Swindon Sexual Health Needs Assessment 2025

Public Health, Swindon Borough Council

Swindon Borough Council

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Glossary

Term	Definition
AIDS	Acquired Immunodeficiency Syndrome
AIM	Assessment Intervention Matrix
ART	Antiretroviral Therapy
BAME	Black, Asian, and Minority Ethnic
BASHH	British Association for Sexual Health and HIV
BBVs	Blood-Borne Viruses
BPAS	British Pregnancy Advisory Service
BTL	Brook Traffic Light
CCGs	Clinical Commissioning Groups
CGL	Change Grow Live
CIPFA	Chartered Institute of Public Finance and Accountancy
COPD	Chronic Obstructive Pulmonary Disease
CSE	Child Sexual Exploitation
CSSNBT	Children's Services Statistical Neighbour Benchmarking Tool
DA	Domestic Abuse
doxyPEP	Doxycycline Post-exposure Prophylaxis
EHC	Emergency Hormonal Contraception
FGM	female genital mutilation (
FNP	Family Nurse Partnership
FSRH	Faculty of Sexual and Reproductive Healthcare
GBMSM	Gay, Bisexual, men who have sex with men
GHSS	Global Health Sector Strategies
GP	General Practitioner
GWH	Great Western Hospital
GWHFT	Great Western Hospitals NHS Foundation Trust
HCW	Health Care Worker
HEAT	Health Equity Assessment Tool
HIV	Human Immunodeficiency Virus
HNA	Health Needs Assessment
HPV	Human Papillomavirus
HSB	Harmful Sexual Behaviour
ICB	Integrated Care Board
ICS	Integrated Care Systems
IMD	Index of Multiple Deprivation
ISVA	Independent Sexual Violence Adviser
IUD	Intrauterine Device
IUS	Intra-uterine System
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LARC	Long-Acting Reversible Contraception
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer/Questioning +
LSOA	Lower Layer Super Output Areas
MARAC	Multi Agency Risk Assessment Conference

MARP	Multi-Agency Risk Panel
MASH	Multi-Agency Safeguarding Hub
MSI	MSI Reproductive Choices
MSM	Men who have sex with men
MSOAs	Middle Super Output Areas
NCSP	National Chlamydia Screening Programme
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NSPCC	National Society for the Prevention of Cruelty to Children
OISC	Office of the Immigration Services Commissioner
ONS	Office for National Statistics
Opal Team	Child Exploitation and Missing Team
PEPSE	Post-exposure Prophylaxis for sexual exposure
PN	Partner Notification
PrEP	Pre-Exposure Prophylaxis
PSHE	Personal, Social, Health and Economic education
PSR	Provider Selection Regime
PWID	people who inject drugs
RSE	Relationships and Sex Education
SARC	Sexual Assault Referral Centre
SBC	Swindon Borough Council
SDG	Sustainable Development Goals
SEND	Special Educational Needs and Disabilities
SHEG	Sexual Health Executive Group
SHNA	Sexual Health Needs Assessment
SHS	Sexual health services
SMI	Severe mental illness
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWOP	Sex Worker Outreach Project
TB	Tuberculosis
UKHSA	United Kingdom Health Security Agency
UNAIDS	United Nations Programme on HIV/AIDS
Vasectomy	Male Sterilisation
WHO	World Health Organisation

Executive Summary

Sexual and reproductive health is a vital public health issue with lifelong health, social, and economic implications. It shapes individual wellbeing, influences health relationships and affects every community across the life course. Sexual and reproductive health services provide advice and care relating to contraception, relationships, sexually transmitted infections (STIs), HIV, and abortion services and improving sexual and reproductive health is a key public health priority. Although STIs are entirely preventable, untreated infections can lead to long-term and costly complications. The prevalence of STIs is unevenly distributed across the population, with strong associations existing between persons living in areas of deprivation and increased rates of STIs, teenage conceptions, and abortions[1,2,3]. The burden falls disproportionately on women, young people, gay, bisexual, and other men who have sex with men (GBMSM), those of Black African and Black Caribbean ethnicities, and persons who inject drugs (PWID)[4].

While Swindon's sexual and reproductive health outcomes are broadly comparable with England and its statistical neighbours across several indicators, persistent and in some cases widening inequalities are evident by age, ethnicity, deprivation, sexual orientation, and geography. While service quality is generally good and national standards are being met, declining testing rates, high levels of late HIV diagnosis, and marked variation in outcomes within the Borough point to a persistent unmet need, indicating that some populations are not being reached early enough. In 2024, Swindon's STI testing rate (excluding chlamydia in under-25s) was 2,811 per 100,000—below the national average of 4,089 per 100,000[5]. Further analysis shows that the HIV testing rate was 1,681 per 100,000, also lower than both England (2,843) and statistical neighbours (1,848). The chlamydia detection rate among 15–24-year-olds was 1,000 per 100,000 which is significantly below the National Chlamydia Screening Programme (NCSP) target of 3,250 per 100,000 and below the England average of 1,250 per 100,000[6,7]. Rising positivity rates in STIs including increasing diagnoses of syphilis and gonorrhoea, indicate ongoing transmission and gaps in testing coverage. These trends suggest that both routine and targeted local testing programmes may not be reaching all at-risk groups and should be expanded.

Inequalities are also evident in teenage pregnancy. Higher rates of teenage pregnancy persist in more deprived wards across Swindon; alongside elevated levels of several associated risk factors compared with England. These include a greater proportion of 16–17-year-olds not in education, employment or training (NEET), higher numbers of children looked after by parents with substance use disorders and increased rates of severe persistent absence among secondary school pupils[8]. In 2022, 74.5% of under-18 conceptions resulted in abortion, significantly higher than the national average of 58.2% and

[1] UK Health Security Agency: STI Prioritisation Framework, Oct 2024. Available from: https://assets.publishing.service.gov.uk/media/6974b0164883520241b7969f/STI-prioritisation-framework.pdf

[2] Office for National Statistics: Conceptions in England and Wales: 2018, 2020. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2018

[3] Office for Health Improvement and Disparities: Abortion statistics, England and Wales: 2022, 2026. Available from: https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2022/abortion-statistics-england-and-wales-2022

[4] UK Health Security Agency: Sexually transmitted infections and screening for chlamydia in England, 2024 report. London: UKHSA; 2025. Available from: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2025-report

[5] UKHSA: Summary profile of local sexual health (SPLASH) report, 2026. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#hiv

[6] UKHSA: Sexually transmitted infections and screening for chlamydia in England, 2024. June 2025, UK Health Security Agency, London. Available from: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2025-report

[7] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#hiv

[8] Department for Education (DfE) Local Authority Interactive Tool. 2025. Available from: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

although under-18 conception rates continue to decline, they remain above the national average[9]. Long acting reversible contraception (LARC) prescribing rates in Swindon are comparable to those in England; however, younger women and women from certain ethnic groups appear underrepresented in LARC uptake.

Findings from the general sexual and reproductive health consultation and semi structured stakeholder interviews provide a comprehensive overview of awareness, access experiences, and perceptions of local sexual and reproductive health services. The consultation captured residents' preferences, barriers to access, and priorities for improvement, while stakeholder interviews offered strategic insights into service delivery, inclusion, quality, and future risks and opportunities. Together, these findings highlight that residents are aware of core sexual health services and value walk-in and flexible access; however, demand often exceeds capacity, and uncertainty about service availability, opening hours, and locations remains a significant barrier. Although targeted outreach supports some vulnerable groups, both residents and stakeholders identified persistent inequalities affecting ethnic minority groups, migrants, older adults, people with low digital literacy, and other marginalised populations—driven by cultural stigma, language barriers, and digital exclusion. Service user experience, confidentiality, staff expertise, and clear communication were recognised as high value components to delivering the services. Stakeholders emphasised the importance of evaluation using both quantitative and qualitative measures and expressed strong support for expanding digital options alongside in-person services, offering more flexible opening hours, improving publicity, and adopting innovative delivery approaches, such as mobile or community-based provision to enhance sustainability and resilience amid funding and workforce pressures.

Recommendations

1. **Targeted STI testing**: Prioritise outreach and community based testing in underserved groups (young people, Asian/Asian British residents, digitally excluded communities), addressing stigma, low awareness and limited digital access.
2. **Strengthen youth sexual health access**: Embed chlamydia screening and broader sexual health education in youth facing, nonclinical settings to normalise testing and improve uptake among 16–24s.
3. **Improve chlamydia detection**: Increase NCSP coverage through targeted offers in low uptake areas, stronger GP engagement, and promotion of online routes to close the gap with the national detection benchmark.
4. **Reduce gonorrhoea and syphilis transmission**: Expand targeted testing for GBMSM integrating STI screening within HIV/PrEP pathways.
5. **Expand HIV testing and prevention**: Routine HIV testing across primary care, EDs and non-specialist settings, with targeted programmes for groups disproportionately affected by late diagnosis.
6. **Strengthen contraceptive access and equity**: Expand LARC capacity across primary care and post abortion pathways, supported by improved ethnicity and equality data recording to identify gaps and target support to reduce inequalities and unintended pregnancies.
7. **Enhance communication, accessibility and service resilience**: Expand culturally responsive outreach, flexible appointments, extended hours and digital tools, alongside integrated youth services, post abortion contraception pathways, mental health and substance use support. Recognising the strong links between sexual health and co-occurring issues such as trauma,

[9] OHID Fingertips: Under 18s conceptions leading to abortion. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000036/pat/6/par/E12000009/ati/502/are/E06000030/iid/90731/age/173/sex/2/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/1/tbm/1/page-options/car-do-0

psychological wellbeing and substance use, and supports a seamless “one-stop-shop” experience for residents.

8. **Educate residents to reduce barriers to service: reducing shame and stigma:** Implement a coordinated, whole system programme to reduce stigma around sexual health including public facing campaigns, community engagement/events, workforce training, and normalisation of conversations about sexual wellbeing. This should raise the profile of sexual health locally, improve confidence in accessing services, and reduce shame based barriers to testing, contraception and HIV/STI prevention.

1. Introduction

The most recent sexual health needs assessment (SHNA) for Swindon was published in 2022. Since then, sexual health services have undergone significant changes, particularly as the Covid-19 pandemic reshaped how provision was delivered across the Borough. In addition, the most recent strategic commissioning plan will expire March 2027. Therefore, this sexual health needs assessment aims to provide evidence-based recommendations that will guide future strategic commissioning decisions and ensure service models continue to improve the sexual health and wellbeing needs of Swindon residents.

What is a health needs assessment?

A health needs assessment can be defined as a systematic approach to assessing the health needs of the population. It reviews health issues, maps existing services, and ensures resources are allocated effectively to improve community wellbeing and reduce health inequalities.[10] This needs assessment identifies the sexual and reproductive health and wellbeing of Swindon's population and aims to assess how effectively current services are meeting the sexual and reproductive health needs of the population and to identify areas for improvement.

What is sexual and reproductive health?

Sexual and reproductive health is a significant public health concern, with wide-ranging health, social and economic implications across the life course. Experiencing good sexual and reproductive health is a fundamental aspect of human identity and life experience.

According to the World Health Organisation (WHO), the definition of sexual health is:
"*…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.*"[11]

Efforts to improve the sexual and reproductive health of the population are a public health priority. Poor sexual and reproductive health can lead to a range of adverse outcomes, include STIs, HIV, unintended pregnancies, abortions and the psychological impacts of sexual coercion and abuse. These consequences can have long-lasting and costly effects for both individuals and wider society with further possible impact on education, social and economic opportunities and longer-term health issues such as genital and liver cancers, pelvic inflammatory disease and poor maternity outcomes.
The WHO also recognises the importance to include both sexuality and sexual rights within sexual health definition:

"…a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors."[12]

[10] National Institute for Health and Care Excellence (NICE). Glossary: H. London: NICE; 2026. Available from: https://www.nice.org.uk/glossary?letter=h
[11] World Health Organization (WHO), 2006a. Available from: https://www.who.int/health-topics/sexual-health#tab=tab_2
[12] ibid

Sexual health is also intertwined with human rights:

"The fulfilment of sexual health is tied to the extent which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws"[13]

According to WHO, reproductive health is also closely allied to sexual health as well as also having distinct components:

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. "[14]

In 2017, the WHO developed a framework to operationalise sexual health and its links with reproductive health, setting out a defined package of sexual and reproductive health interventions. The eight interventions areas - four relating to sexual health (blue ribbon) and four to reproductive health (yellow ribbon) - are mutually reinforcing: each strengthens the impact of the others and together they promote an integrated approach to sexual health. The blue and yellow ribbons support the central premise that sexual and reproductive health, underpin physical, emotional, mental and social wellbeing in relation to sexuality.

[13]World Health Organization (WHO), 2006a. Available from: https://www.who.int/health-topics/sexual-health#tab=tab_2
[14]World Health Organization (WHO), 2022. Available from: https://www.who.int/southeastasia/health-topics/reproductive-health

Framework for operationalizing sexual health and its linkages to reproductive health

Sexual and Reproductive Health through the Life course

A life course approach, as described by Michael Marmot (2010), recognises that health is shaped by social and physical factors throughout every stage of life[15]. It provides a framework for identifying when and how to intervene to improve long-term outcomes, while emphasising the need to tailor services to the specific needs of individuals and communities at each life stage.

Sexual and reproductive health is a core part of this life course perspective. It matters at every age and for every community — not only as a discrete area of health, but as a fundamental contributor to overall wellbeing, healthy relationships, autonomy and life opportunities.

