



Swindon Sexual & Reproductive Health Strategy

Public Health
2023 – 2026



SWINDON
BOROUGH COUNCIL

This 2023-2026 Sexual and Reproductive Health Strategy sets out Swindon Borough Council's (SBC) strategic priorities and approach to meeting the sexual and reproductive health needs of Swindon residents. It outlines plans to respond to increasing rates of sexually transmitted infections (STIs) and to improve the reproductive health of our residents. The impact of poor sexual and reproductive health can be serious and far reaching, impacting on an individual's emotional, physical and mental health and their personal relationships. Furthermore unintended pregnancies and poor sexual health can impact on an individual's education and employment opportunities. The effects of poor sexual and reproductive health can therefore be far reaching for those affected, whilst stigma still remains around STIs in society and can be a barrier to people accessing appropriate support.

This strategy and associated action plan recognise that sexual health and wellbeing is affected by both sexual behaviour and the wider determinants of health, including educational attainment, social, economic and environmental issues. So partnership working with relevant organisations at a local, regional and national level is essential, ensuring that the right actions are carried out for the right people, in the right place and at the right time.

Sexual health is not equally distributed across Swindon's population and it is vital that we prioritise those most at risk of poor sexual health, including young people, men who have sex with men and people from certain Black and minority ethnic communities. The strategy has been informed by a strong evidence-base, national sexual and reproductive health policy and an updated Swindon Sexual Health Needs Assessment (2022).

The strategy provides a framework for partners to work together to plan and take appropriate actions to improve the sexual and reproductive health of the Swindon population and to enhance existing pathways to high-quality, open and accessible services to meet the sexual and reproductive health needs of our local residents.

The key objectives of this strategy are to:

- Enable residents to have control of their own sexual and reproductive health across the life course.
- Ensure residents have access to sexual health services that meet their individual needs.
- Target and support population groups known to have poorer sexual and reproductive health outcomes in order address local health inequalities.
- Enable sexual and reproductive services to be relevant, approachable, confidential, non-judgemental, and accessible to anyone in need.
- Improve strategic partnership working arrangements to improve the outcomes of local sexual and reproductive services
- Monitor and evaluate the impact of interventions on improving sexual health outcomes.

The strategy aims to improve the sexual and reproductive health of Swindon's population and reducing inequalities in sexual health through the following five strategic priorities:

- 1) Improve relationship and sex education
- 2) Reduce unplanned pregnancies and under 18 conceptions
- 3) Reduce STI rates with targeted interventions for at risk-groups
- 4) Reduce human immunodeficiency virus (HIV) prevalence and late diagnosis
- 5) Strengthen partnership working to improve sexual and reproductive health outcomes

Prevention is a priority and although this strategy focuses on a universal approach, targeted interventions for some groups known to have poorer sexual health outcomes such as under 25s, men who have sex with men (MSM) and certain minority ethnic groups will be a focus.

The strategy and associated Action Plan is owned by Swindon's multi-agency Sexual Health Executive Group (SHEG), which will be responsible for monitoring the development and implementation of the strategy. A final version of the strategy will be published after approval by SBC's Health & Wellbeing Board.

1.1 Why a Sexual and Reproductive Health Strategy is required for Swindon

This strategy sets out Swindon's vision, objectives and strategic priorities for sexual and reproductive health over the next three years. It provides a framework to guide the planning, commissioning and delivery of sexual and reproductive health services to improve sexual and reproductive health outcomes for Swindon residents across the life course.

The provision of sexual health services is statutory and local authorities are mandated to commission open access sexual health services, including services for the prevention and treatment of STIs and services for the prevention of unplanned pregnancies.

Swindon's previous Sexual Health Strategy was produced in 2015 (2015 – 2020). There have been significant changes at both a national and local level since then with the impact of the Covid-19 pandemic also influencing how sexual and reproductive health services are delivered.

Our strategy is built on the most up to date intelligence and information we have on sexual and reproductive health from our Sexual Health Needs Assessment (2022). This Strategy sets out five strategic priorities and the actions we will take to address these priorities. We anticipate that a national Sexual Health Strategy will be released by the Department of Health and Social Care at some point in 2023/24, however, our strategy is designed to complement the expected release and it will be flexible to meet any additional requirements.

This strategy recognises that good sexual and reproductive health does not happen in isolation and is therefore complementary and embracing of other local policies and strategies in Swindon. This includes but is not limited to the local Health & Wellbeing Strategy, Healthy Schools Swindon, Domestic Abuse and Violence Against Women and Girls, Substance Use, Women's Health and Mental Health agendas.

1.2 Scope

Both the local specialist integrated sexual health service and Long Acting Reversible Contraceptive (LARC) primary care contracts were recently re-commissioned by SBC in 2021 and 2022 respectively. This strategy does not provide commissioning recommendations in relation to either of these contracts. However it does make recommendations which will influence how these services will be delivered to improve outcomes.

Furthermore this strategy does not provide commissioning recommendations in relation to the sexual or reproductive health services commissioned by the local NHS Integrated Care Board (ICB) or NHS England. Whilst these services are a key part of the local sexual and reproductive health system, they sit outside SBC's remit in terms of commissioning responsibilities. The strategy does however emphasise the importance of working in partnership with strategic leads and commissioners within these organisations to influence and improve how these services will operate within an integrated sexual and reproductive health system.



2. Current Landscape

2.1 Swindon Population (Census 2021)

In most aspects of sexual and reproductive health, variations in outcomes are evident between and within local areas and populations or communities. For example STIs are more likely to be diagnosed in young people, gay, bisexual and other men who have sex with men (MSM) and people from certain Black and minority ethnic communities.

According to the Census undertaken in 2021, Swindon's population is around 233,400 residents. This represents an 11.6% increase compared to the previous census in 2011 (around 209,200 residents). Swindon has an increasing and ageing population with the median age of a Swindon resident now 39 years old (compared to 38 years old in 2011). Recent data suggests that STIs among older age groups are on the rise nationally. Swindon's two largest population age groups are '30 – 34' and '35 – 39' year olds.

In the latest census, the majority of the population aged 16 and over in Swindon stated that their sexual orientation was 'straight or heterosexual' (90.1%; 168,642). 1.3% (2,416) stated that they are 'gay or lesbian' and 1.3% (2,353) stated that they are 'bisexual'. Less than 0.5% of the population aged 16 reported that their sexual orientation was 'pansexual', 'asexual', 'queer' or 'other'. 7% of the population aged 16 and over (13,173) chose not to answer the question. Proportionally, Swindon has similar levels of sexual diversity as England and the South West, with the percentage of the population who identify as 'Straight or Heterosexual' slightly higher in Swindon and 'Gay or Lesbian', 'Bisexual' and 'All other Sexual Orientations' slightly lower in Swindon than in England and the South West.

The proportion of the population that have a white ethnicity has reduced in Swindon to 81.5% from 89.8% in 2011. Asians represent the largest non-white ethnic group in Swindon, having risen to 11.6% of the population compared to 6.4% in 2011. The largest Asian ethnic group were Indians, increasing in representation from 3.3% in 2011 to 7.6% of the population in 2021.

2.2 Local sexual and reproductive health service provision

Great Western Hospitals NHS Foundation Trust (GWH) is the provider of the specialist integrated sexual health service in Swindon. Services offered include confidential information and advice about contraception, free condoms, emergency contraception, pregnancy advice, testing and treatment of STIs (including HIV), delivery of HIV pre exposure prophylaxis (PrEP) and HIV post-exposure prophylaxis following sexual exposure (PEPSE). The specialist sexual health service provides an online HIV and STI self-sampling service for Swindon residents under a sub-contract with SH:24 (a Community Interest Company specialising in online sexual health services) and it also sub-contracts a small number of community pharmacies in Swindon to provide free emergency contraception. The specialist integrated sexual health service was commissioned by SBC in 2021 and the current contract for these services runs until 2026 with the option for the council to extend this contract for an additional 2 years. The service is open 6 days a week and is delivered from the Swindon Health Centre in the town centre.

