

Swindon's Sexual & Reproductive Health Strategy

2015 - 2020



Swindon's Health and Wellbeing Board

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Swindon's Health and Wellbeing Strategy

Introduction

Sexual health matters to both individuals and communities and is important across the whole life course. It encompasses a wide range of areas including sexually transmitted infections (STIs including HIV), teenage pregnancy, abortions, contraception and relationships. People need to have the right information, knowledge and confidence to make the right choices for themselves.

The World Health Organization defines sexual health as:

“a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

Improving sexual health in Swindon will contribute to achieving the strategic outcomes in the Health and Wellbeing Strategy (2013 – 2016):

1. Every child and young person in Swindon has a healthy start in life.
2. Adults and older people in Swindon are living healthier and more independent lives.
3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).
4. Improved mental health, wellbeing and resilience for all.

Sexual health needs vary according to age, gender, sexual orientation, ethnicity and religious beliefs, and some groups are at higher risk of poor sexual health. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. We believe that it is vital that all individuals are able to live their lives free from prejudice and discrimination. We want to support and empower people to take responsibility for their own sexual



health.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans residing in the UK.

This strategy recognises that good sexual health is important throughout the life course. In Swindon we are committed to improving sexual health outcomes and reducing inequalities by having easily accessible services, which are delivered in accordance with the principles of progressive universalism. We will aim to build a sexual health culture that prioritises prevention and supports behaviour change.

As a sexual health community we are committed to our duty to prevent, protect and safeguard children, young people and vulnerable adults from coercion and exploitation. Therefore, safeguarding is at the centre of this strategy.

This strategy builds upon the findings from the Sexual Health Joint Strategic Needs Assessment 2015. It is aligned to the Department of Health's Framework for Sexual Health Improvement in England (2013) and will contribute to the following sexual health Public Health Outcome Framework (PHOF) measures:

- ✓ Under 18 conceptions
- ✓ Chlamydia diagnoses (15-24 year olds)
- ✓ People presenting with HIV at a late stage of infection

It also reflects the Sexual Health profiles as monitored by Public Health England.

2. Sexual Health in Swindon

Swindon has a growing population which presents challenges for sexual and reproductive health services.

We have a high proportion of adults aged 26 – 49 and women of fertile age. The challenge that we face is balancing future demand on our sexual and reproduction health services with the task of commissioning high quality open access services with reducing resources. The provision of sexual and reproductive health services is complex and involves different commissioning organisations in addition to Swindon Borough Council which includes NHS England and Swindon CCG. Swindon has a vibrant mixed economy of commissioned sexual health providers from primary and secondary care and the third sector which has a strong track record of working together to improve sexual health outcomes for our population.

“Swindon’s Sexual Health Joint Strategic Needs Assessment (JSNA)”

The Sexual Health Joint Strategic Needs Assessment (JSNA) for Swindon was completed in 2015 and provides a detailed analysis of the needs of our population. Full details can be found at <http://www.swindonjsna.co.uk/dna/sexual-health-needs-assessment>.

The key recommendations from the Swindon Sexual Health Joint Strategic Needs Assessment (JSNA) are to:

- JSNA 1. Increase the uptake of chlamydia screening amongst 15-24 year olds.
- JSNA 2. Improve uptake of HIV testing amongst women and heterosexual men with a view to reducing the proportion of late HIV diagnoses.
- JSNA 3. Continue to provide an excellent HPV vaccination programme to ensure high vaccine uptake rates.
- JSNA 4. Continue to provide the majority of abortions during early pregnancy to ensure low complication rates for women.
- JSNA 5. Continue to train more GPs in Long

Acting Reversible Contraception (LARC) insertion and ensure that LARC continues to be available in all General Practices.