Early childhood

Age-appropriate, universal Personal, Social, Health and Economic (PSHE) education, alongside Relationships and Sex Education (RSE) equip children and young people with the knowledge, skills and confidence to make informed choices. High quality delivery has been shown to increase understanding, challenge harmful attitudes, and promote positive, safe behaviours throughout adolescence and into adulthood.[16] Preventative public health tools such as the National Society for the Prevention of Cruelty to Children (NSPCC) Talk PANTS campaign are designed to support parents and early years professionals to talk openly and safely to children about bodily autonomy and sexual safety.[17] Positive parenting forms the social and emotional foundations for healthy and safe relationships to be built on. This includes helping children set self-awareness, recognise and assert their own boundaries, and understand how to stay safe — all of which are essential in preventing exploitation and abuse and promoting lifelong wellbeing.[18]

In addition, the Natsal-3 study demonstrated that school-based RSE courses are correlated with better sexual and reproductive health outcomes, including reduced risk behaviours, fewer STI diagnoses, fewer unplanned pregnancies, and lower rates of sexual coercion.[19]

School Years

Supporting parents, teachers, and carers to talk with children about sex and relationships encourages early access to sexual and reproductive health advice and services.

Relationships, Sex and Health Education (RSHE) became mandatory in 2020, reflecting strong evidence that high-quality, school-based education equips children with the knowledge, skills and confidence to grow into healthy adults who form respectful, positive relationships[20]. The RSHE curriculum includes key RSE topics such as puberty, menstruation, consent, sexually transmitted infections (STIs),

[15] Marmot M. Fair society, healthy lives: the Marmot Review. London: Institute of Health Equity; 2010.
[16] PSHE Association: Statutory RSHE impact: keeping more children safe through education, 2025. Available from: https://pshe-association.org.uk/news/how-youre-keeping-children-safe-through-education
[17] National Society for the Prevention of Cruelty to Children (NSPCC). (2024). *The UNDERWEAR Rule: Talk PANTS*. Available at: https://www.nspcc.org.uk/advice-for-families/pants-underwear-rule/
[18] Save the Children. Positive discipline: what it is and how to do it. London: Save the Children; 2009. Available from: https://resourcecentre.savethechildren.net/pdf/1360.pdf
[19] Macdowall W, Jones KG, Tanton C, Clifton S, Copas AJ, Mercer CH, et al. Associations between source of information about sex and sexual behaviours and outcomes in young people in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *BMJ Open*. 2015;5(3):e007837
[20] Department for Education. Relationships, sex and health education: 2020 curriculum implementation. London: GOV.UK; 2024 Sep 27. Updated 2024 Nov 28. Available from: https://www.gov.uk/government/publications/relationships-sex-and-health-education-2020-curriculum-implementation

contraception, online safety, pornography, female genital mutilation (FGM), cancers, fertility, relationship violence, and menopause.[21]

Additionally, creating safe, supportive environments where young people can explore and understand their sexual identity is recognised as fundamental to healthy sexual and reproductive development. This also requires actively addressing homophobia and transphobia in schools and wider communities, which is a legal duty for public sector bodies under the Equality Act 2010.[22]

Working Years

Sexual and reproductive health for working-age adults encompasses a broad range of needs, including contraception, pregnancy and pre-conception health, impotence and sexual dysfunction linked to chronic disease, termination of pregnancy, and the diagnosis and treatment of STIs.[23] [24] These needs are strongly influenced by wider determinants such as employment conditions, financial stability, mental health, and access to timely, high-quality services.

Specialised services that address psychosexual issues, sexual violence, and trauma are also critical. They provide safe, confidential support that enables individuals to rebuild trust, autonomy and positive sexual wellbeing. This includes access to sexual assault referral centres (SARCs), trauma-informed counselling, and specialist psychosexual therapy — all of which are recognised as essential components of comprehensive sexual and reproductive healthcare.[25]

Later Life

Sexual activity in later life remains an important aspect of wellbeing, and the risk of STIs persists, yet this area is consistently under-researched and under-discussed within clinical practice[26]. As people age, they are more likely to experience multiple long-term health conditions, changes in mobility, and the effects of medication — all of which can influence sexual function and confidence[27]. Social factors also play a significant role: older adults may become more isolated as they retire, experience bereavement, or develop impairments that limit social connection[28].

Although research shows that not all older adults seek or prioritise an active sex life, for those who do, sexual dysfunction can have a substantial impact on mental health, self-esteem and overall wellbeing. Ensuring that sexual health services recognise and respond to the needs of older adults is therefore essential across the life course.

Health Inequalities

Sexual and reproductive health inequalities are not evenly distributed across the population, and it is well established that some groups experience greater risk of poor sexual health and more barriers to

[21] Department for Education. Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. London: DfE; 2019. Available from: https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education
[22] UK Parliament. *Equality Act 2010*. London: The Stationery Office; 2010. Available from: https://www.legislation.gov.uk/ukpga/2010/15/contents
[23] World Health Organization. *Sexual health and its linkages to reproductive health: an operational framework*. Geneva: WHO; 2017. Available from: https://www.who.int/publications/i/item/9789241512886
[24] Faculty of Sexual and Reproductive Healthcare. *Standards for the management of sexually transmitted infections*. London: FSRH; 2019. Available from: https://www.fsrh.org
[25] Department of Health and Social Care. *Responding to sexual violence and abuse: guidance for commissioners*. London: DHSC; 2023. Available from: https://www.gov.uk
[26] World Health Organization. *Sexual health and its linkages to reproductive health: an operational framework*. Geneva: WHO; 2017. Available from: https://www.who.int/publications/i/item/978924151288
[27] British Association for Sexual Health and HIV (BASHH). *Standards for the management of sexually transmitted infections*. London: BASHH; 2019. Available from: https://www.bashh.org/_userfiles/pages/files/bashhstandardsforstimanagement2019.pdf
[28] Age UK. *Later life in the United Kingdom*. London: Age UK; annual report. Available from: https://www.ageuk.org.uk/about-us/what-we-do/annual-reports/

accessing care.[29] Moreover, access to healthcare services accounts for only a small proportion of the inequalities observed in sexual health outcomes with wider determinants playing a role.

Individuals living in areas of higher deprivation are more likely to engage in sexual activity at a younger age and to have children earlier than those in less deprived areas and these communities also tend to experience higher rates of STIs.[30]

Certain population groups are at an increased risk of poorer sexual health outcomes including young people, gay, bisexual and other men who have sex with men (GBMSM), those from Black African and Black Caribbean backgrounds, and persons who inject drugs (PWID).[31] [32]

These inequalities were exacerbated by the COVID-19 pandemic, which disrupted the provision of health services for HIV, STIs, viral hepatitis, and contraception. Service delivery models shifted, with a greater reliance on online provision where feasible. This led to reduced uptake of testing and, in some cases, a decline in test positivity rates, both of which raised concerns about unmet need. Additional concerns were identified regarding the impact of the pandemic on increased rates of sexual violence and around reduced access to appropriate support services. Overall, the evidence suggests that COVID-19 has had a significant impact on the sexual health outcomes of Swindon residents, particularly among higher-risk groups.[33]

Commissioning Arrangements

In 2013, following the implementation of the Health and Social Care Act (2012), commissioning responsibilities for most sexual and reproductive health services were transferred from the NHS to Local Authority Public Health teams.[34] Currently, commissioning is shared across NHS England, Local Authorities, and Integrated Care Boards (ICBs).

It is important to note that sexual and reproductive health is not solely about preventing disease or infection, it also involves promoting good sexual health in a broader context, including relationships, sexuality, and sexual rights.

Local Authorities are mandated to secure the provision of open access sexual health services including community contraception services and testing, diagnosis and treatment of STIs and HIV.[35] These services are operated on an open-access basis, meaning that individuals can access any sexual health services across the country without a referral, regardless of where they live.

The recent transition to Integrated Care Systems (ICS) presents opportunities to improve integrated care pathways and adopt a whole-system approach to sexual health commissioning.[36] From January 2024, the Provider Selection Regime (PSR) regulations came into effect, changing how healthcare services, including sexual health services are commissioned.[37] This includes options for direct award or 'most suitable provider' processes where appropriate, allowing well-established providers to

[29] Public Health England. *Improving sexual health and wellbeing: a public health approach.* London: PHE; 2021.
[30] Public Health England. Sexual and reproductive health profiles. London: PHE; annual.
[31] Public Health England. Improving sexual health and wellbeing: a public health approach. London: PHE; 2021.
[32] Public Health England. Sexual and reproductive health profiles. London: PHE; annual.
[33] World Health Organization. Maintaining essential health services during the COVID-19 pandemic: operational guidance. Geneva: WHO; 2020.
[34] Department of Health. Health and Social Care Act 2012: fact sheet – sexual health services. London: DH; 2013. Available from: https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets
[35] ibid
[36] NHS England. Integrated Care Systems: design framework. London: NHS England; 2021. Supports: ICS purpose, whole-system commissioning, integrated pathways.
[37] Department of Health and Social Care. Provider Selection Regime: statutory guidance. London: DHSC; 2023. Available from: https://www.gov.uk/government/publications/provider-selection-regime-statutory-guidance

continue service delivery without lengthy tendering processes and encouraging greater collaboration among sexual health service providers.

Sexual health services (SHSs) are commissioned locally to meet the specific needs of the population, providing information, advice, and support on a wide range of issues including STIs, contraception, relationships, and unplanned pregnancy.[38] Local Authorities commission comprehensive open access SHSs, which include free STI testing and treatment, partner notification, and the free provision of contraception.

Some specialist services are commissioned directly by ICBs while others are commissioned at national level by NHS England.[39] These commissioning arrangements require a collaborative partnership approach to ensure that sexual and reproductive health services are joined up and that the sexual and reproductive health needs of a local population can be effectively and efficiently met.

In Swindon, this approach is delivered through Swindon's Sexual Health Executive Group (SHEG), which brings together partner from across the local sexual health system to support commissioning and service improvement.

Current commissioning responsibilities

Local authorities:

- Comprehensive SHSs including most contraceptive services and all prescribing costs but excluding GP additionally provided contraception.
- STI testing and treatment, chlamydia screening and HIV testing.
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.
- Delivery of HIV pre-exposure prophylaxis (PrEP).

ICBs:

- Most abortion services.
- Sterilisation and vasectomy.
- Non-sexual-health elements of psychosexual health services.
- Gynaecology including any use of contraception for non-contraceptive purposes.
- Adult specialist services for people living with HIV (from April 2025).

NHS England:

- Contraception provided as an additional service under the GP contract.
- Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs.
- Sexual health elements of prison health services.
- Sexual assault referral centres.
- Cervical screening.
- Specialist foetal medicine services (Commissioning local HIV sexual and reproductive health services - GOV.UK)

[38] Department of Health. *Health and Social Care Act 2012: fact sheet – sexual health services*. London: DH; 2013. Available from: https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets
[39] ibid

Aims and objectives

The aim of the needs assessment is to provide the systematic evidence base to understand current and future sexual and reproductive health needs for the population of Swindon, findings from this needs assessment will be used to inform and shape future SRH service provision for Swindon residents. It will seek to identify and prioritise key areas for development and help to ensure decisions about service delivery are based on available evidence. Its main purpose is to help inform commissioning intentions for the future service provision and related policy direction to meet the sexual and reproductive health needs of Swindon residents. The objectives are to:

- Understand the current sexual health needs of the Borough's population and how current service provision is meeting those needs in relation to STIs, HIV, contraception, abortion, teenage contraception.
- To support the development of local priorities and delivery of effective sexual health services by contributing to the Swindon Sexual Health Needs Assessment and Sexual Health Strategy.
- To work in partnership with commissioned services, local partners and community groups ensuring the sexual health priorities of Swindon population are identified and addressed collaboratively.
- To promote the use of innovative, evidence-based interventions for improving population health and prevention across sexual health and related services.
- To enable benchmarking and continuous measuring and evaluation of activities across the sexual health agenda in Swindon.
- To support better outcomes for communities through the delivery of safe, accessible, good quality and cost-effective services.
- Identify inequalities in sexual and reproductive health outcomes and understand how the allocation of resources can be used to reduce any identified inequalities.
- Provide short, medium and long-term recommendations for the commissioning and delivery of sexual health services.

2. Global and National Sexual & Reproductive Health Policies

A number of key international, national and local national sexual and reproductive health policy papers are outlined below. While this list is not intended to be exhaustive, it provides essential policy context shaping how sexual and reproductive health provision should be planned and delivered locally.

Global Policy Context

Global policy frameworks provide the overarching direction for sexual and reproductive health worldwide, shaping national priorities and guiding local commissioning.

The Sustainable Development Goals (SDGs), adopted by the United Nations General Assembly in 2015, set a universal call to action to end poverty, protect the planet and ensure peace and prosperity by 2030[40]. Under SDG 3 (Good Health and Wellbeing), countries commit to achieving universal access to sexual and reproductive healthcare services, including family planning, information, education and integration into national strategies (Target 3.7).

The WHO Global Health Sector Strategies (GHSS) 2022–2030 for HIV, viral hepatitis and STIs emphasise innovation, evidence-based practice and multisectoral "Health in All Policies" approaches to remove structural barriers. They call for strong leadership, sustainable financing, digital tools and meaningful community engagement. Priority actions include reducing HIV-related deaths (including TB and cryptococcal meningitis), expanding hepatitis B birth-dose vaccination, and revitalising STI prevention through increased funding, political commitment and stigma reduction. [41]

The UNAIDS Fast-Track Approach sets the global 95-95-95 targets for 2030, focusing on high-impact prevention, accelerated testing, effective treatment and long-term retention in care, supported by anti-discrimination and human-rights-based approaches. [42]

Key global frameworks

- Sustainable Development Goals — universal access to SRH under SDG 3.
- WHO GHSS 2022–2030 — global direction for HIV, hepatitis and STI responses.
- UNAIDS Fast-Track Approach — 95-95-95 targets for ending AIDS as a public health threat.

These global commitments directly shape national policy priorities in England.

National Policy Context

National policy framework translates global commitments into strategic direction for England's sexual and reproductive health system. They set out expectations for commissioning, service delivery, prevention, and reducing inequalities.

England's national SRH policy landscape includes frameworks that guide commissioning (e.g. the Provider Selection Regime), clinical standards (e.g. NICE guidance), and targeted action plans (e.g. Towards Zero HIV Action Plan). These documents emphasise collaborative commissioning, integrated pathways, evidence-based practice, and reducing inequalities across sexual and reproductive health.