Swindon's HIV services are also delivered by the Great Western Hospitals NHS Foundation Trust at the Swindon Health Centre. This service offers HIV treatment options, management and support to people living with HIV. HIV patients requiring specialist inpatient care are admitted to either Swindon's Great Western Hospital or the John Radcliffe Hospital in Oxford. This service is currently commissioned by NHS England but it is expected that the commissioning responsibility for this service will be delegated to the Integrated Care Board from April 2024.

Swindon Borough Council (SBC) also commissions a Long Acting Reversible Contraception service in general practice. This is an enhanced service which is provided in addition to the more general contraception services provided by GP practices under their contract with NHS England There

are currently 18 GP practices across Swindon holding LARC contracts with SBC. The service was commissioned in 2022 for a 5 year period. Abortion services in Swindon are provided by the British Pregnancy Advisory Service (BPAS) and are commissioned by the Bath & North East Somerset, Swindon & Wiltshire (BSW) NHS Integrated Care Board. Victims of rape or sexual assault can access the Swindon and Wiltshire Sexual Assault Referral Centre (SARC) in Swindon which is provided by First Light.

The Public Health team also works in partnership with a wide range of other services that support the sexual and reproductive health of local residents include 0-19 services (health visiting, family nurse partnership and school nursing), substance use services (Change, Grow, Live) and services to support street sex working women (Nelson Trust).

2.3 The national context

Commissioning responsibilities for the majority of sexual and reproductive health services were transferred from the NHS to Local Authority Public Health teams in 2013 following the publication of the Health & Social Care Act (2012).

Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancy. The ICB is responsible for commissioning abortion services and contraception for non-contraception purposes (e.g. for the management of gynaecological problems), while NHS England is responsible for commissioning HIV treatment & care services and sexual assault services, as well as cervical screening and contraception in general practice.

The government's ambitions for improving sexual health are set out in "A Framework for Sexual Health improvement in England" (2013) which provides the strategic direction for commissioning sexual and reproductive health services in England. It is expected that this framework will be replaced by a new national Sexual Health strategy at some point in 2023/24.

A national HIV Action Plan 'Towards Zero' was published in 2022 and outlines how the Government is committed to achieving zero new HIV infections and ending HIV related deaths by 2030 by delivering on a number of objectives across the health and social care sector.

The Department of Health and Social Care (DHSC) set out its vision for women's health in the Women's Health Strategy which was published in 2022. The strategy takes a life course approach, understanding the changing health and care needs of women and girls across their life course and seeks to improve experience and outcomes of care. It recognises contraception, pregnancy, fertility, pregnancy loss, abortion care and postnatal support as key components of reproductive health needs and the need for commissioners and providers to work together to ensure that these needs can be effectively met.

The Department of Education released statutory guidance in 2019 that outlined how schools are mandated to teach children and young people relationships education and relationships and sex education. Since September 2020, Relationships Education has been compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) for all pupils receiving secondary education. In primary schools, the subjects should put in place the key building blocks of healthy, respectful relationships, focusing on family and friendships, in all contexts, including online. At secondary school, teaching builds on the knowledge acquired at primary and develops pupils' understanding of health, with an increased focus on risk areas such as drugs and alcohol, as well as introducing knowledge about intimate relationships and sex and how to have positive and healthy sexual relationships.. The Government recently announced that they will be doing a review of RSHE guidance in 2023.

2.4 Governance

The complex commissioning arrangements of sexual and reproductive health services require a collaborative partnership approach to ensure that services are joined up to meet the sexual and reproductive health needs of the local population.

Swindon's approach for delivering this aspect is through the Sexual Health Executive Group (SHEG). The SHEG is a multi-agency partnership that aims to provide a forum for partners to work together to improve the sexual health of Swindon residents and to reduce health inequalities. It has representation from a range of stakeholders across the local sexual and reproductive health system (see Fig. 1).

The SHEG owns this Sexual and Reproductive Health Strategy and will be responsible for ensuring we deliver on the actions included in the associated Action Plan going forward.

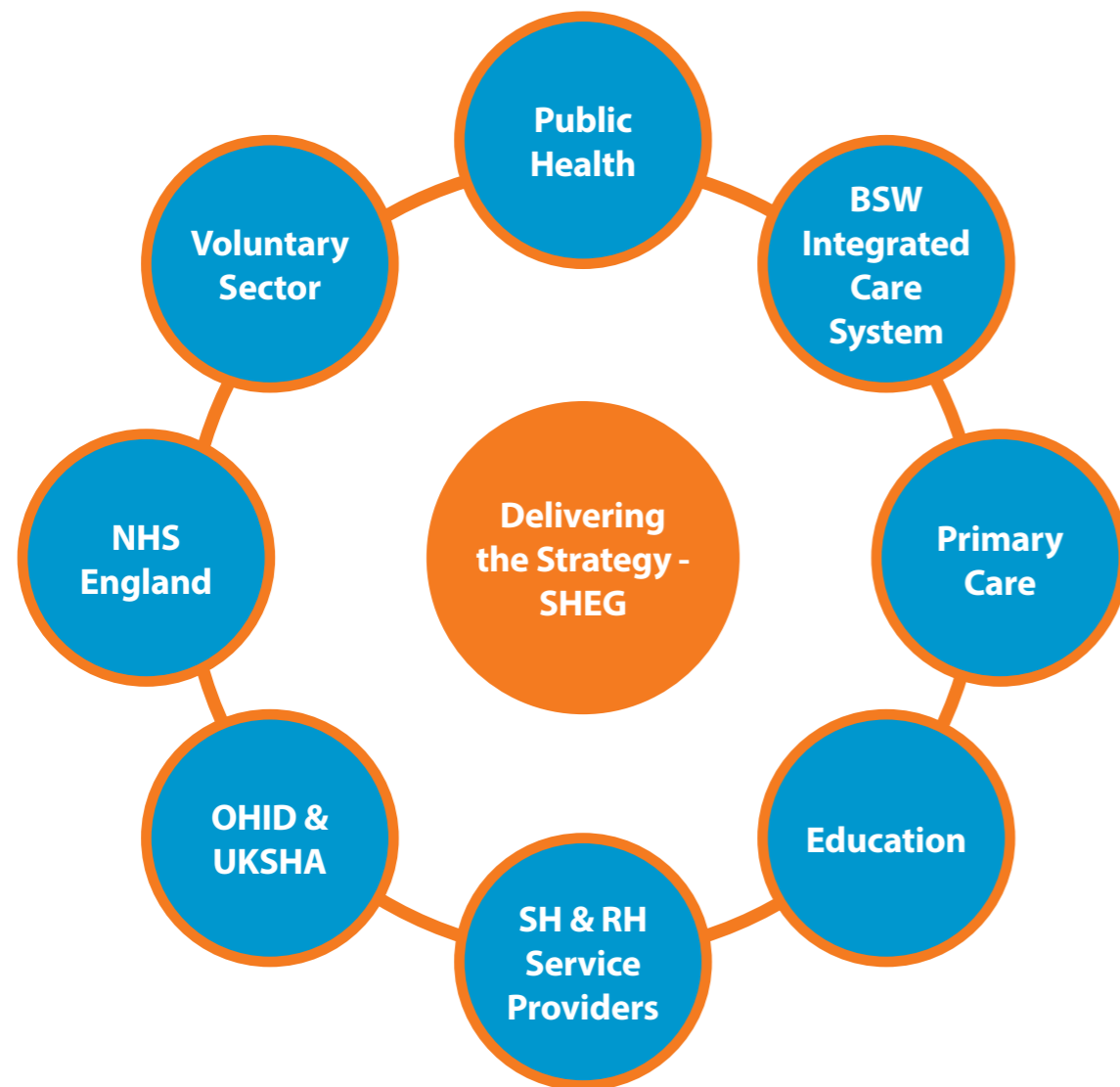


Fig.1 Swindon Sexual Health Executive Group Partnership Organisations

3. Swindon Sexual Health Needs Assessment 2022

3.1 Key Findings

The sexual and reproductive health of Swindon residents is generally good when compared to national and regional indicators however this performance can mask sexual health inequalities among vulnerable groups locally. Swindon's STI rate is similar to the national rate but remains above our Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours (which compares Local Authorities with similar socio-economic indicators) indicating we have a higher than average need locally when considering health inequalities.