- JSNA 6. Conduct qualitative research with service users to better understand the barriers for the uptake of LARC.
- JSNA 7. Increase the number of pharmacies providing emergency hormonal contraception.
- JSNA 8. Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.
- JSNA 9. Encourage more organisations within Swindon achieve the Young People Friendly accreditation.
- JSNA 10. Consider how to commission specialist psycho-sexual counselling.
- JSNA 11. Develop and coordinate a Child Sexual Exploitation (CSE) strategy and action plan, working with the Swindon Local Safeguarding Children’s Board (LSCB).
- JSNA 12. Develop and coordinate a Female Genital Mutilation (FGM) prevention strategy and action plan, working with the Swindon Local Safeguarding Children Board (LSCB)

“A Whole System Strategic Approach to Improve Sexual Health”

The success of this strategy relies on a whole system approach that recognises the importance of commissioners, providers and wider stakeholders working together to ensure that the population of Swindon have access to responsive and relevant services that address the different needs throughout the life course. We are committed to the shared vision and working collaboratively with our partners to make sure that this strategy is a success.

“Safeguarding Children, Young People and Vulnerable Adults”

The majority of children and young people across Swindon have positive sexual health outcomes; choosing not to have sex at a young age, engaging in appropriate relationships and using reliable contraception to reduce the risk of unplanned conception and STI transmission. However, we recognise that some children, young people and vulnerable adults are at risk either through lack of understanding around consent, lack of knowledge around healthy relationships, or due to exploitation.

We are committed to safeguarding children, young people and vulnerable adults and have produced a local Sexual Health Spotting the Signs toolkit (assessment, pathway and guidelines) based on the recommended British Association of Sexual Health and HIV (BASHH) and Brook Spotting the Signs national proforma. The Swindon Sexual Health Spotting the Signs assessment allows sexual health and other professionals to use a standardised approach to pick up on the warning signs of CSE in all its forms. It is designed to be integrated into existing sexual and social history taking frameworks. Spotting the Signs provides a framework to support conversations with young people around CSE linked to latest research and evidence base. To support this, a rolling programme of training is in place for front line local authority, acute and primary health professionals in Swindon.



3. Strategy Vision, Aim and Outcomes

Vision for Sexual Health and Wellbeing in Swindon

The aim of this strategy is to improve the sexual health of the whole population of Swindon by:

- Building a sexual health culture that prioritises prevention and supports behaviour change.
- Reducing inequalities and improving sexual health outcomes.
- Recognising that poor sexual health can affect people from all parts of society.
- Working together with our partners to ensure the best outcomes for our population.
- Commissioning evidence based and cost effective interventions.
- Monitoring and evaluating the impact of interventions on improving sexual health outcomes.

We have mapped the recommendations from the Swindon Sexual Health Joint Strategic Needs Assessment 2015 against the ambitions identified in the Framework for Sexual Health Improvement in England (DH, 2013) to produce a strategy which addresses current gaps in provision and aims for the improvement of sexual health across the life course for the population of Swindon.

Our five priority outcomes are:

1. Build knowledge and resilience among children and young people up to age 18
2. Reduce rates of STIs among people of all ages in the life course
3. Reduce onward transmission of and avoidable deaths from HIV
4. Reduce unplanned pregnancies among all women of fertile age
5. Continue to reduce the rate of under 16 and under 18 conceptions

Prioritising prevention is key to achieving our vision. We will take a life course perspective to promote sexual health needs for different populations.

Outcome 1

Build knowledge and resilience among children and young people up to age 18.

- 1.1 All children and young people receive good quality Sex and Relationship Education at home, at school and in the community.
- 1.2 All children and young people know how to ask for help, and are able to access confidential advice and support about wellbeing, relationships and sexual health.
- 1.3 All children and young people understand consent, sexual consent and issues around abusive relationships.
- 1.4 Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

- JSNA 8: Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationship Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.
- JSNA 9: Encourage more organisations within Swindon to achieve the Young People Friendly accreditation.
- JSNA 11: Develop and co-ordinate a Child Sexual Exploitation (CSE) strategy and action plan, working with Swindon LSCB.