[40] United Nations General Assembly. Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1. New York: United Nations; 2015.
[41] World Health Organization. Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections 2022–2030. Geneva: WHO; 2022
[42] Joint United Nations Programme on HIV/AIDS (UNAIDS). Fast-Track: ending the AIDS epidemic by 2030. Geneva: UNAIDS; 2014.

National priorities also reflect global commitments to universal access, people-centred care, and tackling stigma—seen in policies such as the Women's Health Strategy, STI Prioritisation Framework, and Core20PLUS5, which focus on reducing health inequalities among the most disadvantaged groups.

Key national frameworks

- Framework for Sexual Health Improvement in England — strategic direction for SRH commissioning.[43]
- Provider Selection Regime (2024) — new rules for commissioning healthcare services.[44]
- STI Prioritisation Framework (2024) — evidence-based local prioritisation.[45]
- Integrated Sexual Health Services Specification (2023) — commissioning guidance for integrated SRH services.[46]
- Women's Health Strategy for England — life-course approach including SRH inequalities.[47]
- Towards Zero HIV Action Plan (2021) — national commitment to zero new HIV infections by 2030.[48]
- National Chlamydia Screening Programme Update (2021) — shift to targeted screening of young women.[49]
- Relationships & Sex Education Guidance (2019) — statutory requirements for schools.[50]
- Core20PLUS5 — national approach to reducing health inequalities.[51]
- NICE SRH guidance:
    - Reducing sexually transmitted infections (NG147) [52]
    - Long-acting reversible contraception (CG30)[53]
    - Condom distribution schemes (PH30)[54]
    - Contraception quality standard (QS129)[55]
    - Sexually transmitted infections and under-18 conceptions (PH3)[56]

[43] Department of Health. A Framework for Sexual Health Improvement in England. London: Department of Health; 2013. Available from: https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england
[44] Department of Health and Social Care. Provider Selection Regime: guidance on the procurement of healthcare services in England. London: DHSC; 2023. Came into force: 1 January 2024. Available from: https://www.gov.uk/government/publications/providing-and-commissioning-healthcare-services-provider-selection-regime
[45] UK Health Security Agency. STI Prioritisation Framework: a structured approach to local prioritisation for sexual health services. London: UKHSA; 2024. Available from: https://www.gov.uk/government/publications/sti-prioritisation-framework
[46] UK Health Security Agency. Integrated sexual health services: service specification. London: UKHSA; 2023. Available from: https://www.gov.uk/government/publications/integrated-sexual-health-services-service-specification
[47] Department of Health and Social Care. Women's Health Strategy for England: 2024 progress update. London: DHSC; 2024. Available from: https://www.gov.uk/government/publications/womens-health-strategy-for-england-progress-update-2024
[48] Department of Health and Social Care. Towards Zero: An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England – 2022 to 2025. London: DHSC; 2021. Available from: https://www.gov.uk/government/publications/towards-zero-an-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england-2022-to-2025
[49] UKHSA. Changes to the National Chlamydia Screening Programme (NCSP). London: UKHSA; 2021. Available from: https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp
[50] Department for Education. Relationships Education, Relationships and Sex Education (RSE) and Health Education: statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers and school staff. London: DfE; 2019. Available from: https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education
[51] NHS England. Core20PLUS5: an approach to reducing healthcare inequalities. London: NHS England; 2021. Available from: https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/
[52] Reducing sexually transmitted infections (NG147)
National Institute for Health and Care Excellence. Sexually transmitted infections: prevention. NICE guideline [NG147]. London: NICE; 2020. Available from: https://www.nice.org.uk/guidance/ng147
[53] Long-acting reversible contraception (CG30)
National Institute for Health and Care Excellence. Long-acting reversible contraception. Clinical guideline [CG30]. London: NICE; 2019 (updated). Available from: https://www.nice.org.uk/guidance/cg30
[54] Condom distribution schemes (PH30)
National Institute for Health and Care Excellence. Sexually transmitted infections: condom distribution schemes. Public health guideline [PH30]. London: NICE; 2013. Available from: https://www.nice.org.uk/guidance/ph30
[55] Contraception quality standard (QS129)
National Institute for Health and Care Excellence. Contraception. Quality standard [QS129]. London: NICE; 2016. Available from: https://www.nice.org.uk/guidance/qs129
[56] National Institute for Health and Care Excellence. Sexually transmitted infections and under-18 conceptions. Public health guideline [PH3]. London: NICE; 2007. Available from: https://www.nice.org.uk/guidance/ph3

- Contraceptive services for under-25s (PH51)[57]
- HIV testing (NG60)[58]
- HIV testing quality standard (QS157)[59]

These national frameworks guide how sexual and reproductive health services are planned and delivered locally.

Local Policy Context (Swindon)

Local policy frameworks apply global and national priorities to Swindon's population, ensuring services meet local needs and reduce inequalities. The Joint Strategic Needs Assessment (JSNA) provides a comprehensive overview of Swindon's health and wellbeing needs, including sexual and reproductive health. It draws on Census 2021 data, local intelligence and national datasets to identify priority areas for deeper assessment and future planning.

The Swindon Health and Wellbeing Strategy (2023–2033) sets a ten-year vision focused on prevention, reducing inequalities and increasing the number of years residents spend in good health. It prioritises mental health, healthy lifestyles and reducing smoking and alcohol consumption—factors closely linked to sexual and reproductive health outcomes.

The Swindon Sexual Health Executive Group (SHEG) brings together local partners to coordinate commissioning and delivery of sexual and reproductive health services. It supports evidence-based approaches, improves access and uptake, and ensures alignment with local, regional and national guidelines.

Key local frameworks

- Joint Strategic Needs Assessment — evidence base for local health needs.
- Health & Wellbeing Strategy 2023–2033 — prevention-focused approach to reducing inequalities.
- Swindon Sexual Health Executive Group — partnership forum for SRH commissioning and delivery.

These local frameworks ensure global and national priorities are translated into effective, equitable sexual and reproductive health services for Swindon residents.

[57] National Institute for Health and Care Excellence. Contraceptive services for under-25s. Public health guideline [PH51]. London: NICE; 2014. Available from: https://www.nice.org.uk/guidance/ph51

[58] National Institute for Health and Care Excellence. HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE guideline [NG60]. London: NICE; 2016. Available from: https://www.nice.org.uk/guidance/ng60

[59] National Institute for Health and Care Excellence. HIV testing. Quality standard [QS157]. London: NICE; 2017. Available from: https://www.nice.org.uk/guidance/qs157

3. Local Sexual & Reproductive Health Provision

An overview of the wider sexual and reproductive health system is provided below, highlighting the range of services, programmes and partnerships that collectively shape SRH outcomes. Together, these components form an interconnected system—spanning prevention, education, clinical care, safeguarding, public health intelligence and community engagement—that influences the sexual and reproductive health of the local population.

Swindon Sexual Health Clinic

The Swindon Sexual Health (SSH) clinic is located on the second floor of Swindon Health Centre, 1 Islington Street. The service is provided by Great Western Hospitals NHS Foundation Trust (GWHFT).

SSH offers confidential information and advice on all aspects of sexual and reproductive health, including:

- Contraception and emergency contraception
- Free condoms
- Testing and treatment for sexually transmitted infections (STIs), including self-test kits
- Pregnancy advice and support
- Delivery of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis for Sexual Exposure (PEPSE)
- HIV testing, ongoing management, and peer support for people living with HIV

The service is open access, meaning anyone can attend without a referral from a GP or other health professional. Patients can pre-book appointments or use the weekday drop-in sessions, which operate at different times across the week on a first-come, first-served basis.

SSH also operates a small outreach nursing team that supports vulnerable and higher-risk groups, including young people, sex workers and people experiencing homelessness. Alongside this, at the time of publication, SSH is running a six-month pilot offering a free condom postal service for young people aged 16–24, widening access to prevention and safer-sex resources. In addition, the NHS Pharmacy Contraception Service was re-launched in October 2025, enabling people to obtain emergency contraception free of charge through a private consultation in participating pharmacies, without needing to see a GP.

Together, these access routes including outreach, prevention and pharmacy-based pathways expand the wider sexual and reproductive health system, increasing the number of accessible entry points into care and supporting timely, convenient access to contraception and sexual health support across the population.

HIV Services

Swindon HIV Services, based at Swindon Health Centre, provide comprehensive treatment, ongoing management and support for people living with HIV. Commissioned by NHS England, the service is delivered by a multidisciplinary team including two consultants, an associate specialist, a specialist HIV pharmacist, specialist nurses, health advisers and dedicated administrative staff.

Patients requiring inpatient specialist care are admitted to either Great Western Hospital in Swindon or the John Radcliffe Hospital in Oxford, ensuring continuity of specialist HIV treatment across the regional pathway.

GP practices

Contraception services and cervical screening are essential components of sexual and reproductive healthcare provided by GP practices. Many practices also offer pregnancy testing, and some provide STI testing or refer patients to the local sexual health clinic for specialist support.

Certain contraception methods are considered enhanced services, meaning individual GP practices can choose whether or not to provide them. For example, Long-Acting Reversible Contraception (LARC) is an enhanced service and, depending on the clinical reason for its use, may be commissioned by either the Integrated Care Board (ICB) or the Local Authority.

Currently, 18 GP practices hold LARC contracts with Swindon Borough Council (SBC), although the level of LARC activity varies significantly between practices.

Vasectomy

A vasectomy (male sterilisation) is a minor surgical procedure that cuts or seals the tubes that carry sperm, providing a permanent method of contraception. In Swindon, vasectomy services are delivered by MSI Reproductive Choices from Lawn Medical Centre and are accessed via referral from a patient's GP practice.

Termination of Pregnancy

Termination of pregnancy services are funded by the NHS and commissioned by Integrated Care Boards (ICBs). In Swindon, the British Pregnancy Advisory Service (BPAS) operates from Dammas Lane, open five days a week. BPAS provides counselling alongside both medical and surgical abortion services, ensuring compassionate, confidential care.

Individuals who have had a termination through BPAS can also access contraception services as part of their ongoing reproductive healthcare. BPAS operates on an open-access basis, meaning anyone can self-refer without needing a professional referral. The Swindon clinic offers medical abortions, while the nearest service providing surgical abortions is MSI Reproductive Choices in Bristol.

SARC (Sexual Assault Referral Centre)

The Swindon and Wiltshire Sexual Assault Referral Centre (SARC), provided by First Light and located in Swindon, offers immediate, confidential support to people who have recently experienced rape or sexual assault. Individuals can contact the service directly and are supported by a crisis worker, with the option to involve the police only if they choose to. Where appropriate, a forensic examination can be carried out by a specialist nurse or doctor, and clients are offered a pregnancy test and emergency contraception. SARC also provides access to ongoing support, including sexual health care, counselling and guidance from an Independent Sexual Violence Adviser (ISVA), ensuring people receive coordinated, trauma-informed care across the wider sexual and reproductive health system.

Family Nurse Partnership (FNP)

The Family Nurse Partnership (FNP) is a commissioned service by Swindon Borough Council and provides targeted support to young parents. The service is currently offered to:

- All women under 18 at conception having their first baby
- All care leavers under 25 having their first baby
- All individuals under 20 having their first baby who are considered vulnerable

The FNP uses specially trained family nurses to support young mothers and their families throughout pregnancy until the child is between one and two years old. The service is person-centred, supporting

parents with parent–child attachment, child development, breastfeeding, immunisations, and identifying future goals and aspirations.

School Nursing

The School Nursing Service, commissioned by Swindon Borough Council, provides fortnightly sexual health clinics at each secondary school and at two schools for pupils with special educational needs, with plans to expand to weekly provision. These clinics offer sexual health advice, pregnancy testing and referrals to the sexual health outreach team where needed; Emergency Hormonal Contraception (EHC) is not currently included within this offer. While schools do not actively promote the clinics, they are aware that the school nursing team provides this support on a needs-led basis. At present, the service does not extend to independent schools or Swindon colleges, creating variation in access across the wider sexual health system.

Youth Engagement Service

The Youth Engagement Service, delivered by Swindon Borough Council, provides time-limited, needs-led, targeted interventions for young people aged 14–18. The service supports those experiencing difficulties with family or peer relationships, displaying behaviours that place their personal safety at risk, or struggling to manage emotions that affect their development.

Youth engagement workers also support young people who are at risk of sexual or criminal exploitation, engaged in harmful sexual behaviour, or exposed to risks outside the family home. Interventions are flexible and can take place in a variety of settings, including schools, family homes, or neutral community spaces.

Local campaigns and communication

As part of the delivery of sexual health services, the Swindon Sexual Health Service (SHS) is commissioned to deliver a range of health promotion campaigns aimed at improving sexual health outcomes for residents.

- **Swindon Pride -** SHS provides sexual health and contraception advice, free condoms, and other incentives. The team also promotes PrEP, doxyPEP, and vaccinations including MPOX, MenB, HPV, Hepatitis A, and Hepatitis B.
- **World AIDS Day -** In 2025, SHS organised an event at the Swindon Pride Hub, promoted across the Council's social media channels. The event, delivered in collaboration with an HIV peer mentor, provided information, dispelled myths, addressed stigma, and encouraged attendees to become HIV allies.
- **HIV Testing Week -** Each year, the clinic actively supports and promotes HIV Testing Week through in-clinic activities and social media campaigns, encouraging early testing and awareness.
- **Community Engagement Workshops -** SHS organises workshops targeting diverse communities to promote sexual and reproductive health services. Sessions have been held with the Harbour Project, the Afghan Women's Group, the Community Connection Forum, and the Connections Forum.
- **Outreach Team -** The outreach team maintains strong relationships with local colleges and schools, supporting education and awareness around sexual and reproductive health.

