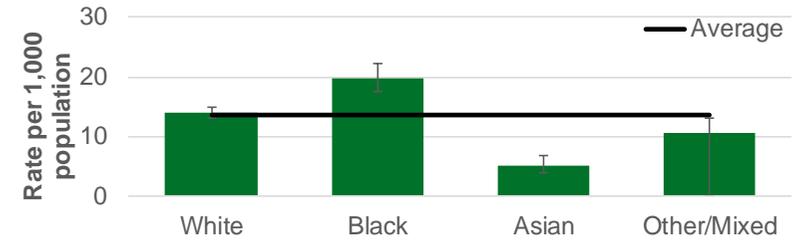
HIV diagnoses by age group, Islington, 2014 and 2018 ²



In 2018, most people living with a HIV diagnosis were among those aged 35-49 (40%) and 50-64 years (40%).

Compared to 2014, the number of people aged **50-64** and **65+** living with diagnosed HIV has **increased but not significantly**. The number and rate has reduced in younger age groups. This pattern is linked to improved survival and 'ageing of the cohort' among people with HIV, and to a reduction in new diagnoses in more recent years.

Prevalence rate of diagnosed HIV per 1,000 people aged 15 or over, by ethnicity, Islington, 2018 ²



Over three-quarters (68%) of the people with diagnosed HIV were from **White** ethnic groups in Islington in 2018, which is in line with the proportion of White people aged 15 or over living in the borough (66%). However, people from **Black ethnic groups** were **more likely to have an HIV infection**, with a rate of 19.8 per 1,000, compared to the rest of the ethnic groups.

Route of infection, Islington, 2018 ²



Sex between men accounted for more than three quarters of all diagnosed HIV (71%), followed by heterosexual contact (22%).

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

HIV testing coverage, Islington, 2018 ³

The **overall number of tests** has decreased from **14,342 in 2013 to 13,989 in 2018**. **Testing coverage has significantly increased** among men with particular marked increases among men who had sex with men (MSM).

However the overall HIV testing coverage was **lower** in Islington (69%) **than London** (70%) in 2018. **Women had significantly lower coverage** (58%) than the borough average, while the coverage was higher among men (84%), especially those who had sex with men (89%).

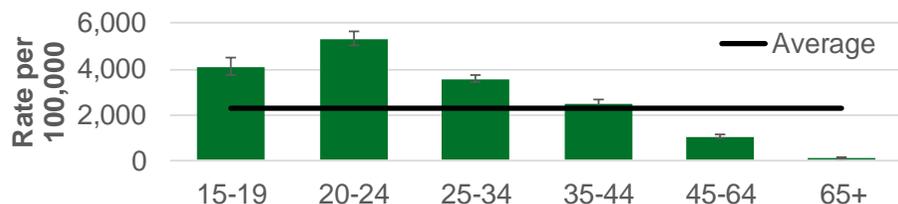
STI: Who is at risk?

STI diagnosis rate per 100,000 people, all ages, 2018 ³

Condition	Islington	London	England
Gonorrhoea	483	279	99
Syphilis	56	39	13
Chlamydia	978	646	384
Genital warts	217	144	100
Genital herpes	146	95	59
All new STIs	2,286	1,490	784

In 2018 there were 5,373 new STI diagnoses in Islington, including 2,299 Chlamydia and 1,136 Gonorrhoea diagnoses. The rate in Islington was **higher than London and England** for all STI types.

STI diagnosis rate per 100,000 people, by age, Islington, 2018 ⁴



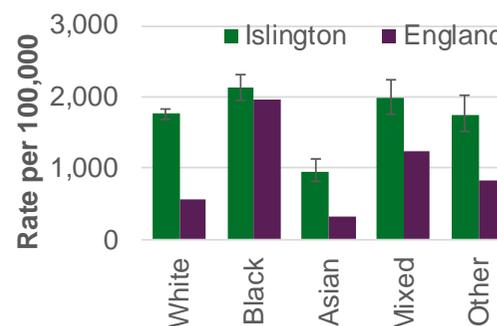
The rates of new STIs were more than double that of the borough average among **younger adults** (4,086 per 100,000 15-19 year olds and 5,327 per 100,000 20-24 year olds).