In line with the national picture, teenage pregnancy rates have reduced significantly since the launch of the Teenage Pregnancy Strategy in 1999 and are now below the national average. However, there is significant variation between wards in Swindon and some wards in areas of high deprivation in Swindon have teenage conception rates that are significantly higher than the national average. Termination of pregnancies are increasing both nationally and locally. In 2020, over a quarter (27.6%) of abortions in Swindon in women aged under 25 were for women who had previously had an abortion.

Access to long acting reversible contraception (LARC) was particularly impacted by the Covid-19 pandemic due to the requirement for face-to-face appointments. A LARC Health Equity Assessment Tool (HEAT) was utilised as part of the Swindon Sexual Health Needs Assessment (2022) to better understand inequalities in LARC uptake and to identify how to improve LARC provision locally. A health equity assessment is the main tool for public health professionals to systematically address health inequalities in a programme of work and to identify what actions can be taken to reduce these health inequalities. Recommendations from the LARC HEAT include (i) improving LARC data collection in primary care to understand which demographic groups that are not currently accessing LARC, (ii) working with termination of pregnancy services to address the reduction in LARC provision following the implementation of medical abortion pills by post, and (iii) considering how to improve access to LARC in maternity services.

STI diagnoses in Swindon have generally been increasing since 2016 although there was a significant decrease in 2020 due to the impact of Covid-19 on service delivery and/or people's sexual behaviour. During the Covid-19 pandemic, Swindon's STI testing rate was above the national testing rate whilst the STI positivity rate was below the national rate. This would indicate that access to the online testing service provided by Swindon's sexual health service ensured good access to testing at a point where services were largely closed to face to face appointments. However some ethnic minority groups (e.g. Asian) were less likely to be screened for STIs compared to Swindon's overall ethnic minority population. Rates of syphilis in Swindon were statistically above our CIPFA neighbours and similar to the national picture and disproportionately affected MSM (53% of all diagnoses in 2020).

In 2020, Swindon's HIV diagnosed prevalence rate (1.94 per 1,000 people aged 15 to 59) was statistically lower than England but Swindon is close to being defined as a high prevalence area (a rate greater than 2 per 1,000 population indicates high prevalence according to NICE guidelines). Nearly three quarters (73.3%) of new HIV diagnoses in heterosexual women were classed as late. If a person newly diagnosed with HIV has a CD4 cell count of less than 350 cells/mm³ within 91 days of first diagnosis, this is defined as a late diagnosis. Furthermore, HIV testing rates among eligible women were lower than HIV testing rates in eligible men.

All young people should have access to comprehensive Relationships & Sexual Health Education (RSHE) and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. More work is required between the local sexual health system and Healthy Schools to ensure that teachers and school-based staff are supported to deliver effective RSHE lessons to young people. The need to improve joint working across the local sexual and reproductive health system was consistently identified by stakeholders, particularly between primary care and the specialist sexual health service.

3.2 Recommendations from Swindon's Sexual Health Needs Assessment 2022

The following recommendations were developed from the Sexual Health Needs Assessment and have informed the 5 strategic priorities outlined in this Strategy and the actions in the associated action plan:

1. Ensure that schools in Swindon have access to resources to deliver effective RSHE provision including issues relating to consent and sexual violence.
2. Develop a plan to address the RSHE needs of people living with learning disabilities
3. Ensure work to reduce teenage conception is targeted in wards with teenage conception rates above the national average
4. Develop an action plan to improve access to LARC in response to the findings from the LARC HEAT assessment.
5. Increase awareness and uptake of STI testing and LARC in Asian populations within Swindon
6. Review the local strategy for the Chlamydia Screening Programme to improve the detection and screening rates of young women living in areas of high deprivation.
7. Review the national Syphilis Action Plan to ensure that effective measures are in place to address the relatively high prevalence of syphilis locally.
8. Explore how outreach provision can be expanded to ensure that sexual and reproductive health needs of the local population are addressed particularly among vulnerable populations.
9. Review the need for psycho-sexual provision and local services to meet these needs.
10. Local sexual and reproductive services to increase HIV testing among heterosexual women to reduce late diagnosis of HIV.
11. Improve PrEP access to non-MSM populations locally.
12. Improve joint working between primary care and the specialist sexual health service to develop referral pathways and awareness of services.
13. SBC to work with the ICB to improve collaborative commissioning locally for sexual and reproductive health.
14. Improve joint working across all local sexual and reproductive health services and establish new communication networks to improve awareness among the local population.



4. Vision

This strategy aims to improve the sexual and reproductive health of Swindon residents and reduce inequalities in sexual health.

A key aspect of this strategy is to address the common themes identified by Swindon's Sexual Health Needs Assessment and stakeholder engagement whilst ensuring that our local approach is informed by updated national sexual and reproductive health policies and guidance.

This strategy will provide a framework for partners to work together to plan and take appropriate actions to improve the sexual and reproductive health of the Swindon population and to enhance existing pathways to high-quality, open and accessible services to meet the sexual and reproductive health needs of our local residents.

This strategy recognises that good sexual health is important throughout the life course. We are committed to improving sexual health outcomes and reducing health inequalities by having easily accessible services, which are delivered in accordance with the principles of proportionate universalism i.e. where universal interventions are delivered to the whole population with increased intensity of interventions for groups that have a

greater need for them. We will aim to build a positive sexual health culture that prioritises prevention and supports positive behaviour change.

A fundamental outcome of this strategy will be to support Swindon residents to have good sexual and reproductive health and healthy sexual relationships, positively impacting on their wider emotional, mental and physical health and wellbeing.

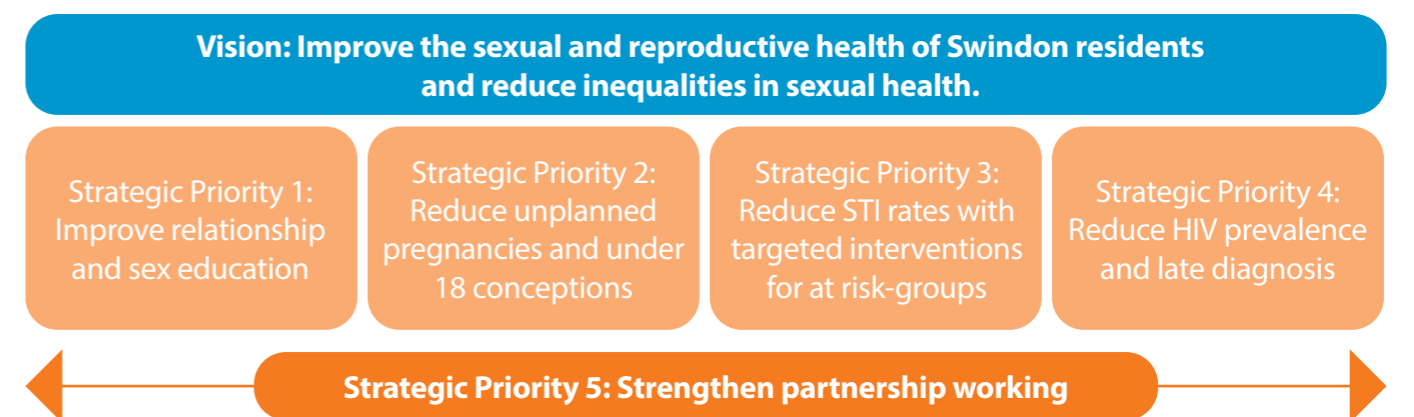
4.1 Objectives

The key objectives of this strategy are to:

- Enable residents to have control of their own sexual and reproductive health across the life course.
- Ensure residents have access to sexual health services that meet their individual needs.
- Target and support population groups known to have poorer sexual and reproductive health outcomes in order to address local health inequalities.
- Enable sexual and reproductive services to be relevant, approachable, confidential, non-judgemental, and accessible to anyone in need.
- Improve strategic partnership working arrangements to improve the outcomes of local sexual and reproductive services
- Monitor and evaluate the impact of interventions on improving sexual health outcomes.