4. Local data

4.1 The population of Swindon

Geography and demographics

Swindon is a large town, with the Borough occupying an area of 230 km^2 halfway between Bristol and Reading.[60] Swindon has an estimated population of close to 244,000 people, with the ratio of males (49.6%) to females (50.4%) of all ages being almost equal. The most common (median) age is 39 years, with 35- to 40-year-olds accounting for 7.7% of the population (Figure 1).[61]

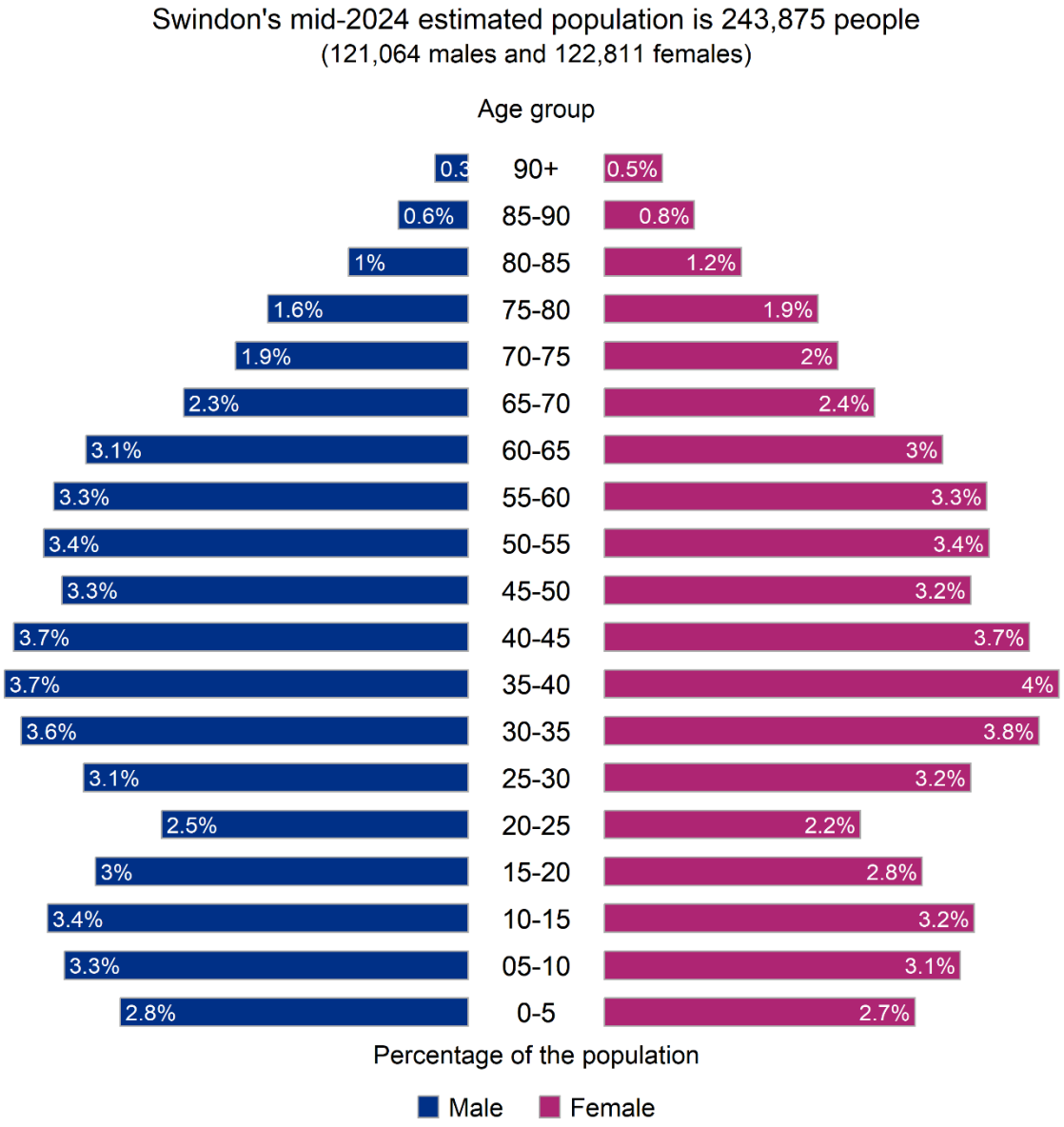


Figure 1 Swindon's estimated population (2024)

[60] ONS. Standard Area Measurements for Administrative Areas (December 2022) in the UK (V2). Available from: https://geoportal.statistics.gov.uk/datasets/235c70d40c494361bd6b0ddaebdf0bad/about

[61] ONS. Estimates of the population for England and Wales (Mid-2024). Available for: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales

Deprivation

Swindon is less deprived than 61% of local authority districts in England, ranking 75th out of 153 Upper Tier local authority districts for Lower Super Output Areas (LSOAs) falling within the 10% most deprived areas nationally (Middlesbrough ranks first, having the highest percentage of very deprived areas).[62,63]

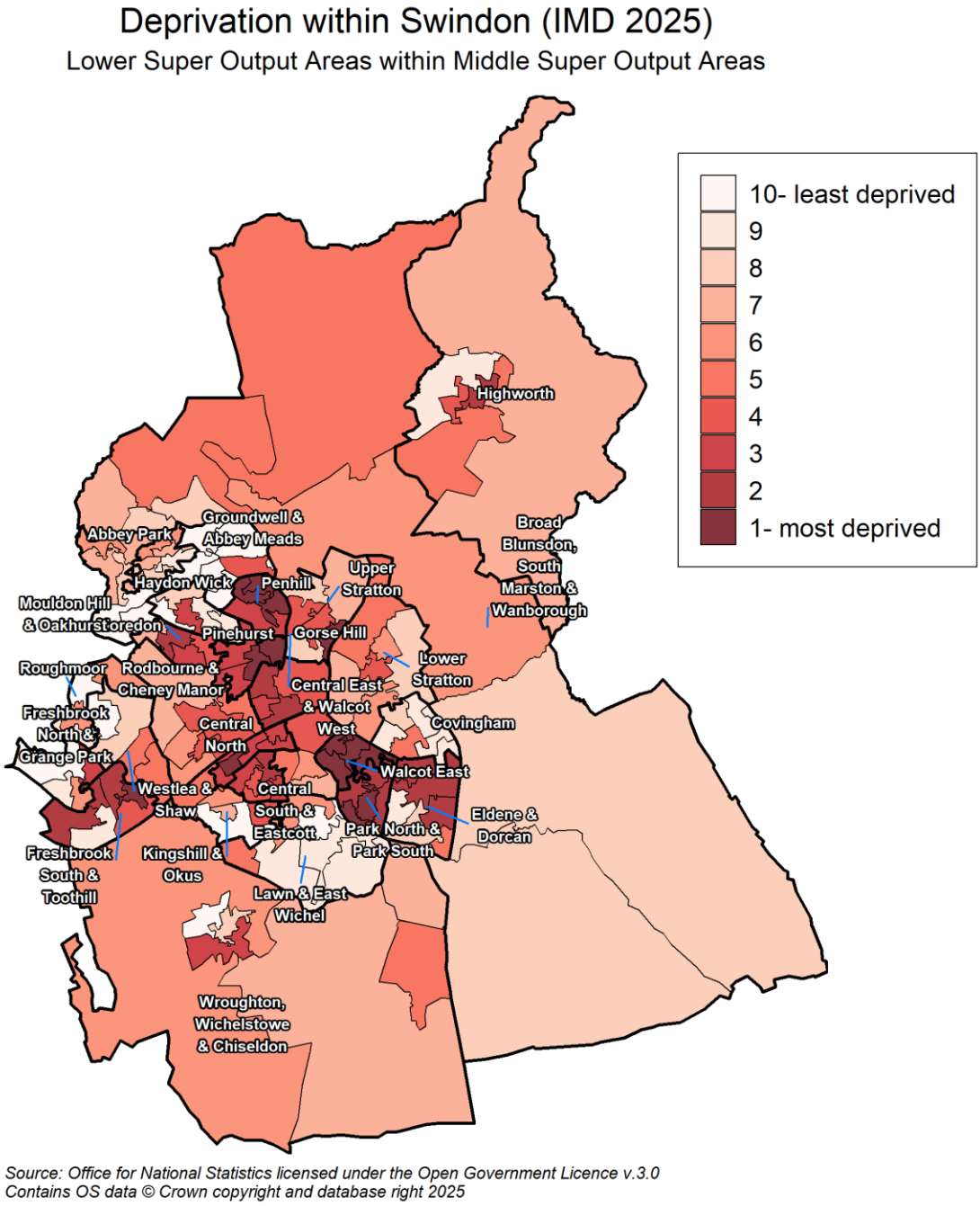
Ten Swindon LSOAs fall in the 10% most deprived areas nationally and are located in Freshbrook South and Toothhill; Park North & Park South; Penhill; Pinehurst; Upper Stratton; and Walcott East Middle Super Output Areas (MSOAs).

Figure 2 depicts deprivation across Swindon at LSOA level, showing relative deprivation deciles within the Borough. The figure highlights areas that are more and less deprived compared with other LSOAs in Swindon, rather than showing national deprivation rankings. When deprivation is considered relative to the Borough as a whole, Central North MSOA also contains one LSOA that falls within the most deprived local decile.
Table 1 additionally lists the MSOAs in Swindon that include at least one LSOA within the 20% most deprived areas locally.

MSOA Name	Number of LSOAs in 20% most deprived locally
Central North	1
Central South & Eastcott	1
Eldene & Dorcan	3
Freshbrook South & Toothill	4
Gorse Hill	2
Highworth	1
Moredon	1
Park North & Park South	5
Penhill	3
Pinehurst	2
Upper Stratton	1
Walcot East	4

Table 1 Middle Super Output Areas in Swindon with at least one Lower Super Output Area in the 20% most deprived locally.

[62] Ministry of Housing, Communities and Local Government. English indices of deprivation 2025. Available from: https://deprivation.communities.gov.uk/maps?type=imd&geog=la&areas=E06000030#10.56/51.5674/-1.8999
[63] Ministry of Housing, Communities and Local Government. English indices of deprivation 2025. Available from: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025



Source: Office for National Statistics licensed under the Open Government Licence v.3.0
Contains OS data © Crown copyright and database right 2025

Figure 2 Deprivation within Swindon (IMD 2025)

Ethnicity

Ethnic disparities exist in sexual and reproductive health, with certain populations experiencing poorer outcomes.[64] Swindon is the second most ethnically diverse area in the South West, only behind Bristol. According to the 2021 Census, 60,176 residents (25.8% of population) identified themselves as from an ethnic minority background (that is, not from the White British group which includes White English, Welsh, Scottish or Northern Irish groups). This was higher than the South West average of 12.2% and

[64] OHID. Guidance- Sexual and reproductive health and HIV: applying All Our Health. 2022. Available from: https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health/sexual-and-reproductive-health-and-hiv-applying-all-our-health

slightly below England (26.5%).[65] When considering the broader ethnic group classifications, 81.5% of residents identified as White, with 11.6% identifying as people from the Asian ethnic group, 2.6% from the Black ethnic group, 2.8% from the Mixed ethnic group, and 1.5% from Other ethnic groups.[66]

Sexual Orientation and Gender Identity

In the 2021 Census, 90.1% of Swindon's residents aged 16 years and over identified as straight or heterosexual, with 2.85% identifying as lesbian, gay, bisexual or other (LGB+), and 7.04% choosing not to provide this information.[67] When examining sexual orientation across age groups, the 16 to 34 age group recorded the highest proportion of residents identifying as LGB+ (6.2% for ages 16 to 24 year and 5% for ages 25 to 34) (Figure 3).[68]

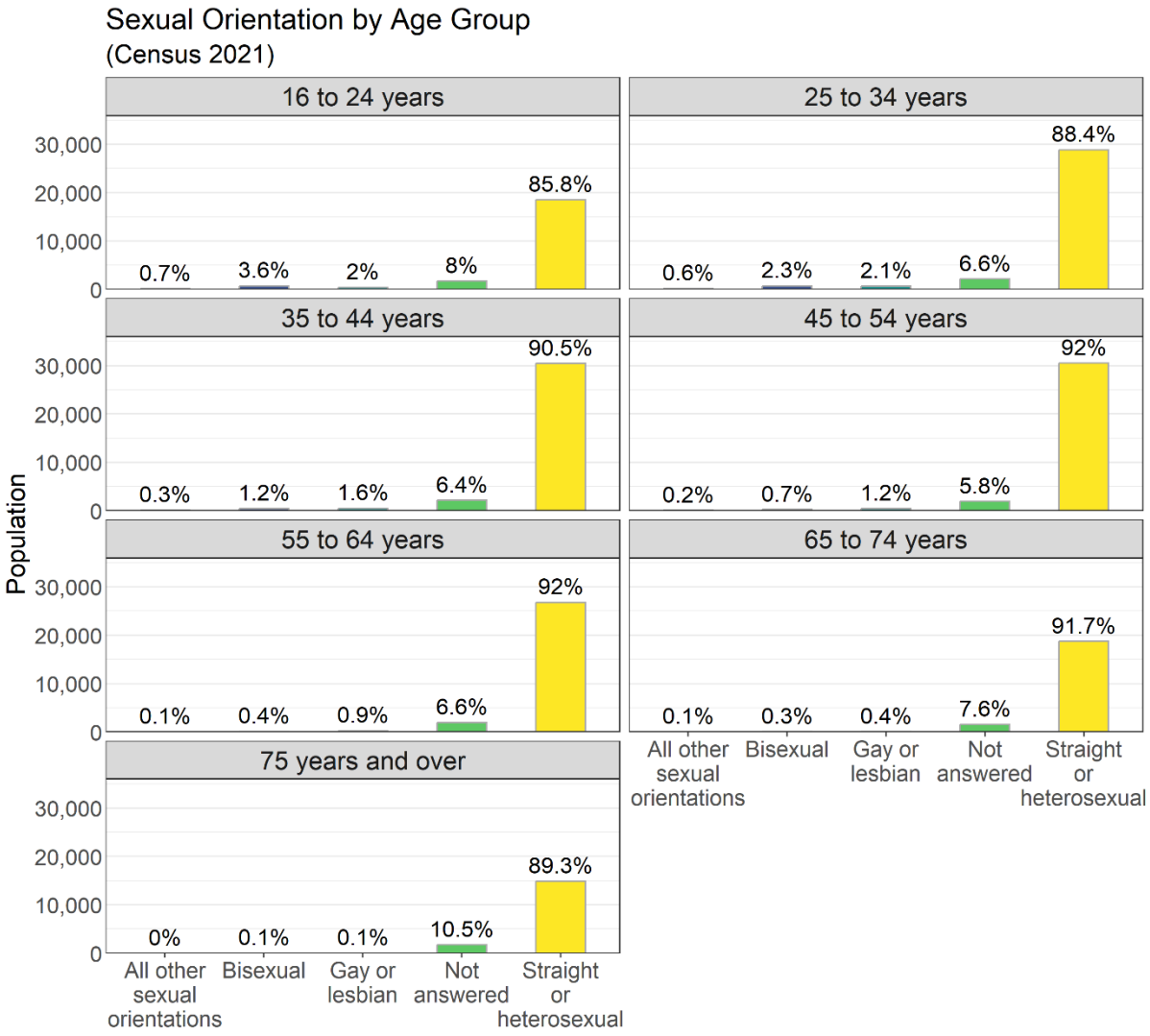


Figure 3 Sexual orientation by age group for Swindon residents

Patterns in the gender identity estimates from Census 2021 suggest that responders may not have interpreted the gender identity question as intended, particularly those with lower levels of English