Local Context

- The Swindon Healthy Schools Audit of PSHE in 2014 found that the delivery of Sex and Relationship Education (SRE) in Swindon schools is variable.
- Preventing and protecting children and young people from Child Sexual Exploitation (CSE) is a major priority for all Swindon partners. Swindon sexual health services are at the frontline of safeguarding children and young people.
- We want our children and young people to feel safe and secure in accessing sexual health services that are Young People Friendly.
- Parents are key in educating children and young people but need access to high quality advice and information to support safe and informed choices.

Priorities

1. Prioritise prevention by creating a culture whereby children and young people receive age appropriate information and support to make safe choices.
2. Support and encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/ assault occur.
3. Embed sexual health Spotting the Signs Child Sexual Exploitation (CSE) training as a core part of the training and development for the front line children's sexual health workforce in the local authority, acute trust and in primary care including GPs and Practice Nurses.
4. Create an environment where children and young people feel safe, secure and confident to talk about sex and relationships and support services working with young people to achieve the Young People Friendly quality accreditation.
5. Empower parents by providing accurate information on sex and relationships to support their children to have high self-esteem and to be confident and emotionally resilient.

Indicators for success

- ✓ All Swindon children and young people receive a quality assured age appropriate progressive programme of Sex and Relationship Education (SRE).
- ✓ More young people are delaying becoming sexually active.
- ✓ Increase in services for children and young people achieving the Young People Friendly quality accreditation.

Outcome 2

Reduce rates of STIs among people of all ages across the life course

- 2.1 Individuals understand the different STIs and associated potential consequences.
- 2.2 Individuals understand how to reduce the risk of transmission.
- 2.3 Individuals understand where to get access to prompt, confidential STI testing and provision allows for prompt access to appropriate, high quality services, including the notification of partners.
- 2.4 Individuals attending for STI testing are also offered testing for HIV.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

- JSNA 1: Increase the uptake of chlamydia screening amongst 15 – 24 year olds.
- JSNA 2: Improve uptake of HIV testing among women and heterosexual men with a view to reducing the proportion of late HIV diagnoses.
- JSNA 3: Continue to provide an excellent HPV vaccination programme to ensure high vaccine uptake rate.

Local Context

Children and Young People aged 16 – 24

- Most young people become sexually active and start forming relationships between the ages of 16 and 24, and statistically have higher rates of poor sexual health including STIs and abortions than older people. However, we recognise that there are children under the age of consent of 16 that may engage in early sexual activity as well as young people between the ages of 16 to 18 who require additional support to make safe and healthy choices. Consequently, we are committed to safeguarding children and young people through our robust Spotting the Signs Assessment for all children and young people who access sexual and reproductive health services in Swindon.
- Chlamydia is the most prevalent sexually transmitted infection (STI) in young people under 25 which if left untreated can lead to pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility.
- The performance of the Chlamydia Screening Programme in Swindon, with regards to positivity rates, is better than the national and regional average, with 2,302 diagnoses per 100,000 people aged 15-24 years in 2013.
- A smaller proportion of the 15-24 year old population is screened for chlamydia screening when compared to regional and national figures (22.2% compared to 23.8% and 24.9% respectively in 2013).

- The percentage of persons testing positive was 10.3% for Swindon which was higher than the regional average (7.8%) and England average (8.3%), indicating appropriate targeting. It was the second highest positivity in the region.

People aged 25 - 49

- In line with national trends, the rate of gonorrhoea diagnoses continues to rise in Swindon. In 2013, the rate of gonorrhoea diagnoses was 48.6 per 100,000 in Swindon, compared to 52.9 per 100,000 in England.

Older people aged over 50

- As people get older their need for sexual health services and interventions may reduce. Women may enter the menopause and their contraceptive needs change. However, STIs in this age group are increasing due to partner change and the reduced risk of pregnancy which means that the use of condoms as a protective method is not considered. Therefore, the sexual health needs of people over 50 should not be overlooked.

Priorities

All ages

- Prioritise prevention by promoting good sexual health and educating on the risks of unprotected sex.
- Ensure a single point of access for information relating to local sexual and reproductive health services.
- Re-commission an Integrated Sexual Health Services to provide a cost effective and high quality one stop shop for sexual and reproductive health.
- Ensure that we have the latest intelligence about emerging issues such as ChemSex (is a term used by gay men to define drug use in sexualised context which is often facilitated by social networking).