4.2 Realising Our Vision

The 5 strategic priorities in the diagram below (Fig.2) have been developed by key stakeholders to realise the vision of this strategy. There is a recognition that in order to be successful, strengthened partnership working (Strategic Priority 5) will be required across all the strategic priorities. However stakeholders felt that the importance of good partnership working locally was critical to the success of the strategy and therefore was justified in having a distinct strategic priority of strengthened partnership working included in the Strategy.



4.3 Measuring Impact

To ensure we are seeing a positive impact on sexual and reproductive health outcomes from this strategy we will:

- Ensure this strategy is promoted and owned by key stakeholders involved with the SHEG
- Develop quarterly reporting on progress of actions included in the strategy and associated action plan
- Develop regular 'touch point' feedback processes with service users, residents and providers to ensure quality and experience (see Community Engagement section below)
- Produce an annual progress report of the strategy that will include monitoring data from OHID's Public Health Outcome Framework Sexual Health Indicators and UKSHA's Summary Profile of local Authority Sexual Health (SPLASH) report.

4.4 Community & Stakeholder Engagement

Communities at risk of poor sexual health and key stakeholders will be engaged in the ongoing development of this strategy in the following ways:

- Analysis from the Friends & Family survey annual results (completed by service users in the integrated sexual health service)
- Analysis of RSHE questions included in the online survey 'How Are You?' which is completed by Swindon secondary school pupils
- An annual sexual health stakeholder event with local stakeholders
- Develop links with local community champions and gain their views on local sexual and reproductive health issues and services
- SHEG to self-assess the performance of the local sexual health system by completing the Sexual Health sector led improvement tool.



5. Strategic Priorities

Strategic Priority 1: Improve relationship and sexual health education (RSHE)

Introduction

All young people need comprehensive RSHE and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. The main providers of RSHE are educational settings. Following the publication of guidance in 2019, relationship education in primary schools became statutory whilst relationships and sexual health education in secondary schools became statutory from 2020. Currently, specialists from the local authority Public Health and Education teams work with both mainstream and Special Educational Needs and Disabilities (SEND) schools, to ensure Swindon students have access to quality RSHE teaching through the personal, social, health and economic (PSHE) curriculum by steering them to relevant resources, organising training and encouraging networking amongst schools.

The total estimated population of people living with learning disabilities in Swindon is currently around 4,100. Research has found that people with learning disabilities do not have good access to RSHE (National Institute for Health Research, 2020). It is recommended that there should be more accessible information and support for people with learning disabilities and their carers. This needs to include information about sexuality, abuse and consent, and practical information about contraception and safer sex where appropriate.

Why is this a priority in Swindon?

High-quality RSHE helps young people to seek help, develop healthy and consensual relationship, practice safe sex and prevent unplanned pregnancy. Between March and May 2021, students from Year 7 (502), Year 9 (669) and Year 11 (414) completed an online survey titled 'How Are You?' run by SBC. When asked to rate certain areas from their Personal, Social, Health and Economic (PSHE) lessons in school, students in Year 7 responded less favourably

to 'pornography', 'changes in relationships', and 'grooming and exploitation'. The same PSHE areas were rated less favourably by students in Year 11. As part of the Swindon Sexual Health Needs Assessment, a consultation group was held with approximately 30 adults with learning disabilities who gave their views on Sexual and Reproductive Health Services and RSHE. Participants disclosed that they had little to no RSHE provided to them locally since leaving school and did not always feel empowered to make informed choices about their relationships and sexual health.

Feedback from the Sexual Health Strategy Stakeholder engagement session found that:

- A need was identified for up to date RSHE training for the local workforce
- There is a need for improvement in joint working between the local sexual health system and Healthy Schools team to ensure that teachers are supported to deliver effective RSHE lessons to young people
- More support on delivering sensitive topics in schools is required such as exploitation, abuse, coercion, harassment, same sex relationships, sexual orientation, honour-based violence, Female Genital Mutilation and pornography
- Information and messages on the sexual and reproductive health services available in Swindon needs to be better understood and shared between all services providers
- Need to consider a platform for parents that helps them understand what their children are taught in RSHE and empowers parents to discuss RSHE with their children
- There is a need for the local workforce to understand the resources available to them for discussing RSHE with people with learning disabilities. We need to ensure that these materials are developmentally appropriate and are in accessible forms

Evidence Base

- RSHE helps young people to seek help, develop healthy and consensual relationship, practice safe sex and prevent unplanned pregnancy
- Schools are required to provide high quality RSHE teaching for all pupils that is differentiated, sensitive, age and developmentally appropriate
- RSHE serves as a way to increase the autonomy of people with a learning disability by equipping them with the tools of knowledge around sex and relationships

What we will do

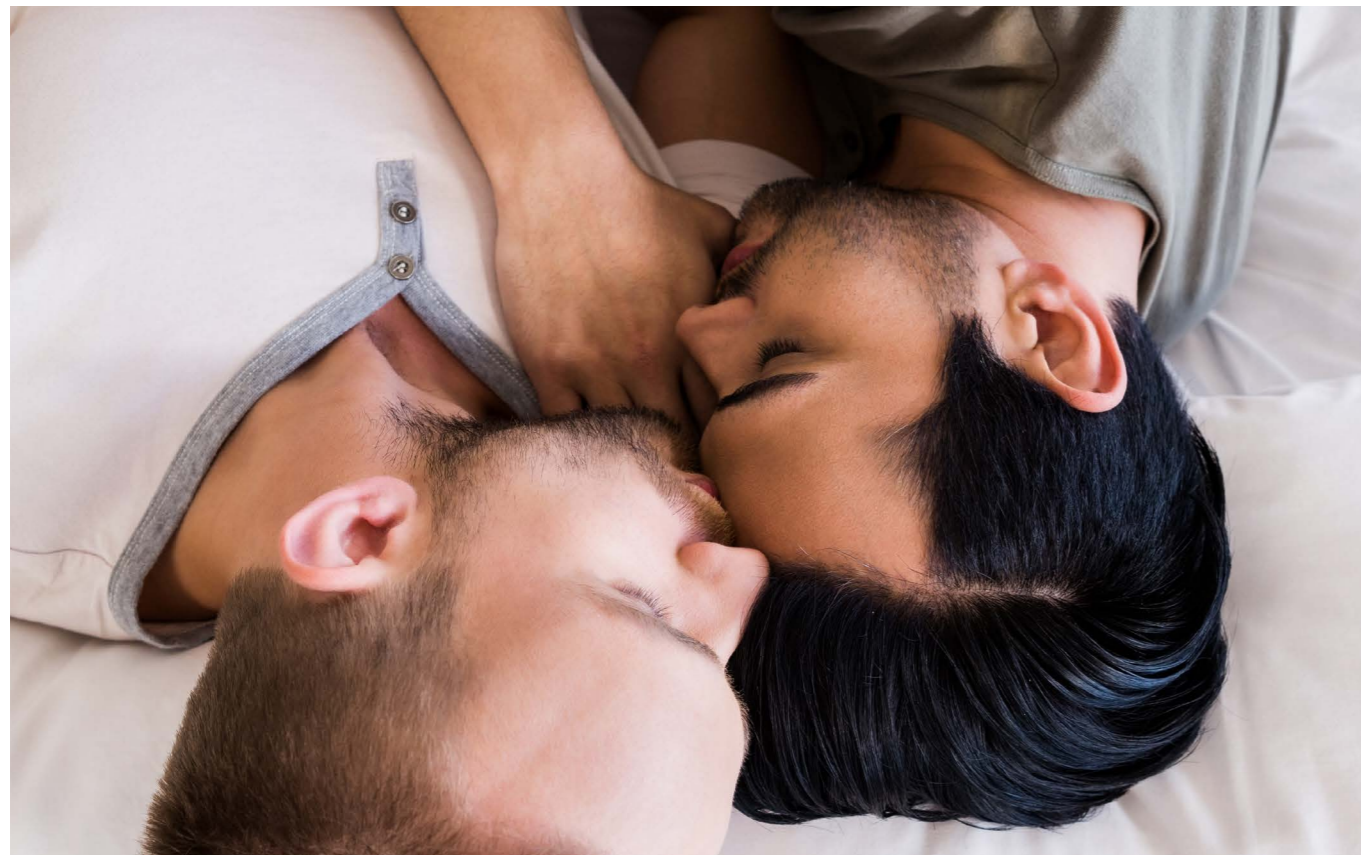
- Develop and tailor accessible resources to support schools and colleges to deliver high quality RSHE
- Work in partnership with SBC education, social care and the voluntary sector to consider how to improve and deliver RSHE for people with learning disabilities, autism or neurodiversity
- Produce an accessible virtual toolkit for both young people and adults with learning disabilities, autism or neurodiversity so that they are equipped to make healthy choices about relationships and sex
- Ensure children, young people, and people with learning disabilities, autism or neurodiversity know