[65] OHID. Fingertips Health data. Available from: https://fingertips.phe.org.uk/search/ethnicity#page/3/gid/1/pat/6/par/E12000009/ati/502/are/E06000030/iid/94165/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1

[66] ONS. Census 2021 maps. Accessed Dec 2025. Available from: https://www.ons.gov.uk/census/maps/choropleth/identity/ethnic-group/ethnic-group-tb-6a/other-ethnic-group?lad=E06000030

[67] Swindon JSNA. Available from: https://www.swindonjsna.co.uk/wp-content/uploads/2024/04/Swindon-JSNA-post-2021-census-update-2024.pdf

[68] ONS via NOMIS. Dataset: RM177- Sexual orientation by age. 2021. Available from: https://www.nomisweb.co.uk/datasets/c2021rm177

language proficiency, which increased uncertainty in the resulting estimates. Gender identity estimates from Census 2021 should not be used as precise measures to support service delivery but can still provide insights when interpreted with caution and in the context of the specific guidance on uncertainty and appropriate use provided by the Office for National Statistics (ONS).[69,70,71]
93.8% of Swindon residents reported that their gender identity matched their sex registered at birth. 1,000 residents (0.5%) indicated that their gender was different from that registered at birth including 0.12% identifying as trans men, 0.10% as trans women, 0.05% as non-binary, and 0.03% identifying with another gender identity.[72]

4.2. Sexual Health: Variation in Outcomes & Inequalities

This section presents local sexual and reproductive health outcome indicators from existing national and local data sources and outlines which groups are at higher risk of sexual health inequalities. This section considers the UKHSA in the 'Sexual Health: Variations in Outcomes and Inequalities toolkit' (2020): Sexual health: variation in outcomes and inequalities - GOV.UK (www.gov.uk) and the 'STI Prioritisation Framework' (2024).

Any sexual and reproductive health inequalities that Swindon experiences are identified and highlighted to inform ways to target and reduce sexual and reproductive health inequality to improve outcomes for the local population. A range of sexual and reproductive health indicators below are compared with Swindon's nearest statistical neighbours, which comprise of local authorities with similar socio-economic and geographic factors such as age profile, ethnicity, density and education to Swindon. This methodology allows local authorities to compare their performance with other local authority 'peers'.[73]

STIs in sexually active adults and young people

STIs are often asymptomatic therefore frequent screening is important, as early detection and treatment can reduce important long-term consequences such as infertility and ectopic pregnancy.[74]

STI testing and diagnosis - local service use

The most recent available data from 2024 show that the STI testing rate (excluding chlamydia in those aged under 25) was 2,811 per 100,000 population in Swindon. Five out of 15 Swindon's statistical neighbours recorded significantly higher rates, which was also the case for England (4,089 per 100,000)[75]. The total number of people tested for one or more STI infections at a new attendance decreased across all infections in 2020 as a result of the Covid-19 pandemic, with testing rates largely recovering from 2021 and for some infections returned to and exceeded pre-pandemic levels by the end of 2022.[76] Swindon's STI testing rate increased above the national average in 2019 and remained

[69] ONS. Census 2021 gender identity estimates for England and Wales, additional guidance on uncertainty and appropriate use. 2025. Accessed Dec 2025.Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/articles/census2021genderidentityestimatesforenglandandwalesadditionalguidanceonuncertaintyandappropriateuse/2025-03-26
[70] ONS. Census 2021- gender identity. 2023. Accessed Dec 2025. Available from: https://www.ons.gov.uk/datasets/TS078/editions/2021/versions/4
[71] ONS. Quality of Census 2021 gender identity data. 2023. Accessed Dec 2025. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/articles/qualityofcensus2021genderidentitydata/2023-11-13
[72] Swindon JSNA. Available from: https://www.swindonjsna.co.uk/wp-content/uploads/2024/04/Swindon-JSNA-post-2021-census-update-2024.pdf
[73] NHS England Adult Social Care Statistics team. Peer groups for local authorities. Available from: https://github.com/NHSDigital/ASC_LA_Peer_Groups
[74] UKHSA: Summary profile of local sexual health (SPLASH) report, 2025. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2025/E06000030.html?area-name=Swindon#stis
[75] UKHSA: Summary profile of local sexual health (SPLASH) report, 2026. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#hiv
[76] ibid

above the national rate in 2020. However, testing levels remained below the national average in the following years, and have been gradually decreasing locally since 2022, not in line with the national upward trend (Figure 4). The continued and widening gap between Swindon's declining testing rates and the national upward trend suggests that access to or demand for STI testing locally may be reducing, potentially leaving infections undetected in the population.

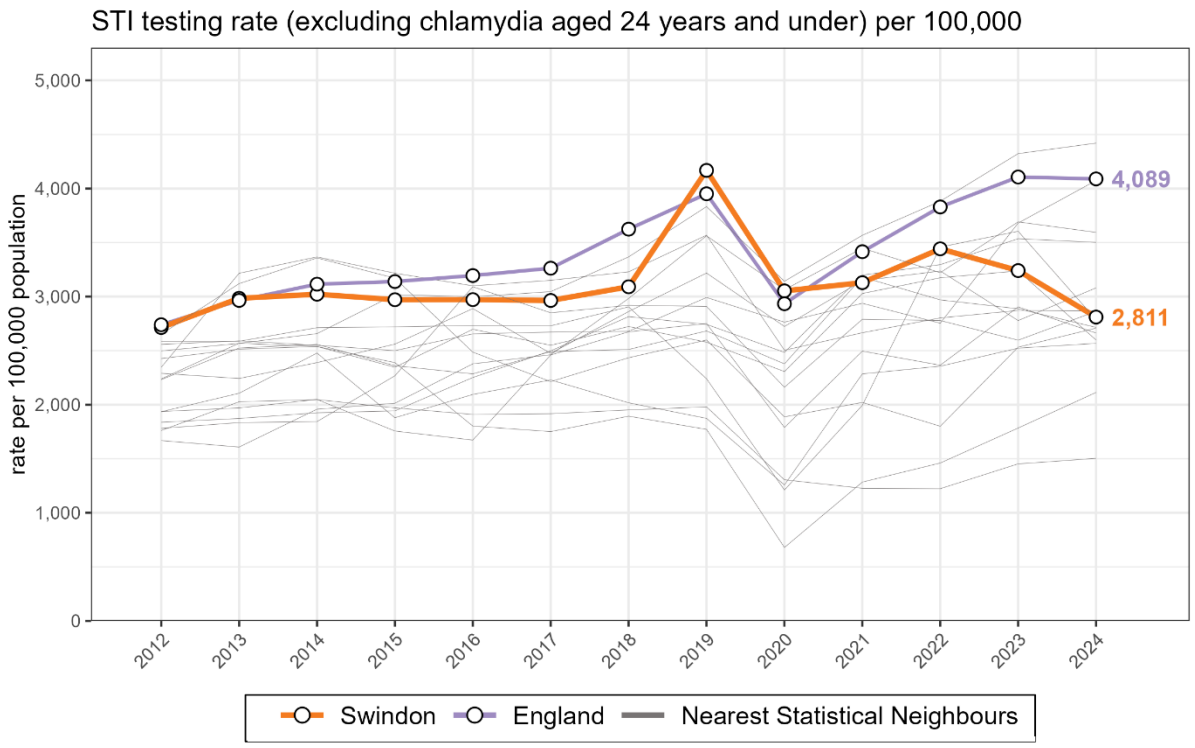


Figure 4 STI testing rates for Swindon, Swindon's Nearest Statistical Neighbours and England (2012 – 2024)

The percentage of people accessing sexual health services who have had one or more STI tests and have tested positive for any STI is known as the STI positivity rate. In 2024, the STI positivity rate in Swindon was 6.4%, identical to the England average, with only two out of 15 Swindon's statistical neighbours recording significantly higher rates (8% and 8.5% respectively). From 2018, a steady decline in STI positivity rate was recorded locally, dropping from 5.7% to 4.2% in 2021. Rates started rising steadily in Swindon in the following years reaching 6.4% in 2024. Nationally, following a rate drop of 0.9 percentage points between 2020 and 2021 when the rate reached 6.0%, STI positivity rates reached 7.3% and 7.2% in the next two years before dropping to 6.4% in 2024 (Figure 5).

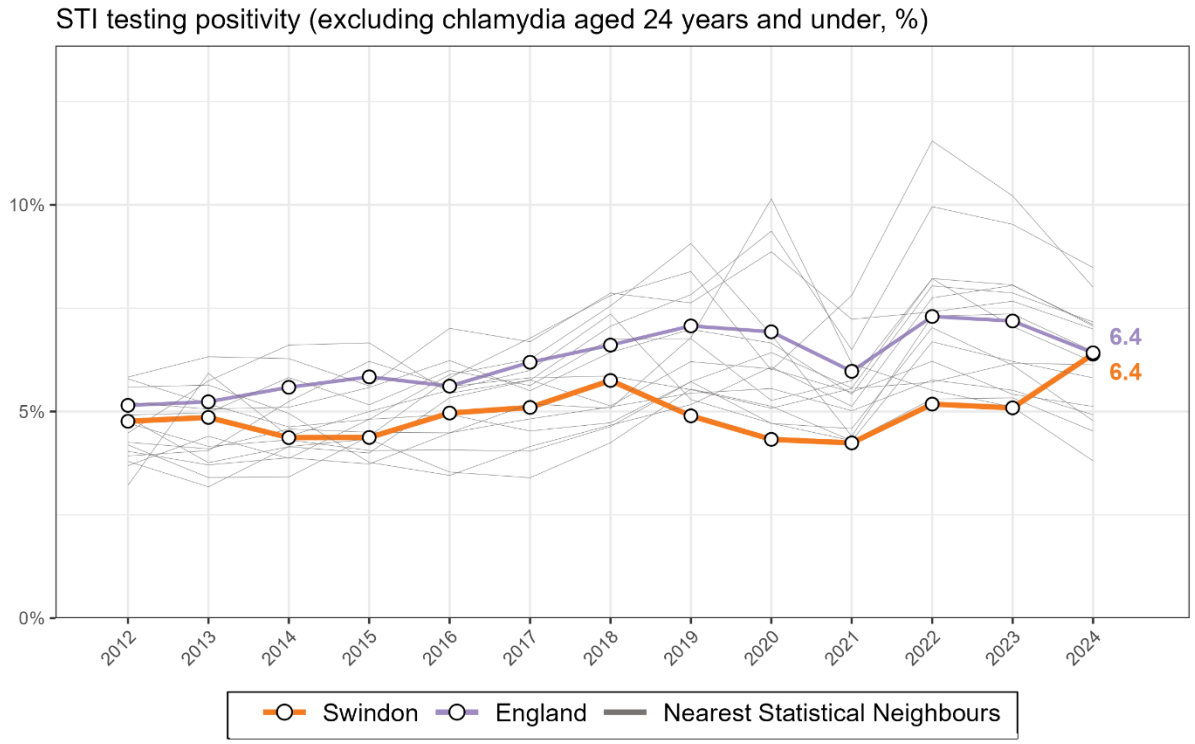


Figure 5 STI testing positivity for Swindon, Swindon's Nearest Statistical Neighbours and England (2012-2024)

Local sexual health service provider data (Table 2) show that 71% of people attending first appointments at sexual health services were subsequently screened for infections, which is in line with the England average (70%).