STI diagnoses among men who have sex with men, 2018 ⁵



In 2018, where sexual orientation was known, 67% of new STIs in men were among men who had sex with men (MSM) in Islington. The proportion has increased over the previous 5 years, from 48% in 2013, this may be linked to increases in frequency of testing in this group.

STI incidence* by ethnic group, Islington, 2017 ⁵



Comparison with national STI rates by ethnicity, shows Islington rate is similar for Black ethnic groups (2,130 per 100,000), but significantly higher in white and Asian ethnic groups (1,765 per 100,000 and 960 per 100,000 respectively).

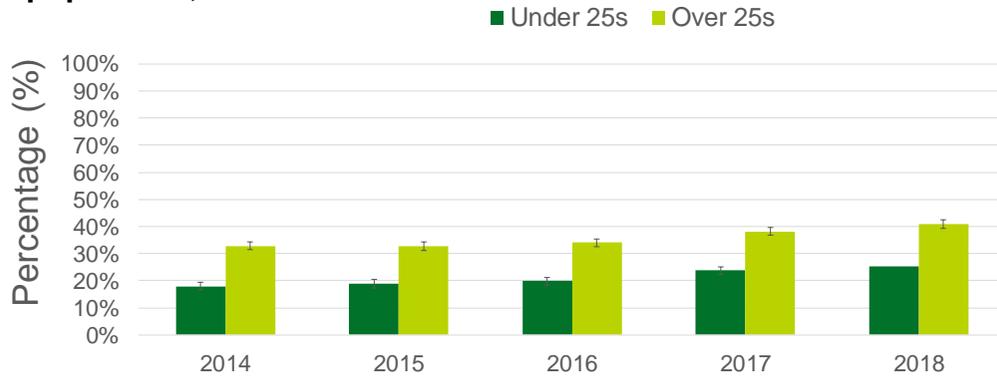
* Excludes chlamydia data from non-specialist sexual health clinics (SHCs); Rates based on the 2011 ONS population estimates

Reinfection of STI diagnosis rate, Islington, 2017⁵

In Islington, an estimated 7% of women and 14% 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% of women and 9% of men presenting with a new STI at a sexual health service became re-infected with a new STI within 12 months.

Reproductive Health

Proportion of women who chose LARC as main method of contraception by age group, Islington female resident population, 2018³



Long Acting Reversible Contraception (LARC) is the most effective form of contraception. Uptake of LARC has increased among Islington women, from 2,206 prescriptions in 2014 to 2,492 in 2018 (a rate of 35 per 1,000 in 2014, rising to 37 per 1,000 in 2018). In 2018, the **rate of uptake of LARC contraception was similar** to the London average (39 per 1,000) but **significantly lower** than the national average (49 per 1,000).

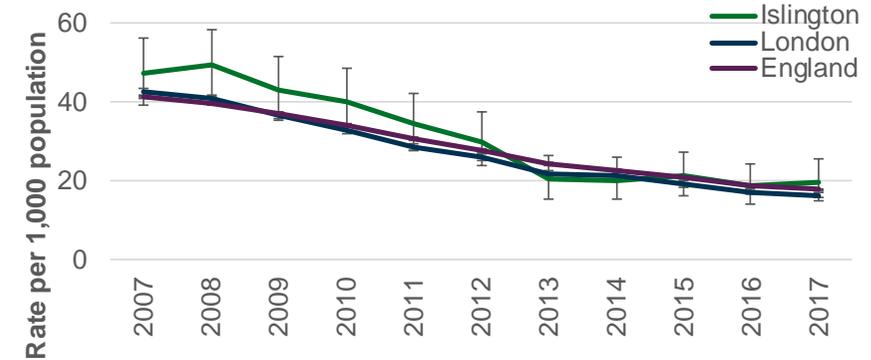
LARC Prescriptions by setting, Islington, 2018³

In common with most other areas of London, women in Islington are more likely to access LARC through sexual health clinics than general practice. In 2018, 69% of LARC were prescribed through sexual health services.