Young people aged 16 to 24.

- Re-launch of Swindon's Chlamydia Screening

Programme in line with Swindon's Love Life branding.

- Work with GPs and Pharmacies to increase the number of appropriate Chlamydia tests for 15 to 24 year olds accessing primary care services to improve local coverage.
- Work with all health partners to increase the coverage of Chlamydia testing for 15 to 24 year olds.

People aged 25 – 49

- Continue to educate and promote the benefits of safe sex and condom use to the general population.
- Target information and advice to groups at greater risk of poorer sexual health outcomes.

Older people aged over 50

- Ensure that commissioned sexual health services are equitable and accessible to people as they age.

Indicators for success

Young people aged 16 to 24

- ✓ Ensure a minimum Chlamydia diagnostic rate of 2,300 per 100,000 15 to 24 year olds.
- ✓ Increase the proportion of young people aged 15 to 24 appropriately screened for chlamydia.

People aged 25 – 49

- ✓ Reduction of STIs in the 25 to 49 age group.

Older people aged over 50

- ✓ Reduction of STIs in the over 50 age group.



Outcome 3

Reduce onward transmission of and avoidable deaths from HIV

- 3.1 Individuals understand what HIV is and how to reduce the risk of transmission.
- 3.2 Individuals understand how HIV is prevented.
- 3.3 Individuals understand where to get prompt access to confidential HIV testing.
- 3.4 Individuals diagnosed with HIV receive prompt referral into care, and high quality care services are maintained.

Individuals diagnosed with HIV receive early diagnosis and treatment of STIs.



Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

JSNA 2: Improve uptake of HIV testing amongst women and heterosexual men with a view to reducing the proportion of late HIV diagnoses.

Local Context

- People presenting with a late diagnosis of HIV is a serious public health issue. HIV infections that are diagnosed earlier lead to better outcomes and lower costs to the NHS. People with HIV can lead healthy and productive lives provided that the infection is diagnosed and treated at the earliest opportunity.
- One in five people living with HIV in the UK remains undiagnosed. It is estimated that the majority of onward transmission is from those with undiagnosed HIV.
- People who are diagnosed late have a tenfold risk of mortality within one year of diagnosis compared to those diagnosed promptly and they have increased healthcare costs
- Majority of patients diagnosed late (with CD4 cell count less 350/ml) are asymptomatic and are diagnosed opportunistically. They are usually from higher risk groups including men who sex with men (MSM), and black Africans.
- A significant proportion of patients diagnosed late (with a CD4 cell count less 350/ml) are diagnosed as a result of a suspicion of AIDS defining illness. This group are more likely to be from traditionally lower risk groups and may perceive themselves not to be at risk of HIV.
- 63.6% (28 people) of persons diagnosed with HIV in Swindon between 2012 and 2014 were diagnosed late with a CD4 cell count less than 350/ml³. This was higher than the regional average (44.1%) and higher than the England average (42.2%).

Priorities

- Prioritise prevention and target health promotion initiatives to high risk groups (MSM and black Africans) as well as health promotion messages to the general population.
- Commission a HIV Home Self Sampling service to improve uptake of HIV testing.
- Commission HIV sampling in selected community pharmacies.
- Work with GPs and primary care to raise awareness of clinical indicators of HIV amongst groups not traditionally defined as high risk.
- Commission the Integrated Sexual Health Service to increase the proportion of appropriate HIV tests offered and accepted.
- Commission the Integrated Sexual Health Service to introduce active recall and fast-track pathways to increase the frequency of HIV testing of MSM clinic attendees.
- Continue to commission social support to people living with HIV to live full and productive lives.

Indicators for success

- ✓ Reduce the number of people with a late diagnosis to ensure that the Swindon rate remains in line with the England average.
- ✓ Increase the number of people diagnosed with HIV receiving care.