15-year-olds and individuals over 25 years were more likely to be screened (>75%), with patients under 15 years and 16–24-year-olds proportionally recording fewer screenings (<62%). Most screens were for people who were female (59%) and heterosexual (79%), indicating that potentially proportionally more individuals with a different sexual orientation get screened (90% of Swindon residents identified as straight or heterosexual in Census 2021). 77% of sexual health screens were for people of White ethnicity, 23% for all other ethnic groups, and less than 1% were unspecified. Excluding individuals whose ethnicity was recorded as unknown, when compared with Swindon's population as captured in Census 2021, a higher proportion of people of Black/African/Caribbean ethnicity (9.2% screened vs 2.6% population) and of mixed or multiple ethnicity (6.5% screened vs 2.8% population) were screened. Conversely, a lower proportion of individuals identifying as Asian/Asian British (6.4% screened vs 11.6% population), with any other ethnic group (0.7% screened vs 1.5% population) or with the White ethnic group (77.2% screened vs 81.5%) were screened.[77,78]

[77] UKHSA HIV and STI surveillance system (GUMCAD), accessed November 2025
[78] Swindon Joint Strategic Needs Assessment. Available at: https://www.swindonjsna.co.uk

Characteristic	Group	Number of new consultations (First attendance)	Percentage of new consultations for the group total (by characteristic)	Number of consultations that included STI testing (Health screens)	Percentage of consultations that included STI testing for the group total (by characteristic)	Percentage of new consultations that included STI testing
Gender	Male	3,404	37%	2,613	40%	77%
	Female	5,359	59%	3,579	55%	67%
	Not known	394	4%	303	5%	77%
	Total	**9,157**		**6,495**		**71%**
Age (Persons)	<15	46	1%	27	0%	59%
	15	55	1%	41	1%	75%
	16-19	1,040	11%	628	10%	60%
	20-24	2,400	26%	1,482	23%	62%
	25-34	2,725	30%	2,094	32%	77%
	35-44	1,689	18%	1,308	20%	77%
	45-64	1,119	12%	849	13%	76%
	65+	83	1%	66	1%	80%
	Total	**9,157**		**6,495**		**71%**
Sexual Orientation	Heterosexual or Straight	7,257	79%	5,169	80%	71%
	Gay/Lesbian	1,083	12%	810	12%	75%
	Bisexual	478	5%	309	5%	65%
	Not known	339	4%	207	3%	61%
	Total	**9,157**		**6,495**		**71%**
Ethnicity	Asian/Asian British	586	6%	427	7%	73%
	Black/African /Caribbean	835	9%	605	9%	72%
	Mixed/ Multiple	587	6%	419	6%	71%
	Other	65	1%	52	1%	80%
	White	7,019	77%	4,946	76%	70%
	Not known	65	1%	46	1%	71%
	Total	**9,157**		**6,495**		**71%**

Table 2 STI screenings - patient characteristics by gender, age, sexual orientation and ethnic group, April 2024-March 2025

Provider-level data for 2024/25 also indicate differences in patterns of service use. The Great Western Hospital sexual health service accounted for the majority of new sexual health consultations (74.2%) and consultations that included STI testing (81.9%). In comparison, Preventx, the main online sexual health provider, accounted for almost one-quarter of new consultations (23.5%) but only 16.2% of consultations that included STI testing. Consequently, a higher proportion of consultations at the Great Western Hospital included STI testing (78.7%) compared with Preventx (49.2%). These differences may reflect variation in service function and case mix, with face-to-face services more likely to manage symptomatic patients, complex presentations and individuals requiring examination or treatment, while online services may be accessed for a broader range of sexual health needs and lower-complexity presentations.[79]

Local sexual health service key performance indicator (KPI) data for 2024/25 reveal that the British Association for Sexual Health and HIV (BASHH) quality standards for the management of STIs are being met, however there is room for some improvement (see Table 3 below). [80]

Quality Outcome Indicator	Target	Overall Year Total (Green = threshold met, Amber = threshold not met)
Percentage of individuals accessing services who have Sexual History and STI/HIV risk assessment undertaken	100%	100%
Monitor percentage of first time service user (of clinical based services) offered and accepting an HIV test	60%	83%
Percentage of routine STI laboratory reports of results (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken	100%	92%
Ratio of contacts per gonorrhoea index case, such that the attendance of these contacts at a Level 1, 2 or 3 service was documented as reported by the index case, or by a HCW, within four weeks of the date of the first PN discussion (within 12 weeks for HIV)	0.6	0.5
The ratio of all contacts of chlamydia index case whose attendance at a Level 1, 2, or 3 sexual health service was documented as verified by a HCW, within four weeks of first PN discussion	0.4	0.4
Monitor period of time from consultation to notification of results by service user within 10 working days	95%	92%

Table 3 Swindon Borough Council and Great Western Hospital NHS Foundation Trust integrated sexual health service quality outcomes indicators, April 2024- March 2025

[79] UKHSA HIV and STI surveillance system (GUMCAD), accessed November 2025

[80] British Association for Sexual Health and HIV website. Available from: https://www.bashh.org/guidelines and communication with GWH re: local sexual health service data.

A total of 1,187 new STIs were diagnosed in residents of Swindon in 2024, the equivalent of 498 diagnoses per 100,000 population, which is similar to Swindon's statistical neighbours average (471 per 100,000) but lower than England (632 per 100,000). New STI diagnoses rates remained stable locally since 2022, mirroring the England trend (Figure 6).[81]

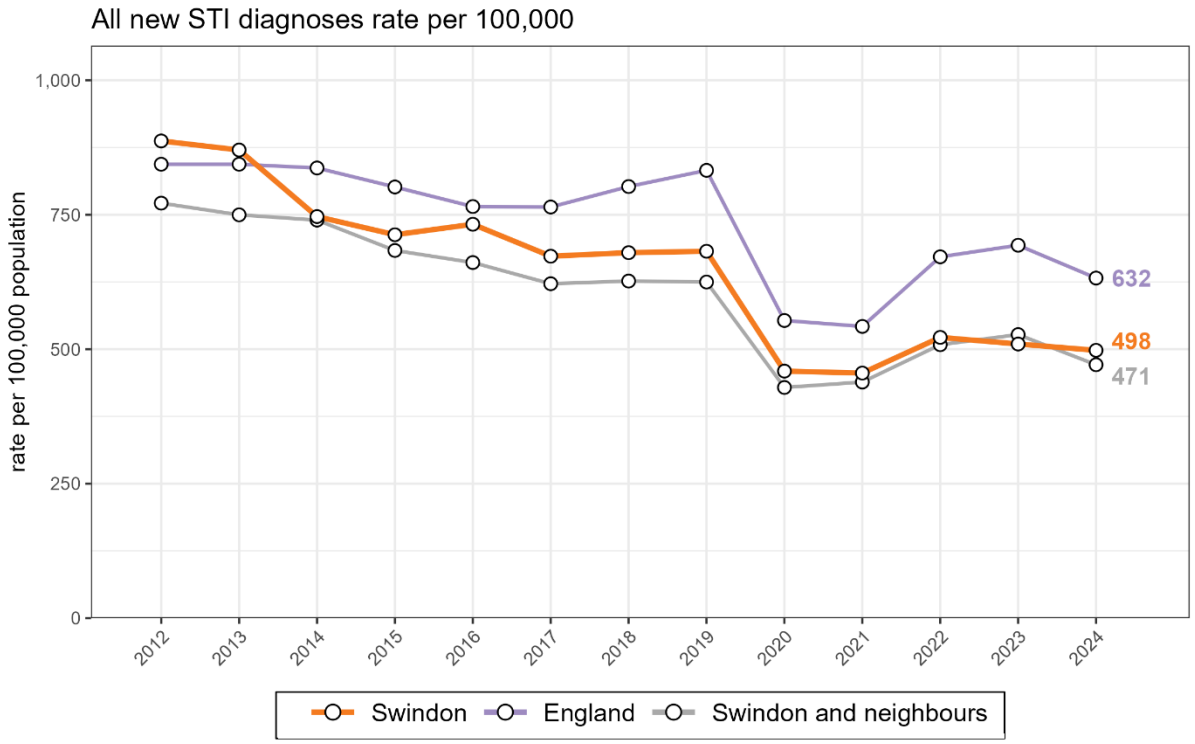


Figure 6 All new STI diagnoses rates for Swindon, Swindon and its Nearest Statistical Neighbours, and England (2012- 2024)

In 2024/25, 52% of new STI diagnoses were for men and 48% for women. 39% of new STI diagnoses were for people aged 15-24 years, with the highest diagnoses rate being reported for young people aged 20-24 years (2,498 per 100,000). Diagnostic rates were even higher for females part of the latter age group (2,977 per 100,000 population), with 35–44-year-olds being the only age group where males (646 per 100,000) recorded higher rates than females (421 per 100,000). In people where sexual orientation was known, 17% of new STIs in Swindon (29% for England) were among gay, bisexual, and other men who have sex with men (GBMSM). It is worth noting that in 2023 the local (13.2%) and the national (27.5%) proportions for this group were comparable. [82,83]

For females, new STI detection patterns might be due to this group becoming sexually active at a younger age or might be the outcome of the National Chlamydia Screening Programme (NCSP) which targets young women and other people with a womb or ovaries under 25 years. For males, the findings may reflect differences in sexual behaviour, testing patterns, or underlying STI prevalence among older age groups.

In terms of ethnicity, in 2023, new STI diagnoses followed a similar pattern with STI health screens (Figure 7), meaning that compared to Swindon's ethnic composition, proportionally more residents

[81] UKHSA: Summary profile of local sexual health (SPLASH) report, 2026. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#hiv
[82] UKHSA HIV and STI surveillance system (GUMCAD), accessed Nov 2025
[83] UKHSA HIV and STI surveillance system (GUMCAD), SPLASH Supplement Report, accessed Nov 2025

from the Black and mixed ethnic groups were diagnosed, and proportionally fewer people identifying with the Asian ethnic group. Moreover, in 2023, close to 1 in 4 new STI diagnoses were for residents who live in the 20% most deprived areas locally. [84]

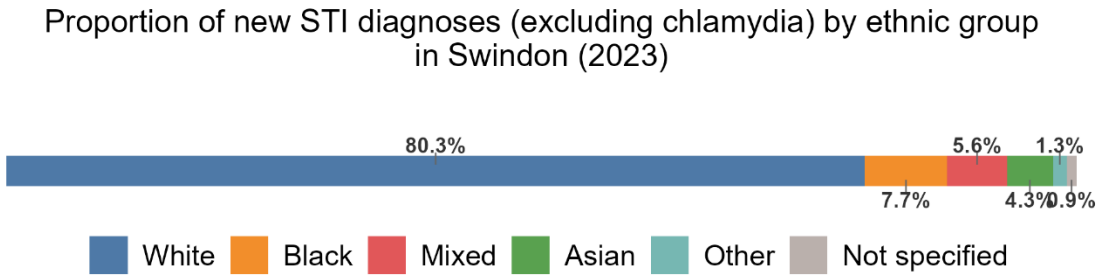


Figure 7 Proportion of new STI diagnoses by ethnic group in Swindon

A total of 940 new STI diagnoses (excluding chlamydia in those aged under 25), the equivalent of 394 per 100,000 population, were recorded in 2024 locally. Swindon's rate was lower compared to England (482 per 100,000), and was the third highest amongst its statistical neighbours, even though only six of these 15 areas recorded statistically lower rates. Swindon's new STI diagnoses rate (excluding chlamydia in those aged under 25) has been slowly but steadily increasing since 2020 mirroring the national trend.

Rates of new STI diagnoses (excluding chlamydia in those aged under 25) also vary depending on where people live within the Borough, with the highest rate being reported for Central South and Eastcott, and Kingshill and Okus Middle Super Output Areas (MSOAs) (Figure 9).[85]

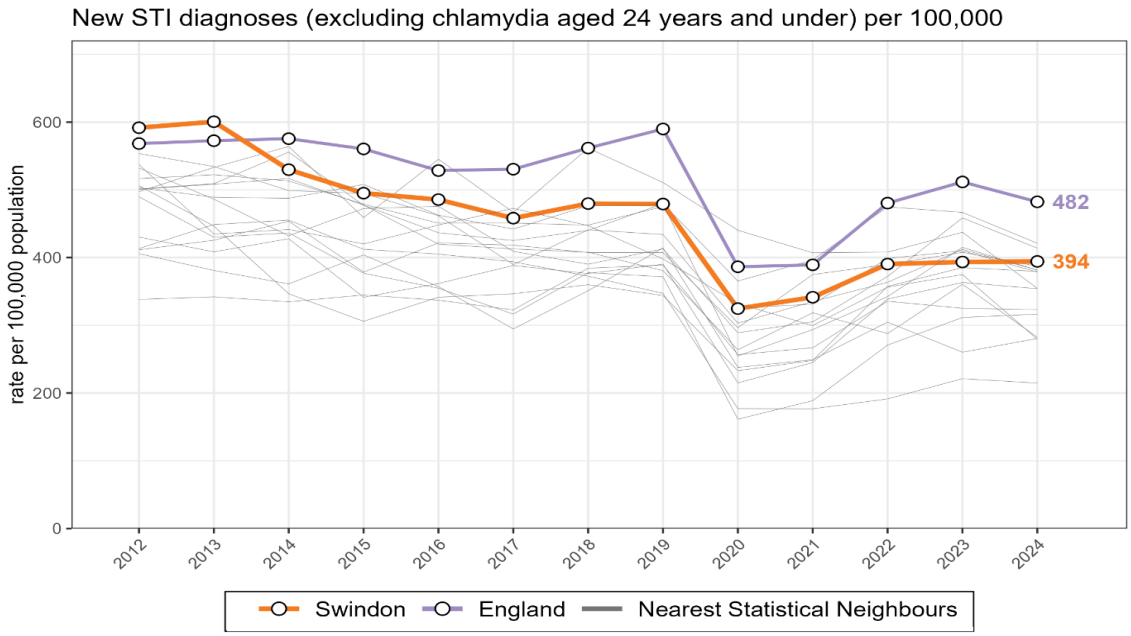
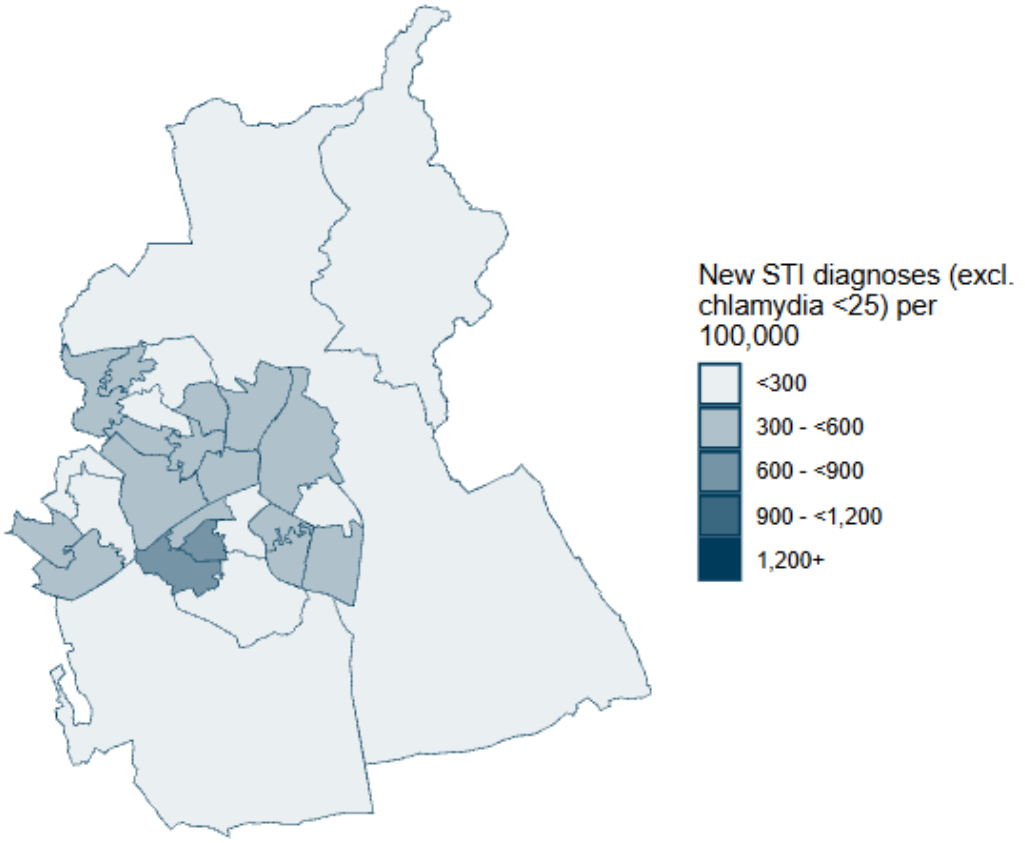