16 practices in Islington prescribe LARC as part of locally commissioned services, and there has been a steady increase in prescriptions in primary care over recent years.

Teenage pregnancy

Under 18 conception rate per 1,000 girls aged 15-17, 2007-17³



The conception rate among girls aged 15-17 years in Islington has **more than halved** in the past 10 years from 47 per 1,000 in 2007 to 20 per 1,000 in 2017. **The rate was lower but not significantly different** to the **London** and **England** averages in 2017 (16 and 18 per 1,000 respectively). In 2017, 76% of pregnancies in under 18s led to an abortion in the borough which was **significantly higher than the London average (64%) and national average (52%)**.

Abortions

Overall **1,242 abortions** occurred in Islington in 2018, a rate of **18.6 per 1,000 women** of childbearing age. The rate was **significantly higher** among girls and women aged **under 25 (20 per 1,000)** than women aged **25 or over (18 per 1,000)**³.

Repeat abortions, Islington, 2018³

Out of 390 girls and women aged **under 25** who had an abortion in 2018, **32%** had experienced a **previous abortion compared with the national average (27%) and London average (31%)**. Among women aged **25 or over** who had an abortion, **47%** had had a previous abortion similar to the national average (47%) and London average (47%).

FUTURE NEED



PrEP

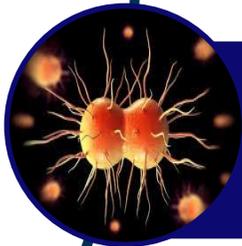
PrEP trial ¹³

- The NHS England PrEP Impact Trial offers access to anti – HIV Pre – Exposure Prophylaxis (PrEP) for people. To date, over 1000 participants have been recruited at Central and North West London (CNWL) sexual health services in Camden & Islington.



Young people, MSM and BME ⁵

- Burden of STIs is 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.



Treatment resistant gonorrhoea ⁵

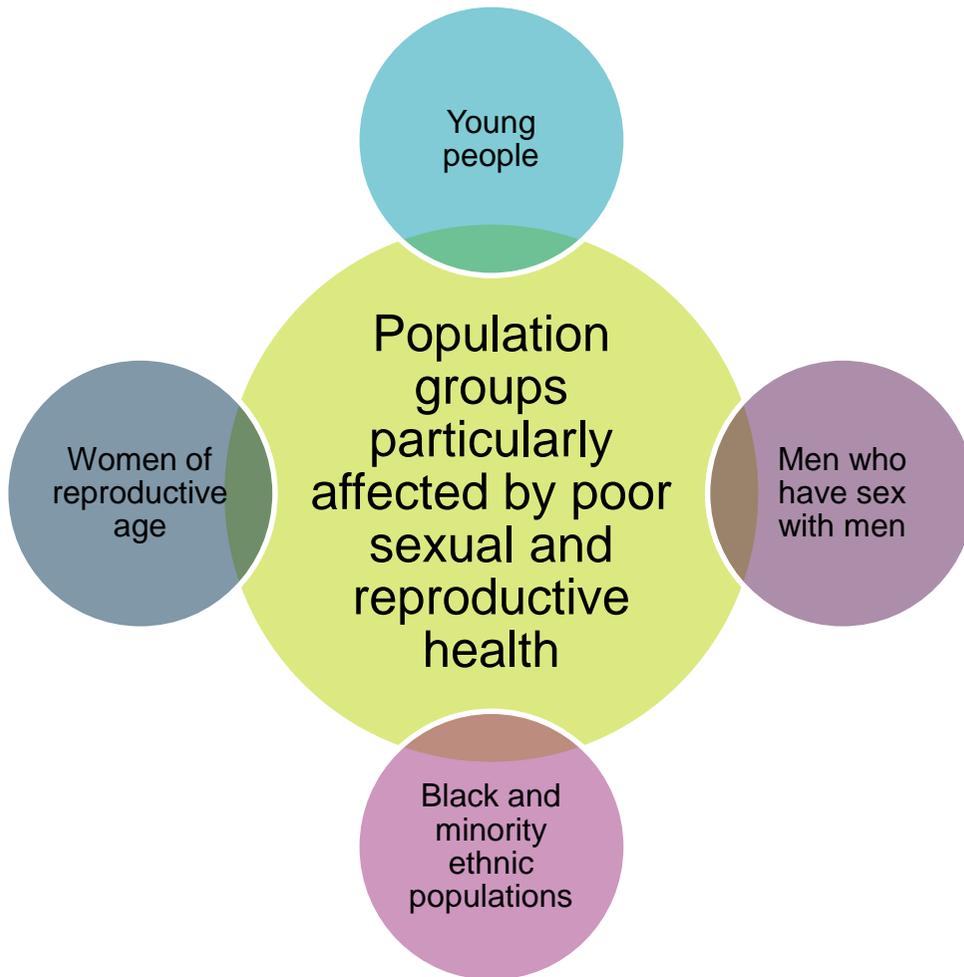
- Continuing and rapid rise in syphilis and gonorrhoea among MSM, reversing this trend is a priority given the spread of resistance to frontline antimicrobials used for treating gonorrhoea and the depletion of effective treatment.