where they can go locally to talk confidentially about sexual health and related issues

- Consider how to improve the engagement of parents and carers in RSHE in order to improve sexual health outcomes
- Explore opportunities for upskilling practitioners who work with children, young people and vulnerable adults on RSHE to ensure good outcomes for children and young people and people with learning disabilities
- Respond to the recommendations from the planned national review of RSHE in schools due to take place in 2023

Measuring Success

- An improvement in the response ratings of RSHE related questions in the 'How are you' survey from local secondary school pupils
- Positive feedback from schools and educational settings on improved RSHE resources
- Positive feedback from people with learning disabilities, autism or neurodiversity and their parents or carers on the RSHE resources that are available to them



Strategic Priority 2: Reduce unintended pregnancies and under 18 conceptions

Introduction

Prevention of unintended pregnancies and control over reproductive choices preserves good physical, mental and psychosexual health. Reproductive health empowers individuals and reduces preventable health risks related to unwanted and unplanned pregnancy. This requires informed decision making and timely and convenient access to effective methods of contraception.

Most teenage pregnancies are unplanned and around half end in abortion. Research shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children, including lower educational attainment, greater likelihood of unemployment, and higher risk of living in poverty (Nuffield Trust, 2023). Since the introduction of the national Teenage Pregnancy Strategy in 1999, the number of under 18 conceptions in Swindon has fallen by 77% which is roughly in line with the national trend. Whilst progress on this agenda has been positive, there are still high rates of teenage pregnancies at a ward level in Swindon which are both a cause and consequence of health inequalities.

Why is this a priority in Swindon?

Unintended pregnancy and termination of pregnancy rates are increasing both nationally and locally in Swindon. Ensuring good awareness and access to a range of contraception methods across a range of local services will help to prevent unintended pregnancies.

Long Acting Reversible Contraception (LARC) methods of contraception are the most effective methods of contraception and a recent LARC Health Equity Assessment identified a number of areas that Swindon should consider to improve LARC provision locally. This includes improving LARC data collection in primary care to understand which demographic

groups are not currently accessing LARC and improving access to LARC in both maternity and termination of pregnancy pathways to prevent further unintended pregnancies.

There are significant variations in teenage conception rates at a local ward level with areas of high deprivation in Swindon having teenage conception rates that are significantly higher than the national rate. More work is required to target these local areas to ensure that the sexual and reproductive health needs of young people in these areas are addressed.

Feedback from the Sexual Health Strategy Stakeholder engagement session found that:

- The sexual health system needs to develop stronger links with maternity services to improve contraception options for women who have recently given birth
- Need to consider how to support primary care more with workforce development and improving contraception options
- Offer a wider range of sexual and reproductive health promotional material and ensure that it is available in both print and digital forms with both translated and 'easy to read' formats
- We need to improve on identifying local leaders/ambassadors in our local communities that can reach population groups that are at higher risk of poor sexual or reproductive health and work with them to improve engagement with their communities
- Whilst the change to 'pills by post' approach to termination of pregnancies during the pandemic was welcomed by stakeholders, an unintended consequence of this has been a reduction in the number of LARCs being fitted in abortion services to prevent unintended pregnancy following a termination

Evidence Base

- Long-acting reversible contraceptives (LARC) are the most effective form of contraception and are recommended by the Faculty of Sexual and Reproductive Healthcare (FSRH) for those wishing to prevent unplanned pregnancies throughout reproductive years
- Good preconception care and pregnancy planning, whilst using effective contraception, particularly LARC, reduces unintended pregnancies and improves health outcomes
- The strongest empirical evidence for ways to prevent teenage conceptions is high-quality education about relationships and sex, easy access and correct use of effective contraception and intensive support for those at increased risk

What we will do

- Ensure high quality information and easy access to all methods of contraception including long acting methods, emergency contraception, vasectomy and reproductive health advice to enable young people and adults to make informed decisions
- Develop stronger links with maternity services to offer post-natal contraception options and improve referral pathways in to contraceptive services
- Provide comprehensive contraception training and capacity building for both health and non-health professionals who work with vulnerable populations
- Work with primary care to identify sexual health and reproductive health champions to improve the offer of contraception in GP surgeries
- Ensure that sexual and reproductive health promotional material is available in a range of

translated languages and 'easy to read' formats

- Develop digital health promotion messages to target the younger age groups informing them of their contraception options and improving awareness of local sexual health services
- Expand free EHC provision in pharmacies for young women under the age of 25
- Incorporate recommendations from the LARC HEAT in to the Sexual Health Strategy Action Plan to address the following 4 areas: Improved LARC access in primary care, post-abortion and post-delivery whilst developing a greater understanding of the contraceptive needs of the local Asian/Asian British population
- Ensure that local sexual health partners are consulted on the potential development of women's health hubs (as noted in the Women's Health Strategy) to improve access to contraception and other reproductive health services for women

Measuring Success

- Under 18 conception rates remain in line with the national rate
- Reduction in teenage conception rates in high-rate wards
- Reduction in under 25 repeat abortions
- Reduction in abortion rates
- Increased LARC provision in GP practices
- Increased EHC provision to under 25s in pharmacies



Strategic Priority 3: Reduce STI rates with targeted interventions for at risk-groups

Introduction

Most STIs are preventable and STIs such as chlamydia, gonorrhoea and syphilis can have long-term and costly complications if not detected and treated. STIs are often asymptomatic. Therefore, frequent STI testing is important, as early detection and treatment can reduce important long-term consequences such as infertility and ectopic pregnancy. Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, with the highest burden borne by women, men who have sex with men (MSM), young adults and people from some ethnic minority backgrounds

Why is this a priority in Swindon?