Outcome 4

Reduce unplanned pregnancies among all women of fertile age

- 4.1 Increase knowledge and awareness of all methods of contraception among all groups in the local population.
- 4.2 Increase access to all methods of contraception, including long acting reversible contraception (LARC) methods and emergency hormonal contraception (EHC), for women of all ages and their partners.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

- JSNA 4: Continue to provide the majority of abortions during early pregnancy to ensure low complication rates for women.
- JSNA 5: Continue to train more GPs in LARC insertion and ensure that LARC continues to be available in general practice.
- JSNA 6: Conduct qualitative research with service users to better understand the barriers for the uptake to LARC.
- JSNA 7: Increase the number of pharmacies providing EHC



Local Context

- 86.7% of abortions in Swindon are performed under 10 weeks gestation, which is high when compared to regional and national data (78.6% and 79.4% respectively in 2013). This is desirable as early abortion ensures that women undergoing abortions experience fewer complications. Swindon has a lower rate of repeat abortions in the under 25 age group (26.5% in Swindon compared to 26.9% in England during 2013).
- In 2012/13, the GP prescribed long acting reversible contraception (LARC) rate in Swindon was 50.1 per 1,000 registered women aged 15-44 years, compared to 49.0 per 1,000 women in England.



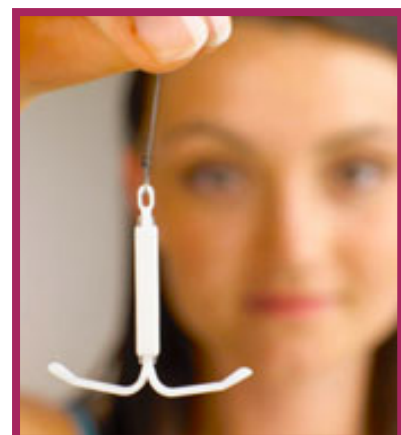
Priorities

- Prioritise prevention by ensuring that women and their partners have timely access to all methods of contraception.
- Conduct qualitative research to find out the barriers that women face to using LARC.
- Ensure that Swindon has a strong network of competent LARC fitters in primary and secondary care.
- Commission a local LARC training programme to ensure that local competencies are maintained.
- Work with the Swindon and Wiltshire Local Pharmaceutical Committee to expand the number of community pharmacies providing EHC.

Indicators for success

Increase in the number of GP Practices offering full LARC services.

- ✓ Increase in the LARC prescription rate.
- ✓ Increase in the number of EHC prescribed by community pharmacies.



Outcome 5

Continue to reduce the rate of under 16 & under 18 conceptions



- 5.1 All young people receive appropriate information and education to enable them to make informed decisions.
- 5.2 All young people have access to the full range of contraceptive methods and where to access them.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

- JSNA 5: Continue to train more GPs in LARC insertion and ensure that LARC continues to be available in all General Practices.
- JSNA 7: Increase the number of pharmacies providing emergency hormonal contraception.
- JSNA 8: Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.

Local Context

- Despite the significant reduction in the under 18 conception rate in Swindon, there is still considerable variation between wards, with the more deprived wards seeing higher rates. The latest annual ward conception data for 2010 – 2012 varies from 13.4 (per 1000, 15 – 17 year olds) in Wroughton and Chiseldon to 67.5 (per 1000, 15 – 17 year olds) in Penhill.
- Swindon's annual rolling rate of under 18 conceptions in 2013 is 23.8 (per 1000, 15 – 17 year olds) is in line with the England average of 23.9 (per 1000, 15 – 17 year olds).
- Local data and intelligence shows that both conceptions and conceptions leading to births in women under 18 are continuing to fall.
- 35% of 15 to 19 year olds and 46% of under 15 year olds who attended the Swindon Integrated Sexual Health Service for contraception received a Long Acting Reversible Contraception (LARC) in 2014/15.