Teenage Conceptions ⁵

- While the Islington rate of teenage conception has been falling, about 70% end in abortion. This is similar to the rest of Inner London. 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.

WHAT INFLUENCES THIS TOPIC?



Young people ⁸

- Many adverse sexual health outcomes occur in young people, regardless of their sexuality
- Highest rates of STIs diagnoses are among young women, who may also experience adverse outcomes associated with teenage pregnancy

Men who have sex with men ⁸

- Gay, bisexual and other men who have sex with men (MSM) experience a disproportionately high burden of STIs and HIV
- MSM continue to be the group most affected by HIV infection, making up 45% of people accessing HIV care in the UK (2014)
- MSM have the highest number of new infections diagnosed annually, nearly a third of whom were diagnosed late

Black and minority ethnic populations ⁸

- Black African and black Caribbean communities are disproportionately affected by HIV and STIs in different ways
- HIV prevalence is highest among black African women, and rates of late diagnosis are highest among black African men
- Caribbean groups (both men and women) have significantly higher rates of new STI diagnoses compared with other ethnic groups.
- The priority should be to increase HIV testing among black African communities, and to promote condom use and reduce sexual risk behaviours among black Caribbean communities.

Women of reproductive age ⁸

- The large majority of women will need contraceptive access through most of their reproductive lifetime to avoid the risk of an unplanned pregnancy
- Those at greatest risk of unplanned pregnancy include women from black and minority ethnic groups, women who have had two or more children, those aged less than 20 and those with lower educational attainment.

WHAT INFLUENCES THIS TOPIC?

Sexual health problems disproportionately affect those experiencing poverty and social exclusion. The highest burden is borne by men who have sex with men, some black and minority ethnic groups and young people. Individuals and groups who find it most difficult to access services include asylum seekers and refugees, sex workers and their clients, those who are homeless and young people in – or leaving – care. Other risk factors include ¹¹:

Teenage pregnancy

- **Risky behaviours:** early onset of sexual activity, poor contraceptive use, mental health problem, conduct disorder and/or involvement in crime, already a teenage mother or had an abortion
- **Education-related factors:** low education attainment or no qualifications, disengagement from school
- **Family/background:** living in care, daughter of teenage mother, daughter of mother who has low educational aspirations for them, belonging to a particular ethnic group (e.g. black and minority ethnic groups)

Sexually transmitted infections

Risky sexual behaviours may be influenced by a number of factors:

- Low self-esteem
- Lack of skills (for example, in using condoms)
- Lack of negotiation skills (for example, to say 'no' to sex without condoms)
- Lack of knowledge about the risks of different sexual behaviours
- Availability of resources, such as condoms or sexual health services
- Peer pressure
- Attitudes (and prejudices) of society which may affect access to services

STI/Unintended pregnancy

- High numbers of partners
- High rate of partner change
- Unsafe sexual activity such as unprotected sex
- Alcohol and substance misuse

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 prevention and 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
- For MSM under 47 in sexual health clinics

ASSETS AND SERVICES

London Sexual Health Programme



- Asymptomatic patients are now able to access services via an internet based service rather than having to attend a clinic. They can also pick up SMART kits within a clinic if they do not need an appointment or wish to wait.