Swindon's new STI rate (this is a summary figure of all new STI diagnoses excluding chlamydia diagnoses in individuals aged under 25s) remains similar to the national rate but it is above local authorities who are statistically similar to Swindon. There is variation in sexual and reproductive health outcomes within and between demographic groups that result in health inequalities. Young people are more likely to be diagnosed with STIs over other age groups with most chlamydia and gonorrhoea diagnoses taking place among 15 – 24 year olds. Whilst gay, bisexual and other MSM are more likely to be diagnosed with STIs than other men. Some Black & Minority Ethnic populations are also disproportionately impacted by STIs with the rate of gonorrhoea found to be three times higher in this group when compared to the 'White British' ethnicity (PHE, 2019). These demographic groups should not be viewed in isolation as there is intersectionality between all of these at risk groups which can impact on health inequalities disproportionately. A review of local STI testing data indicates that some Black & Minority ethnic groups at risk of poor of sexual health are less likely to be screened for STIs compared to Swindon's overall ethnic minority population. Gonorrhoea and syphilis disproportionately affects men who have sex with men (53% of all diagnoses in 2020) whilst recent rises of gonorrhoea in the South West have

disproportionately affected young heterosexual adults. Furthermore local wards of high deprivation in Swindon correlate with higher rates of STIs than the national average.

Feedback from the Sexual Health Strategy Stakeholder engagement session included:

- A need to arrange more community engagement sessions with local groups at risk of poor sexual health to gain a greater understanding around issues such as access, stigma, language and faith in order to tailor messages and services to improve sexual health outcomes
- A need to deliver more "Make Every Contact Counts" (MECC) conversations around sexual or reproductive health in non-sexual health services (e.g. maternity services, primary care or via health visitors) to improve knowledge and awareness
- A need to work more closely with primary care to identify opportunities for increased joint working. For example discussing sexual and reproduction options when patients come in for cervical smears in GP practices or considering how pharmacies could provide discreet access to STI testing
- A need to improve and increase publicity on how to access local sexual and reproductive health services so that residents feel more empowered to make positive choices
- A need to be more coordinated in promoting and cascading health promotion campaigns on sexual health that are implemented locally to ensure that we target the right populations
- A need to consider how to improve training opportunities across a number of different sectors (e.g. mental health or substance misuse) to skill up the local workforce on sexual and reproductive health matters
- Consider reviewing our current partner notification approaches and explore alternative options for delivering this
- A need to consider how we can improve our condom distribution among our local partners

Evidence Base

- Activities that promote safer sex, regular testing and screening, condom use and address stigma and discrimination should be encouraged and supported
- Universal approaches need to be promoted together with targeted interventions based on evidence and local needs to target specific groups
- Partner notification is an essential component of STI management and control

What we will do

- Improve the demographic reporting of individuals accessing the sexual health service to ensure we are meeting the needs of our local population
- Co-produce health promotion campaigns with local stakeholders to increase awareness of STI testing and improve access to local services among at-risk ethnic minority populations known to be under represented
- Strengthen health promotion campaigns in different settings and ensure people who are at increased risk of STIs are motivated to practice safer sex, including the use of condoms
- Develop a revised approach for improving the chlamydia detection and screening rates of young women living in areas of high deprivation
- Explore how outreach provision can be expanded to ensure that sexual and reproductive health needs of the local population are addressed particularly among vulnerable populations (e.g. street sex workers, those with substance misuse needs)
- Produce a workforce development strategy that empowers the local workforce outside of the sexual health system to discuss sexual and reproductive health issues (e.g. via MECC conversations) and potentially offer STI testing kits and condoms as appropriate to vulnerable groups
- Take the learning from any national or regional STI outbreaks and adopt locally as appropriate

Measuring Success

- Swindon's new STI diagnosis rate remains in line with or better than national, regional and statistical neighbours

- An increase in local STI testing rates in population groups most at risk
- An increase in the chlamydia detection rate in young women
- An increase in the number of local practitioners trained in sexual and reproductive health advice



Strategic Priority 4: Reduce HIV Prevalence and Late Diagnosis

Introduction

Free and effective HIV treatment means that people living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and adhere to treatment. Being on HIV treatment also reduces the risk of transmission of HIV to their sexual partners with studies evidencing that those on effective treatment report undetectable viral loads meaning they cannot pass on HIV to others during sex. These findings have informed the Undetectable = Untransmittable (U=U) health promotion campaign to improve HIV awareness and reduce HIV stigma.

Although anyone can become infected with HIV there are some population groups that are more at risk of HIV than others. This includes men who have sex with men (MSM), people of Black African ethnicity and people who inject drugs (PWID). Late diagnosis is the most important predictor of morbidity and mortality. Prevention of HIV requires good access to both testing and 'Treatment as Prevention' (TasP) options such as Post-Exposure Prophylaxis following Sexual Exposure (PEPSE) and Pre Exposure Prophylaxis (PrEP) in sexual health services.

Why is this a priority in Swindon?

In 2020, Swindon's HIV diagnosed prevalence rate (1.94 per 1,000 people aged 15 to 59) was statistically lower than England but Swindon is close to being defined as a high prevalence area (areas with a HIV prevalence rate greater than 2 per 1,000 population are considered high). Between 2019 -21, 43.4% of new HIV diagnoses in Swindon were classified as late which is statistically similar to England (42.0%). However nearly three quarters (73.3%) of new HIV diagnoses in heterosexual women were classified as a late diagnosis. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Furthermore HIV testing rates among women were lower than HIV testing rates in men.

Feedback from key stakeholders in the Sexual Health Needs Assessment outlined the importance of

having easy and open access to screening, testing and treatment for HIV. There is a need to increase awareness and access to PrEP for our most vulnerable populations. This will require an improvement in referral pathways between local services and improved partnership working and training opportunities to achieve this.

Feedback from the Sexual Health Strategy Stakeholder engagement session included:

- A need to consider how we can improve the offer of opt-out routine HIV testing to all residents attending our Sexual Health service
- Increase HIV awareness and HIV testing in General Practice, including knowledge of clinical indicators of HIV
- Swindon should explore delivering a social media campaign to improve awareness of HIV and reduce HIV related stigma
- Improve joint working between sexual health and substance misuse services to ensure that HIV testing is considered at assessment particularly those at high risk of HIV (e.g. street sex workers)
- Need to work with more community leaders and organisations to consider how to support/increase access to HIV testing and treatment for groups who would be less likely to access HIV related services

Evidence Base

- HIV elimination can only be achieved by combining preventive interventions such as testing, pre-exposure prophylaxis (PrEP) and rapid linkage to care and treatment
- Strengthening Partner Notification system is essential to ending HIV
- HIV testing should be offered in both primary and secondary care, with full implementation in high prevalence areas and to most at risk population groups

What we will do

- Develop and adopt HIV social marketing and health prevention campaigns in order to raise HIV awareness and reduce HIV stigma locally
- Consider how to improve opt-out HIV testing in sexual health services and adopting this in primary/secondary healthcare settings to maximise HIV testing opportunities and reduce the risk of late diagnosis, with a particular focus on heterosexual women
- Monitor and maintain the current high levels of antenatal HIV testing in maternity services with rapid linkage to HIV care and treatment
- Ensure MECC approaches are used in improving HIV awareness in local services by supporting preventative behaviours (e.g. condom use) and raising PrEP awareness (e.g. promoting among non-MSM populations)
- Increase PrEP awareness in groups at high risk of HIV through community engagement and targeted social marketing campaigns
- Strengthen and support self-testing services, particularly in groups at high risk of acquiring HIV
- Review and improve local HIV contact tracing and partner notification pathways to reduce the risk of late HIV diagnosis and onward transmission
- Conduct a local 'stock-take' on the recommendations included in the national HIV Action Plan to ensure that we are delivering on this strategy locally

Measuring Success

- An increase in local HIV testing rates with a particular focus on heterosexual women
- Increase in HIV testing in primary care, secondary care and substance use services
- A reduction in HIV late diagnosis
- An increase in non-MSM populations also accessing HIV PrEP



Strategic Priority 5: Strengthen partnership working to improve sexual and reproductive health outcomes

Introduction

Improving the sexual and reproductive health of the population depends on commissioners, providers and wider stakeholders working together to make services responsive, relevant, accessible, easy to use and effective.