Priorities

- Prioritise prevention by working with all key partners to ensure that our young women have high aspirations to achieve and fulfil their potential and increase their life chances.
- Ensure that all children and young people receive good quality sex and relationships education at home, in school and in the community to build knowledge and resilience, to enable young people to make informed and responsible decisions, understand issues around consent, the benefits of stable relationships and are aware of the risks of unprotected sex.
- Educate young women about the benefits of Long Acting Reversible Contraception (LARC) in preventing unplanned pregnancies.
- Educate young people and encourage registration to the Swindon C-Card Condom scheme.
- Expand the availability of Emergency Hormone Contraceptives (EHC) in community pharmacies in areas of greatest deprivation with the highest rates of under 18 conceptions.
- Continue to market the Swindon Sexual Health Love Life to ensure that all young people are aware of how to access confidential advice and support around wellbeing, relationships and sexual health.

Indicators for success

- ✓ Swindon's under 16 and under 18 conception rates remain in line with the England averages.
- ✓ Increase in the number of LARCs prescribed to under 18s.
- ✓ Increase in the number of young people signed up to the Swindon C-Card Condom Scheme.

4. Strategy Governance

The Swindon Sexual Health Executive group will monitor the strategic outcomes of the strategy and report to the Health and Well Being Board.

5. Strategy Engagement

Building on from the engagement that we undertook with the Sexual Health Joint Strategic Needs Assessment the following groups had the opportunity to participate in the shaping of this strategy:

British Pregnancy Advisory Service (BPAS)

Healthwatch Swindon

New College Swindon

Pregnancy Choices Swindon

School Nurses

Swindon College

Swindon Clinical Commissioning Group

Swindon Healthy Schools

Swindon Integrated Sexual Health Service

Swindon PRIDE Group

Swindon and Wiltshire Local Pharmaceutical Committee

Swindon Sexual Health Executive Group

Swindon Youth Forum

Terrance Higgins Trust

The New Swindon Sanctuary (Sexual Assault and Referral Centre)

Youth Engagement Workers

6. References

All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (2015) Breaking down the barriers: the need for accountability and integration in sexual health, reproductive health and HIV services in England. <http://www.fpa.org.uk/sites/default/files/breaking-down-the-barriers-report-appg-srhuk.pdf>

Department of Health (2013) *A Framework for Sexual Health Improvement in England*. <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

Public Health England (2014) *Making it Work: A Guide to Whole System Commissioning for Sexual Health, Reproductive Health and HIV (Revised March 2015)* <https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>

Public Health England (2015) *Sexual and Reproductive Health Profiles* <http://fingertips.phe.org.uk/profile/sexualhealth>

Spotting the Signs: Swindon Sexual Health Toolkit (2015) <http://www.swindonlscb.org.uk/wav/Pages/HToolKit.aspx>

Swindon Borough Council (2015) *Sexual Health Joint Strategic Needs Assessment* <http://www.swindonjsna.co.uk/>

Swindon Borough Council (2013) *Swindon's Health and Wellbeing Strategy 2013 – 2016* <http://www.swindonjsna.co.uk/strategy>

Annex 1: Swindon Sexual & Reproductive Health Strategy 2015 – 2020 Action Plan

Outcome 1: Build knowledge and resilience among children and young people up to age 18				
<i>Outcome</i>	<i>Actions</i>	<i>Lead</i>	<i>By When</i>	<i>Progress (RAG)</i>
1.1 All children and young people receive good quality Sex and Relationship Education (SRE) at home, at school and in the community		Sexual Health Exective Group Healthy Schools Manager		
1.2 All children and young people know how to ask for help, and are able to access confidential advice and support about well-being, relationships and sexual health.		Sexual Health Exective Group Healthy Schools Manager		
1.3 All children and young people understand about consent, sexual consent and issues around abusive relationships		Sexual Health Exective Group Healthy Schools Manager		
1.4 Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.		Sexual Health Exective Group Healthy Schools Manager		
Key Indicators for success for Outcome 1: Build knowledge and resilience among young people up to age 18: <ul style="list-style-type: none"> ✓ All Swindon children and young people receive a quality assured age appropriate progressive programme of Sex and Relationship Education (SRE). ✓ More young people are delaying becoming sexually active. ✓ Increase in services for children and young people achieving the Young People Friendly accreditation. 			Baseline	Target