Islington & Islington Young People's Sexual Health Network (CAMISH)

- Brook, Brandon and Pulse (providers) deliver clinics, counselling, outreach work, the C-Card condom scheme and other services. Network delivers sex and relationship education to young people in school settings.



National Unplanned Pregnancy Advisory Service (NUPAS)

- Providing NHS-funded as well as self-funded abortion procedures through local clinics all over the UK, also STI screening and contraception
- There are currently 3 clinics local to Islington

Marie Stopes

- Providing NHS-funded as well as self-funded abortion procedures through local clinics all over the UK, also STI screening and contraception
- Marie Stopes clinics in Islington include: Central London Centre and North Finchley.



North London Rape Crisis

- Helpline, a free anonymous service available to women and girls aged 13+ who have experienced any form of sexual violence at any time.
- Independent sexual violence advisers (ISVA), support group/group therapy, short-term counselling for family, friends & partners of female survivors of sexual violence

CNWL

- NWL provide integrated sexual health clinics in Camden, Islington and Barnet
- They also provide outreach services and training for professionals

NUPAS

- Providing NHS-funded and self-funded abortions as well as STI screening and contraception
- Five clinics across London



British Pregnancy Advisory Service (BPAS)

- Provide NHS-funded and self-funded abortion procedures through local clinics, also STI screening and contraception
- There are current 5 clinics in London



TARGETS & 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"> Reduce new HIV infection in London to zero by 2030 Zero stigma and discrimination 	http://www.fast-trackcities.org	2030

THE VOICE: 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.
 - 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



Healthwatch focus groups

- Community Language Support Services and Jannaty commissioned to conduct two focus groups looking at sexual health services in March 2016 ¹⁵
- **Participants**
 - Aged 25 to 64
 - 22 Islington residents and 10 Islington residents
 - Majority female (30/32)
 - Majority of participants BAME (30/32)
- **Key findings**
 - Generally respondents felt that their options had been clearly explained and that services were accessible
 - Suggested areas for improvement include:
 - Making more information at local GP practices and schools, offering community workshops and providing information in community languages
 - Convenient location for services
 - Convenient appointment times/availability of drop-in services
 - Communication between the sexual healthcare professional and the GP
 - Useful links to establish between sexual health services and:
 - Screening (particular cancer)
 - Pregnancy tests
 - Fertility tests
 - General gynaecological services
 - Couples therapy
 - Feedback on online services
 - 12/32 find it helpful, with easy access and useful background information, but 20/32 would still like reassurance in person and language barriers limit online access
 - Preferred information provided through local community organisations, GP practices, schools, local community events and midwives
 - There is a huge variation in knowledge in the residents accessing sexual health services.

The main themes from the residents' feedback suggest mixed opinions on integrated and online services; provision of more sexual health information through existing communication channels; the importance of confidentiality, location, waiting times and opening times in order for residents to use the service; high interest in online services with concerns that it will not meet all needs and importance of seeing a health professional if needed.