Collaboration is essential to ensure that services are joined-up so that they are effective, cost-effective and maximise opportunities to improve sexual and reproductive health outcomes in the minimum number of appointments required. Commissioners should work together to develop local commissioning strategies, assess the implications of decisions across the whole system and have agreed shared pathways that will secure seamless sexual health, reproductive health & HIV services. Improved partnership working can ensure services across pathways are understood, innovation is fostered and best value obtained from limited resources.

Why is this a priority in Swindon?

Results from a local HIV, Reproductive Health and Sexual Health Self-Assessment Tool indicated that Swindon's Sexual and Reproductive Health services still have room for improvement in relation to partnership working. In particular governance arrangements need to be improved by having greater engagement with the BSW Integrated Care Board in order to achieve a "whole system approach" to developing integrated and cost-effective sexual and reproductive health services locally.

As part of the Sexual Health Needs Assessment, qualitative data was collated from various local stakeholders on their views of the local sexual and reproductive health system. Feedback from partners highlighted the need to improve communication and collaboration, increase sharing of service information among partners and define agreed pathways to improve service user experience.

Feedback from the Sexual Health Strategy Stakeholder engagement session included:

- A need to ensure we are targeting vulnerable groups by bringing services to where they are rather than expecting them to come to us. Outreach provision is seen as key to this
- Improve awareness of local pathways among professionals. These have all been established but need to get better at guiding professionals to them
- Locally commissioned services need to be trained in sexual and reproductive health, when to identify these needs when conducting health assessments, and refer in to sexual and reproductive health services as appropriate
- Explore how to engage GPs more in sexual health to reduce inappropriate referrals and improve patient experience
- Review how outreach provision can play a part in preventative approaches in educational settings
- Consider developing regular local sexual health stakeholder meetings to improve partnership working

Evidence Base

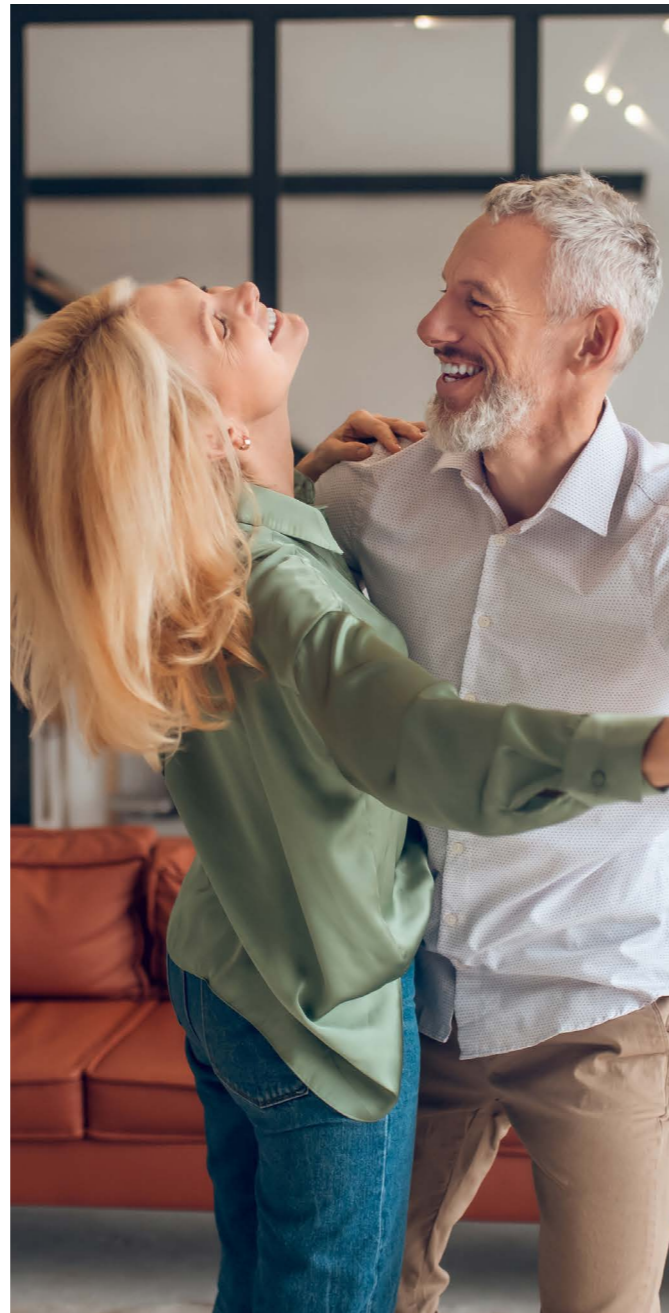
- Collaboration can ensure services across pathways are understood, innovation is fostered and best value is obtained
- Whole system commissioning requires a commitment to meticulous collaboration, an alignment of values and principles, agreement on processes, and mechanisms with the willingness to work differently.
- It is vital for commissioners to work together to ensure care and treatment people receive is of a high quality and not fragmented

What we will do

- Increase sexual and reproductive health community access and awareness through outreach delivery
- Improve and strengthen partnership and collaboration between Primary Care and specialist Sexual Health services by producing regular communications (e.g. newsletters), training and joint working opportunities
- Develop shared and clear pathways for local sexual health provision that are promoted and well understood by all local partners
- Coordinate an annual sexual health stakeholders event/workshop to improve joint working locally
- Develop and strengthen partnership working and collaboration in the SHEG by ensuring that services and pathways are collaboratively planned and/or commissioned in order to deliver high quality cost effective services that improve patient experience and deliver best value
- Review the need for psycho-sexual provision and local services to meet these needs

Measuring Success

- An improvement in a range of Public Health Outcome Framework (PHOF) indicators for Sexual and Reproductive Health locally
- Evidence of demonstrating progress on delivering the actions outlined in this strategy
- Partners report improved joint working arrangements to meet the sexual and reproductive health needs of the local population



6. Action Plan

This Action Plan provides an overview of work being taken by the Sexual Health Executive Group (SHEG) to improve Sexual and Reproductive Health Outcomes across Swindon. Progress on these actions will be routinely updated at the SHEG by the Lead Organisation(s).

Strategic Priority 1: Improve relationship and sexual health education (RSHE)

Ref No	Action	Lead Organisation	Contributing organisations/teams
1.1	Develop and tailor accessible resources to support schools and colleges to deliver high quality RSHE	SBC Public Health	Safeguarding Lead, PH Nursing, Jigsaw, Chameleon, GWH, PSHE Network.
1.2	Work in partnership with SBC education, social care and the voluntary sector to consider how to improve and deliver RSHE for people with learning disabilities, autism or neurodiversity	SBC Public Health	SBC Public Health Safeguarding Lead; PH Nursing, SBC SEND Team, VAS, SEND Families Voice; Advisory teacher for pupils with physical disabilities, & complex health needs, PSHE Network, The Nelson Trust. SMASH, Early Help Hub, Learning Disability Partnership Board.
1.3	Produce an accessible virtual toolkit for both young people and adults with learning disabilities, autism or neurodiversity so that they are equipped to make healthy choices about relationships and sex	SBC Public Health	SBC SEND Team, VAS, SEND Families Voice,
1.4	Ensure children & young people and people with learning disabilities, autism or neurodiversity know where they can go locally to talk confidentially about sexual health and related issues	SBC Public Health	STEP; Advisory teacher for pupils with physical disabilities, & complex health needs' The Nelson Trust, Early Hub Hub, Learning Disability Partnership Board.
1.5	Consider how to improve the engagement of parents and carers in RSHE in order to improve sexual health outcomes.	SBC Public Health	Safeguarding Lead, SBC, GWH, SBC SEND Team, VAS, SEND Families Voice, STEP, Advisory teacher for pupils with physical disabilities, & complex health needs. Team SMASH, faith leaders, Out of the Can
1.6	Explore opportunities for upskilling practitioners who work with children, young people and vulnerable adults on RSHE to ensure good outcomes for children and young people and people with learning disabilities.	SBC Public Health	Schools, SEND Families Voice, PHSE Network; Chameleon. Elected Home Education Lead.
1.7	Respond to the recommendations from the planned national review of RSHE in schools due to take place in 2023.	SBC Public Health	L&D, Chameleon/Jigsaw, Safeguarding Lead, SBC, PSHE Network; The Nelson Trust.