Outcome 2: Reduce rates of STIs among people of all ages across the life course				
<i>Outcome</i>	<i>Actions</i>	<i>Lead</i>	<i>By When</i>	<i>Progress (RAG)</i>
2.1 Individuals understand the different STIs and associated potential consequences.		Sexual Health Exective Group Consultant in Sexual Health		
2.2 Individuals understand how to reduce the risk of transmission.		Sexual Health Exective Group Consultant in Sexual Health		
2.3 Individuals understand where to get access to prompt, confidential STI testing and provision allows for prompt access to appropriate, high quality services, including the notification of partners.		Sexual Health Exective Group Consultant in Sexual Health		
2.4 Individuals attending STI testing are also offered testing for HIV		Sexual Health Exective Group Consultant in Sexual Health		
Key	Indicators for success for Outcome 2: Reduce rates of STIs among people of all ages across the life course		Baseline	Target
	<ul style="list-style-type: none"> ✓ Ensure a minimum Chlamydia diagnostic rate of 2,300 per 100,00 15 to 24 year olds ✓ Increase the proportion of young people aged 15 to 24 appropriately screened for chlamydia. ✓ Reduction of STIs in the 25 to 49 age group ✓ Reduction of STIs in the over 50 age group 			

Outcome 3: Reduce onward transmission of and avoidable deaths from HIV

Outcome	Actions	Lead	By When	Progress (RAG)
3.1 Individuals understand what HIV is and how to reduce the risk of transmission		Sexual Health Exective Group HIV Support & Prevention Service		
3.2 Individuals understand how HIV is prevented.		Sexual Health Exective Group HIV Support & Prevention Service		
3.3 Individuals understand where to get prompt access to confidential HIV testing.		Sexual Health Exective Group HIV Support & Prevention Service		
3.4 Individuals diagnoses with HIV receive prompt referral into care, and high quality care services are maintained		Sexual Health Exective Group Consultant in Sexual Health		
Key Indicators for success for Outcome 3: Reduce onward transmission of and avoidable deaths from HIV			Baseline	Target
✓ Reduce the number of people with a late diagnosis to ensure that the Swindon rate remains in line with the England average				
✓ Increase the number of people diagnoses with HIV receiving care				

Outcome 4: Reduce unplanned pregnancies among all women of fertile age				
Outcome	Actions	Lead	By When	Progress (RAG)
4.1 Increase knowledge and awareness of all methods of contraception among all groups in the Swindon population.		Sexual Health Exective Group Consultant in Public Health		
4.2 Increase access to all methods of contraception, including long acting reversible contraception (LARC) methods and emergency hormonal contraception (EHC), for women of all ages and their partners.		Sexual Health Exective Group Senior Commissioner for Sexual Health		
Key Indicators for success for Outcome 4: Reduce unplanned pregnancies among all women of fertile age			Baseline	Target
✓ Increase the number of GP Practices offering full LARC services ✓ Increase in the LARC prescription rate ✓ Increase in the number of pharmacies providing EHC				

Outcome 5: Continue to reduce the rate of under 16 and under 18 conceptions				
<i>Outcome</i>	<i>Actions</i>	<i>Lead</i>	<i>By When</i>	<i>Progress (RAG)</i>
5.1 All young people receive appropriate information and education to enable them to make informed decisions.		Sexual Health Executive Group Senior Commissioner for Sexual Health		
5.2 All young people have access to the full range of contraceptive methods and where to access them..		Sexual Health Executive Group Senior Commissioner for Sexual Health		
Key Indicators for success for Outcome 5: Continue to reduce the rate of under 16 and under 18 conceptions			Baseline	Target
✓ Swindon's under 16 and under 18 conception rates remain in line with the England averages				
✓ Increase in the number of LARCs prescribed to under 18s				
✓ Increase in the number of young people signed up to the Swindon C-Card Condom Scheme				