GAPS: UNMET NEEDS

Key needs	Areas for development	Planned action
Overall	<ul style="list-style-type: none"> Maximising partnership working and ensuring our efforts are effective. 	<ul style="list-style-type: none"> The new NCL integrated sexual health service was launched in July 2018, linking in with the pan-London sexual health transformation programme and the overall integrated services and e-service development in London. These service will continue to develop and open further community access hubs and look to modernise and innovate service access with partners. Continue to support the local implementation of the pan-London sexual health e-service through 2019/18 with the service now able to offer SMART kits within clinics. This means that users can pick or drop off a test within their local clinic. This further opens up quick and easy access to asymptomatic individuals over the age of 18, that require no further support with their sexual health needs, maximising capacity within the clinics for those that need to be seen by a clinically trained member of staff face to face. Continue to develop the pathways between sexual health services and other services particularly for vulnerable groups. Explore the opportunities of further oversight of clinic capacity and patient access through the possibility of a central booking services. This would ensure patients are able to access local clinics, improve choice and ensure that patient care is fully completed for those that have received care and diagnosis via the online service.
	<ul style="list-style-type: none"> Ensure the importance of sexual health is recognised and incorporated within local planning arrangements 	<ul style="list-style-type: none"> Sexual health commissioning now sits with public health and works across Islington and Islington. This means it ideally placed to enable collaborative working across client groups and strategies. Using the teenage pregnancy strategy to ensure that all stakeholders are engaged in the prevention and promotion of good sexual health along side other service arrangements.
	<ul style="list-style-type: none"> Ensure the use and appropriate analysis of available data and information 	<ul style="list-style-type: none"> Continue to make best use of nationally and regionally available data and evidence from sexual health services in understanding local needs and the on-going review and development of services that effectively respond to these emerging needs.

GAPS: UNMET NEEDS

Key needs	Areas for development	Planned action
Young people	<ul style="list-style-type: none"> • Ensure sexual health needs are always part of the holistic needs assessment of vulnerable children and young people. • Provide high quality SRE for all local children and young people. 	<ul style="list-style-type: none"> • A service review is currently under way looking at opportunities for services might be able to work more jointly across young people including sexual health, substance misuse and mental health pathways • SRE work is currently being planned with secondary schools over the next two years to support the schools mandatory requirement for RSE in the future.
BME and MSM,	<ul style="list-style-type: none"> • Ensure awareness and access to sexual health services for priority groups. 	<ul style="list-style-type: none"> • Use social marketing methods to promote access to sexual health services for identified priority groups. • Ensuring link between locally and regionally commissioned services. • Training and promotion to target hard to reach groups.
	<ul style="list-style-type: none"> • Ensure high priority is given to targeted HIV prevention groups, to help reduce STI and HIV infections and improve earlier diagnosis of HIV. 	<ul style="list-style-type: none"> • The new integrated service offers targeted outreach for high risk groups such as MSM and some BME. • Targeted testing is available through the GP locally commissioned service. • Continued participation – in the London Prevention Programme • Promote knowledge and awareness of PrEP and “U=U” to key groups.
Access to choice of contraception	<ul style="list-style-type: none"> • Promote contraceptive choice and use, including LARC and condom use. 	<ul style="list-style-type: none"> • LARC prescriptions have already increased through 2018/19 specifically through access to the new integrated sexual service that operates across NCL ¹⁶ • This work is set to continue into 2019/20 with further increases in access and the speed of it, plus more staff dual trained to be able to support LARC provision.
Abortion services	<ul style="list-style-type: none"> • Promote awareness of and early access to abortion services. 	<ul style="list-style-type: none"> • There is new central booking service available to all residents of the NCL Boroughs, three community providers are able to offer choice of appointments across the area and quick and easy access to early medical abortion, should that be the appropriate option. • Our young peoples sexual health network (CAMISH) continues to work with the abortion providers to ensure that vulnerable people are supported and followed up after having an abortion. • Commissioners intend to review and refresh the teenage pregnancy work throughout 2019/2010 to ensure that the council is following the best practice guidance within the Teenage Pregnancy Strategy 2018 and working with multiple stakeholders

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About Islington's JSNA

[Islington's Evidence Hub](#) 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 Islington'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 **Nancy Padwick, SRH Commissioning Manager**, and **Minkyong Choi, Public Health Intelligence and Information Officer**, and refreshed by **Jason Doran, Public Health Intelligence and Information Officer** in **January 2020**.

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Key facts	Setting the scene	Future need	What influences?	What works?	Assets & services	Targets & outcomes	The Voice	Gaps	Further info
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