Strategic Priority 2: Reduce unintended pregnancies and under 18 conceptions

Ref No	Action	Lead Organisation	Contributing organisations/teams
2.1	Ensure high quality information and easy access to all methods of contraception including long acting methods, emergency contraception, vasectomy and reproductive health advice to enable young people and adults to make informed decisions.	Swindon Sexual Health Service	GWH Website Team, Abortion care services (BPAS and MSI), SARC, DV, Pre pregnancy, Menopause (womens health concerns), Pharmacies, Harbour project
2.2	Develop stronger links with maternity services to offer post-natal contraception options and improve referral pathways in to contraceptive services.	Swindon Sexual Health Service & GWH Maternity services	Outreach Team, Hazel ward, Community Midwife Team
2.3	Provide comprehensive contraception training and capacity building for both health and non-health professionals who work with vulnerable populations	Swindon Sexual Health Service; Womens Health Hub Lead	Outreach nursing team
2.4	Work with primary care to identify sexual health and reproductive health champions to improve the offer of contraception in GP surgeries.	Primary Care	Swindon Sexual Health Service
2.5	Ensure that sexual and reproductive health promotional material is available in a range of translated languages and 'easy to read' formats.	GWH Website Team, HA Team at Swindon Sexual Health Service	
2.6	Develop digital health promotion messages to target the younger age groups informing them of their contraception options and improving awareness of local sexual health services.	GWH Website Team and Comms Team	Swindon Sexual Health Service
2.7	Expand free EHC provision in pharmacies for young women under the age of 25.	Swindon Sexual Health Service	Pharmacies
2.8	LARC HEAT Recommendation: Improved LARC access in primary care,	Primary Care Teams & Women Health Hub Lead	Swindon Sexual Health Service Bayer and MSD Training programmes
2.9	LARC HEAT Recommendation: Improve LARC access in post-abortion and maternity settings	BPAS, MSI, Maternity Service, Swindon Sexual Health Service	Outreach nursing team Swindon sexual health
2.10	LARC HEAT Recommendation: Develop a greater understanding of the contraceptive needs of the local Asian/Asian British population.	Swindon Sexual Health Service	Outreach nursing Team; LA; Local Asian community groups
2.11	Ensure that local sexual health partners are consulted on the potential development of women's health hubs (as noted in the Women's Health Strategy) to improve access to contraception and other reproductive health services for women.	Swindon Sexual Health Service & Women's Health Hub; Obstetrics and Gynaecology GWH	SHEG

Strategic Priority 3: Reduce STI rates with targeted interventions for at risk-groups

Ref No	Action	Lead Organisation	Contributing organisations/teams
3.1	Improve the demographic reporting of individuals accessing the sexual health service to ensure we are meeting the needs of our local population.	Swindon Sexual Health Service	SBC Public Health
3.2	Co-produce health promotion campaigns with local stakeholders to increase awareness of STI testing and improve access to local services among at-risk ethnic minority populations known to be under represented.	Public Health	Changing Suits for South Asian community; GWH comms team
3.3	Strengthen health promotion campaigns in different settings and ensure people who are at increased risk of STIs are motivated to practice safer sex, including the use of condoms.	National campaigns and SBC	Outreach nurses and health advisers Sexual Health
3.4	Develop a revised approach for improving the chlamydia detection and screening rates of young women living in areas of high deprivation.	Outreach team and Health advisors, Swindon Sexual Health Service	BBV van
3.5	Explore how outreach provision can be expanded to ensure that sexual and reproductive health needs of the local population are addressed particularly among vulnerable populations (e.g. street sex workers, those with substance misuse needs).	Outreach team, Swindon Sexual Health Service	Maternity, BPAS and family nurse partnership
3.6	Produce a workforce development strategy that empowers the local workforce outside of the sexual health system to discuss sexual and reproductive health issues (e.g. via MECC conversations) and potentially offer STI testing kits and condoms as appropriate to vulnerable groups.	Swindon Sexual Health Service	GWH comms
3.7	Take the learning from any national or regional STI outbreaks and adopt locally as appropriate.	Swindon Sexual Health Service	UKHSA

Strategic Priority 4: Reduce HIV Prevalence and Late Diagnosis

Ref No	Action	Lead Organisation	Contributing organisations/teams
4.1	Develop and adopt HIV social marketing and health prevention campaigns in order to raise HIV awareness and reduce HIV stigma locally	Public Health and Swindon Sexual Health Service	GP practices, Pride Committee, Out of the Can
4.2	Consider how to improve opt-out HIV testing in sexual health services and adopting this in primary/secondary healthcare settings to maximise HIV testing opportunities and reduce the risk of late diagnosis, with a particular focus on heterosexual women	Swindon Sexual Health Service	Primary Care and Secondary care at GWH, ACP Acute Medicine. ED Matrons
4.3	Monitor and maintain the current high levels of antenatal HIV testing in maternity services with rapid linkage to HIV care and treatment.	GWH. Obstetric Department	Swindon Sexual Health Service
4.4	Ensure MECC approaches are used in improving HIV awareness in local services by supporting preventative behaviours (e.g. condom use) and raising PrEP awareness (e.g. promoting among non-MSM populations)	Swindon Sexual Health Service; Health Advisor Team	Partner organisations; Pharmacies; Youth Justice Team; School Nursing Teams; Touch Sauna;
4.5	Increase PrEP awareness in groups at high risk of HIV through community engagement and targeted social marketing campaigns.	Swindon Sexual Health Service; Public Health	GP practices, Pride Committee, Out of the Can
4.6	Strengthen and support self-testing services, particularly in groups at high risk of acquiring HIV	Swindon Sexual Health Service; Public Health	
4.7	Review and improve local HIV contact tracing and partner notification pathways to reduce the risk late diagnosis of HIV and onward transmission	Swindon Sexual Health Service	Health Advisor Team
4.8	Conduct a local 'stock-take' on the recommendations included in the national HIV Action Plan to ensure that we are delivering on this strategy locally.	Swindon Sexual Health Service; Public Health	Primary Care; Secondary Care

Strategic Priority 5: Strengthen partnership working to improve sexual and reproductive health outcomes

Ref No	Action	Lead Organisation	Contributing organisations/teams
5.1	Increase sexual and reproductive health community access and awareness through outreach delivery	Swindon Sexual Health Service	Public Health, Locally commissioned service
5.2	Improve and strengthen partnership and collaboration between Primary Care and Sexual Health by producing regular communication (e.g. newsletters), training and joint working opportunities.	Public Health	Swindon Sexual Health Service, Primary Care, LPC, LMC
5.3	Develop shared and clear pathways for local sexual health provision that are promoted and well understood by all local partners.	SHEG	All local partners
5.4	Coordinate an annual sexual health stakeholders event/workshop to improve joint working locally	Public Health	SHEG
5.5	Develop and strengthen partnership working and collaboration in the SHEG by ensuring that services and pathways are collaboratively planned and/or commissioned in order to deliver high quality cost effective services that improve patient experience and deliver best value.	Public Health	SHEG
5.6	Review the need for psycho-sexual provision and local services to meet these needs	ICB; Public Health	GWH