Figure 8 New STI diagnoses rates (excluding chlamydia in under 25-year-olds) for Swindon, Swindon's Nearest Statistical Neighbours, and England (2012- 2024)

[84] ibid

[85] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#stis



New STI diagnoses in Swindon by MSOA

Figure 9 New STI diagnoses (excluding chlamydia in under 25-year-olds) per 100,000 population in Swindon by Middle Super Output Area: 2024

Chlamydia

In 2024, chlamydia was the most commonly diagnosed bacterial STI in England (46.3% of all new diagnoses), with higher rates in young adults than any other age group.[86] Mirroring the national picture, chlamydia accounted for 38.3% of all new STI diagnoses locally (Table 4). [87]

Diagnoses	Number of new diagnoses	Proportion of new diagnoses
Chlamydia	455	38.3%
Gonorrhoea	208	17.5%
Syphilis	28	2.4%
Genital warts	81	6.8%
Genital herpes	88	7.4%
HIV	22	1.9%
Other STIs	305	25.7%
All STIs	**1,187**	

[86] UKHSA, Sexually transmitted infections and screening for chlamydia in England: 2024 report. Available at: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2024-report

[87] UKHSA HIV and STI surveillance system (GUMCAD), accessed Nov 2025

Table 4 Number and proportion of new STI diagnoses in Swindon (2024)

During the same year, 54% of chlamydia diagnoses were for females and close to three in five (57%) for young people below 25 years. 78% were for people of White ethnicity, with proportionally more people, when compared to Swindon's population, from the Black and Mixed ethnic groups (19%) and proportionally fewer from the Asian ethnic group as a whole (3%) being diagnosed. The vast majority of people diagnosed were heterosexual females (52%) and males (28%) with one in six (17%) being reported as GBMSM (Table 5).[88]

Characteristic	Group		Proportion of Chlamydia diagnoses by characteristic
Gender	Male		46%
	Female		54%
Age (Persons)	15		1%
	16-19		18%
	20-24		38%
	25-34		23%
	35-44		12%
	45-64		8%
	65+		0%
Sexual Orientation	**Male**	Heterosexual or Straight	28%
		Gay	12%
		Bisexual	4%
		Not known	1%
	Female	Heterosexual or Straight	52%
		Lesbian	1%
		Bisexual	1%
		Not known	0%
Ethnicity	Asian/Asian British		3%
	Black/African/Caribbean		11%
	Mixed/ Multiple		8%
	Other		1%
	White		78%

**Proportions might not add up to 100% due to rounding*

Table 5 Proportion of Chlamydia diagnoses by group characteristic (2024-2025)

Since 2018, Swindon's detection rate per 100,000 people aged 15 to 24 years has been mirroring the national trend and has been steadily dropping since a post-pandemic increase in 2022 (1,252 per 100,000). In 2024, the chlamydia detection rate in Swindon reached 1,000, significantly lower than England (1,250 per 100,000), and was the fifth lowest amongst Swindon's fifteen statistical neighbours, even though only three areas recorded significantly higher rates (Figure 10).

[88] UKHSA HIV and STI surveillance system (GUMCAD), accessed Nov 2025

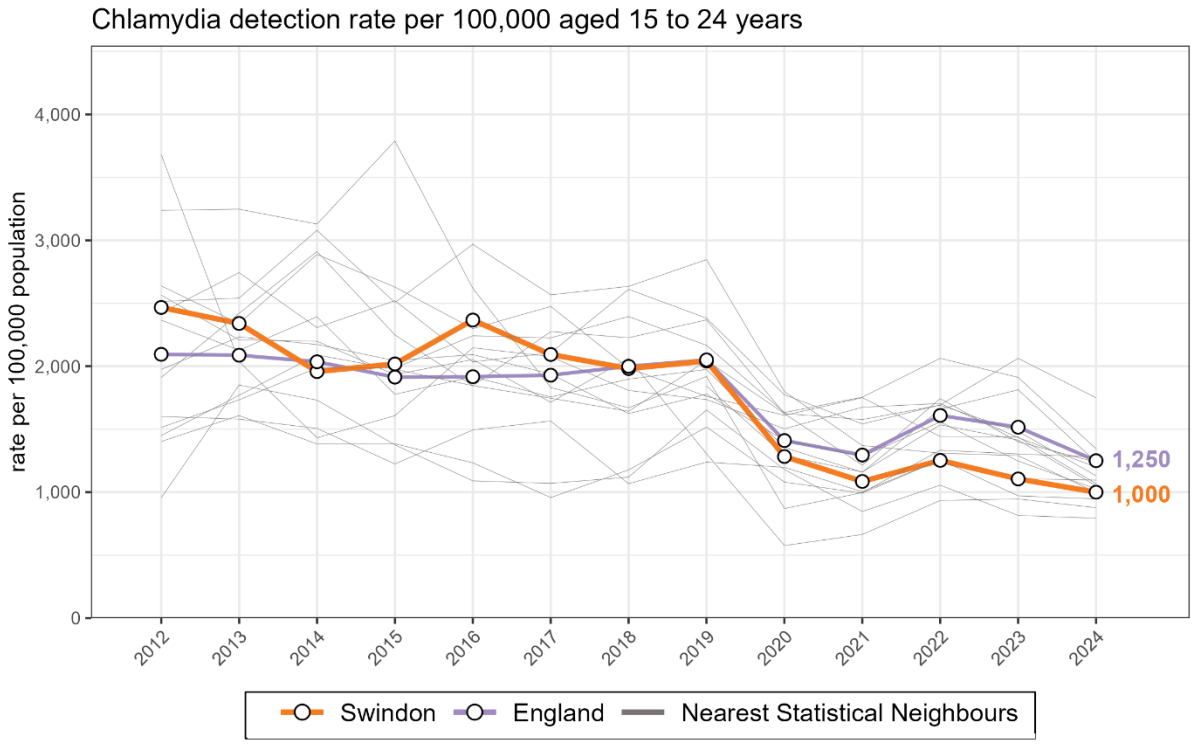


Figure 10 Chlamydia detection rate per 100,000 population aged 15 to 24 years (persons) for Swindon, Swindon's Nearest Statistical Neighbours, and England (2012-2024)

Current recommendations are that local authorities work towards achieving a detection rate of at least 3,250 per 100,000 young women aged 15 to 24 years, with the National Chlamydia Screening Programme (NCSP) aiming to reduce the harm caused by untreated chlamydia infection, as well as reducing re-infections and onward transmission while also increasing good sexual health awareness.[89]

In 2024, excluding the Isles of Scilly, all areas across the Southwest were below the minimum benchmarking target, with the detection rate in Swindon standing at 1,367 per 100,000 females aged 15 to 24 years. This was also the case for all Swindon's statistical neighbours, with two out of 15 areas recording significantly higher detection rates, and England (1,589 per 100,000). Locally, following an increase in chlamydia detection rate from 1,253 in 2021 to 1,784 in 2022, detection rates gradually declined in the following years reaching 1,367 in 2024, which was reflective of the national trend (Figure 11).

[89] UKHSA, Sexually transmitted infections and screening for chlamydia in England: 2024 report. Available at: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2024-report

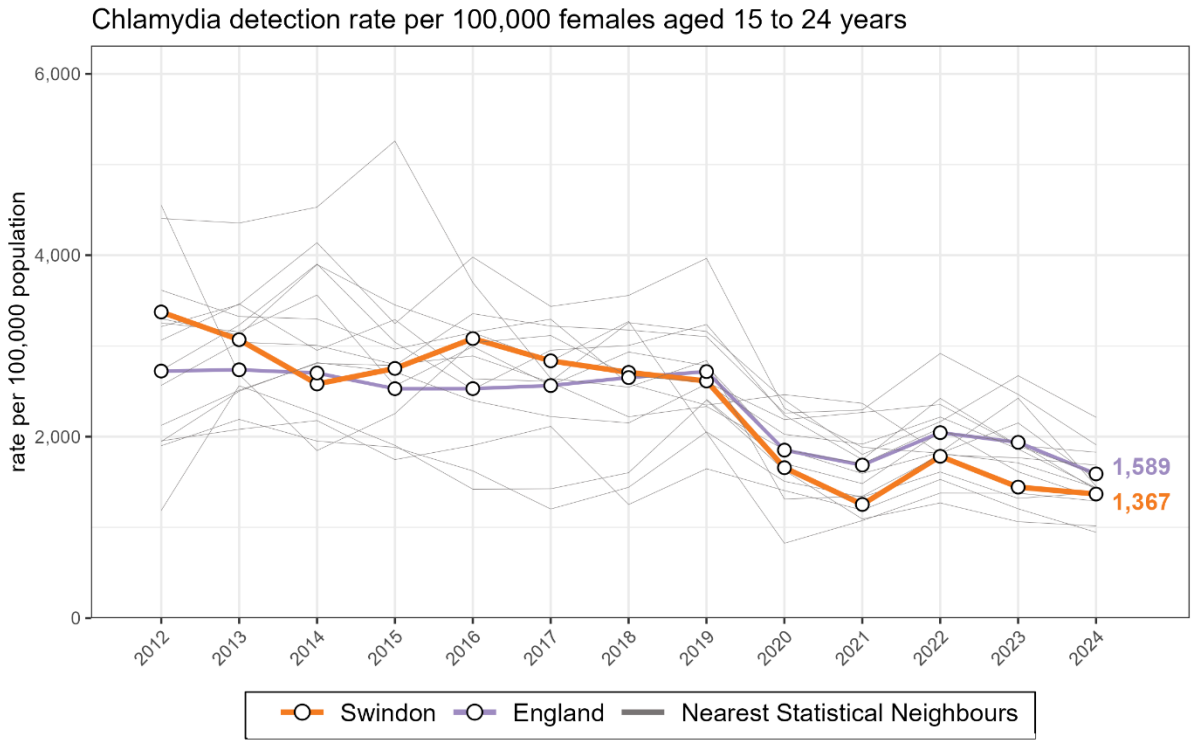


Figure 11 Chlamydia detection rate per 100,000 population aged 15 to 24 years (female) for Swindon, Swindon's Nearest Statistical Neighbours, and England (2012-2024)

Figure 12 shows the within area variation in chlamydia detection rates for females aged 15-24 across Swindon in 2024. Freshbrook North and Grange Park, and Haydon Wick MSOAs recorded the highest rates locally. Although variation may represent differences in prevalence, it is also influenced by screening coverage and whether the most at risk groups are being reached.[90]

[90] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#stis

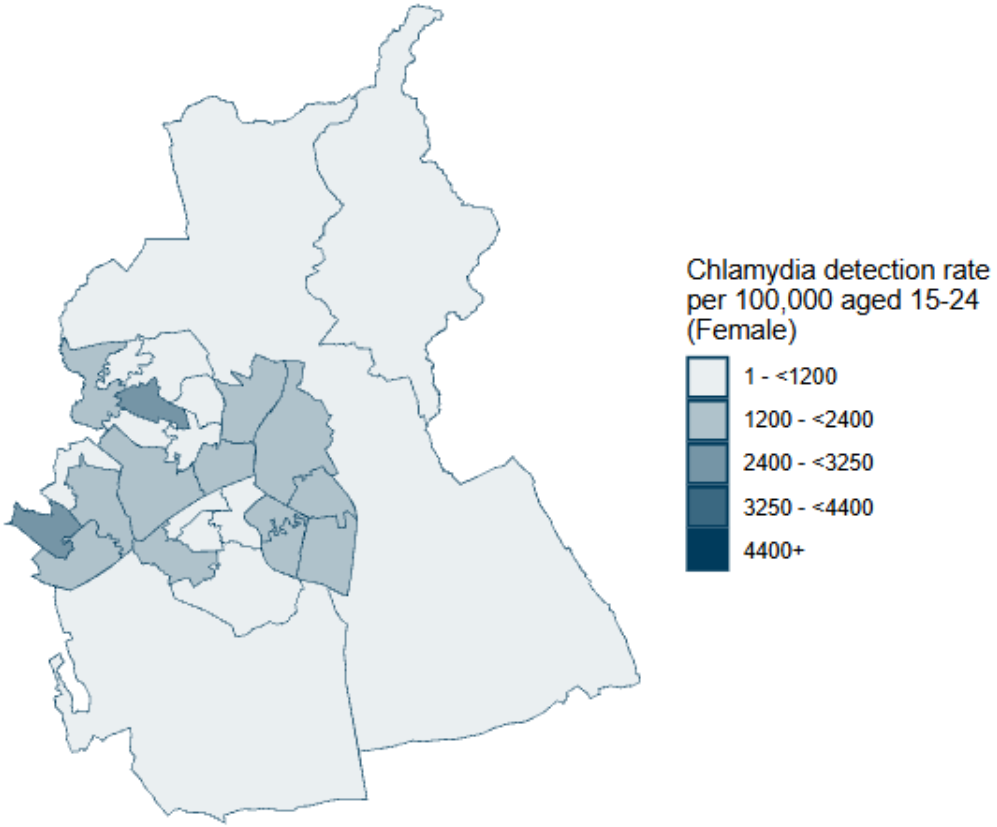


Figure 12 Chlamydia detection rate per 100,000 females aged 15 to 24 in Swindon by Middle Super Output Area: 2024

Local level sexual health data for 2023 also show that 17.5% of female Swindon residents aged 15 to 24 years (20.2% for England) were tested for chlamydia with an 8.1% positivity rate (9.6% for England). 52% of the 2,052 tests taken that year were taken at non-specialist Sexual Health services (SHSs), with 48% taken at specialist SHSs.[91,92] This means that half of chlamydia screening is happening outside specialist SHSs through community settings such as GP practices and online services, highlighting the importance of maintaining and promoting these access routes alongside specialist provision.

Gonorrhoea and syphilis

High rates of syphilis and gonorrhoea in a population are indicators of high levels of unsafe sexual activity and are suggestive of ongoing transmission of infections. Gonorrhoea causes avoidable sexual and reproductive ill health, and infections with gonorrhoea are more likely than chlamydia to result in symptoms.[93] Syphilis is a highly contagious sexually transmitted bacterial infection characterised by painless sore on the genitals, rectum or mouth. Syphilis is an important public health issue particularly

[91] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2025/E06000030.html?area-name=Swindon#reproductive-health
[92] UKHSA HIV and STI surveillance system (GUMCAD), SPLASH Supplement Report, accessed Nov 2025
[93] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/ati/502/iid/90759/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-39_ine-pt-0_car-do-0

in men who have sex with men (MSM) where there has been an increase in rates both nationally and locally over the past decade.[94]

Figure 13 shows Swindon's syphilis diagnostic rate was 11.7 per 100,000 in 2024 which is statistically similar to England (16.5 per 100,000) and higher than the average for its statistical neighbours (10.7 per 100,000). Swindon's rate has been steadily increasing over time, more steeply but in line with the national rate. This pattern might indicate higher testing rates or increased access of services for high risks groups but can most probably be attributed to greater disease burden. This most likely aligns with the national picture, with UKHSA having identified an increase in the number of syphilis cases diagnosed with a suspected increase in transmission and disease burden as the most likely causal factors.[95]

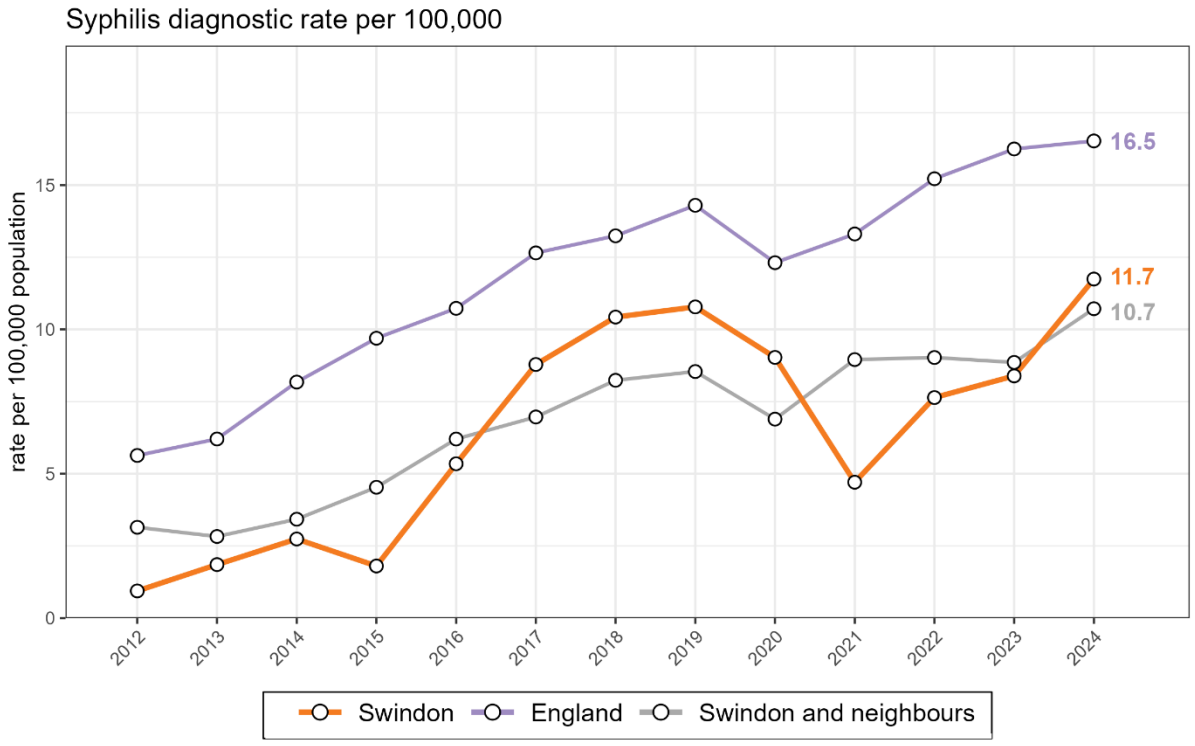


Figure 13 Syphilis diagnostic rate per 100,000 population for Swindon, Swindon and its Nearest Statistical Neighbours, and England (2012-2024)

In 2024/25, local sexual health service data show that close to four in five (78%) of syphilis diagnoses were for males, for those in the 25–64-year age group (88%), and for men who identify as gay (43%). Similarly to what was recorded for chlamydia diagnoses and in terms of ethnicity, 79% were for people of White ethnicity. When compared to Swindon's population, proportionally more individuals of mixed ethnicity (13%), and proportionally fewer people from all the other ethnic groups (8%), excluding the White ethnic group, were diagnosed (Table 6). [96]

[94] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/ati/502/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-39_ine-pt-0_car-do-0

[95] UKHSA, "UKHSA Syphilis Response Plan", March 2026. [https://www.gov.uk/government/publications/syphilis-public-health-england-action-plan/ukhsa-syphilis-response-plan]

[96] UKHSA HIV and STI surveillance system (GUMCAD), accessed Nov 2025

Characteristic	Group		Proportion of diagnoses by characteristic	
			Gonorrhoea	Syphilis
Gender	Male		67%	78%
	Female		33%	22%
Age (Persons)	15		0%	0%
	16-19		18%	4%
	20-24		19%	8%
	25-34		26%	29%
	35-44		22%	29%
	45-64		13%	29%
	65+		2%	0%
Sexual Orientation	**Male**	Heterosexual or Straight	26%	26%
		Gay	35%	43%
		Bisexual	6%	9%
		Not known	1%	0%
	Female	Heterosexual or Straight	31%	17%
		Lesbian	1%	4%
		Bisexual	1%	0%
		Not known	0%	0%
Ethnicity	Asian/Asian British		5%	8%
	Black/African/Caribbean		4%	0%
	Mixed/ Multiple		8%	13%
	Other		1%	0%
	White		82%	79%

**Proportions might not add up to 100% due to rounding*

Table 6 Proportion of Gonorrhoea and Syphilis diagnoses by group characteristic (2024-2025)

Figure 14 shows that in 2024 Swindon's gonorrhoea diagnostic rate was 87 per 100,000, which is statistically lower than England (124 per 100,000) and similar to the statistical neighbours' average (78 per 100,000). Swindon's diagnostic rate has been consistently lower than England for more than a decade and lower than its statistical neighbours between 2020 and 2023. However, even though diagnostic rates for England and Swindon's statistical neighbours dropped between 2023 and 2024, an increase was recorded locally with the rate rising from 70 per 100,000 in 2023 to 87 in 2024.

As with syphilis, the increase in gonorrhoea diagnostic rate could be attributed to increased testing but is most probably indicative of increased disease burden. In 2023, following an increase in STIs in the previous years across the South West region, with gonorrhoea in particular, this infection was reported as becoming increasingly resistant to antibiotics and at risk at becoming untreatable.[97] In

[97] UKHSA, Increase in sexually transmitted infections in the South West- rise in cases of gonorrhoea concerning. Available at: https://ukhsa-newsroom.prgloo.com/news/increase-in-sexually-transmitted-infections-in-the-south-west-cases-of-gonorrhoea-a-concern

2025, UKHSA further reported that antibiotic-resistant gonorrhoea cases were of concern, were being closely monitored, and further promoted early testing.[98]

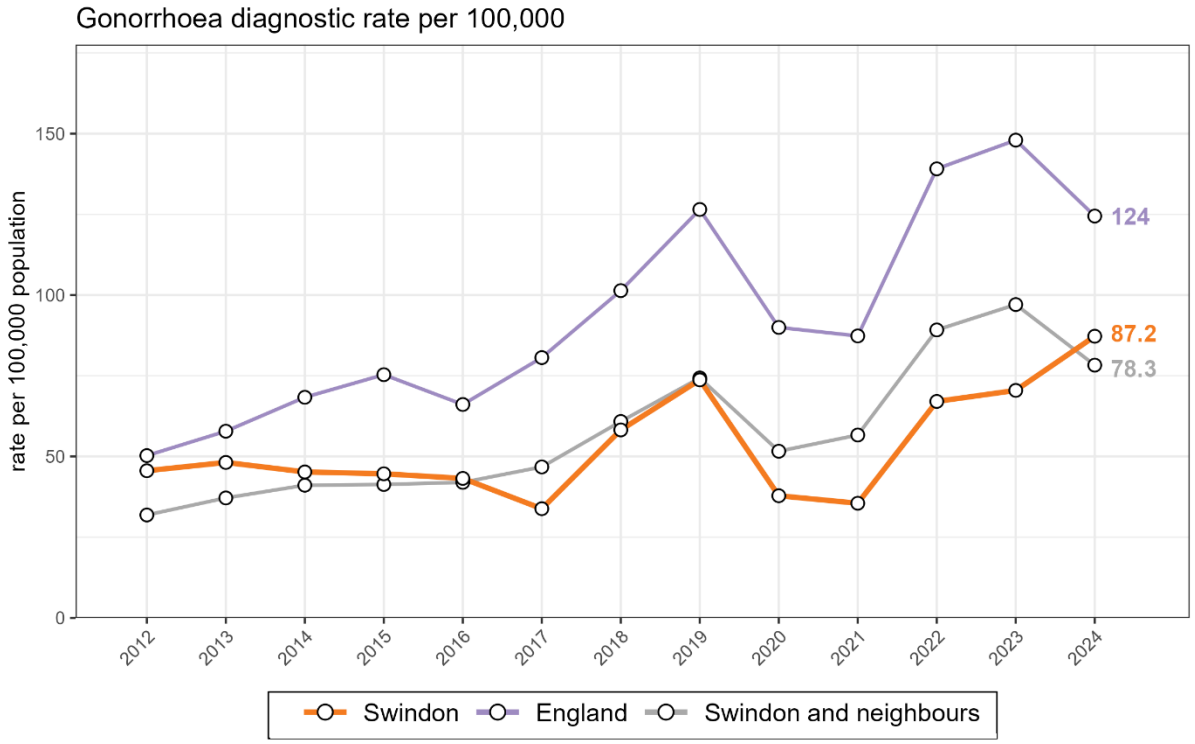


Figure 14 Gonorrhoea diagnostic rate per 100,000 for Swindon, Swindon and its Nearest Statistical Neighbours, and England

In 2024-25, local sexual health service data show that around two in three (67%) of gonorrhoea diagnoses were for males, for those in the 16–44-year age group (85%), and for men who identify as gay (35%). The vast majority (82%) of diagnoses were for people of White ethnicity, followed by 8% for individuals of mixed ethnicity. When compared to Swindon's population as a whole, proportionally more people from the latter and the Black (4%) ethnic group were diagnosed, with proportionally fewer residents identifying with the Asian ethnic group as a whole (5%) getting diagnosed (Table 6). [99]

HIV

HIV (Human Immunodeficiency Virus) is a chronic health condition which attacks the immune system and if not treated can lead to the development of acquired immunodeficiency syndrome (AIDS). Use of condoms, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) assist in maintaining the negative HIV status of individuals who are HIV negative and along with testing are the key prevention activities. HIV testing is key in identifying people living with undiagnosed HIV, enabling them to access free and effective treatment (antiretroviral therapy (ART)). This life-saving treatment means that people living with HIV in the UK are expected to have a near normal life expectancy and experience an improved quality of life while at the same time attaining undetectable levels of the virus that prevent onwards HIV transmission even when having condomless sex.[100]

[98] UKHSA, Antibiotic-resistant gonorrhoea cases rising in England. Available at: https://www.gov.uk/government/news/antibiotic-resistant-gonorrhoea-cases-rising-in-england
[99] UKHSA HIV and STI surveillance system (GUMCAD), accessed Nov 2025
[100] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2025/E06000030.html?area-name=Swindon#stis

Free and effective 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.[101] Although anyone could become infected with HIV there are some groups in society that are affected disproportionately by HIV. This includes men who have sex with men (MSM), people of Black African ethnicity and people who inject drugs (PWID).[102]

In 2024 the HIV diagnosed prevalence rate per 1,000 population aged 15 to 59 years in Swindon was 1.89. This was statistically lower than England (2.4 per 1,000) and Swindon's statistical neighbours (2.16 per 1,000), and lower than the recommended threshold of high HIV prevalence (defined as exceeding 2 in 1,000 population aged 15 to 59 years).[103] Swindon's HIV diagnosis prevalence rate has remained more or less stable and below 2 per 1,000 since 2020 mirroring the pattern recorded nationally and in contrast with the increasing trend reported for its statistical neighbours in the past five years (Figure 15). Similarly, the HIV diagnosed prevalence rate per 1,000 population for all ages in Swindon in 2024 stood at 1.32, well below the target of 2 per 1,000, significantly lower than England (1.77 per 1,000) and significantly higher only when compared to one of Swindon's 15 statistical neighbours (Warrington: 0.91 per 1,000).

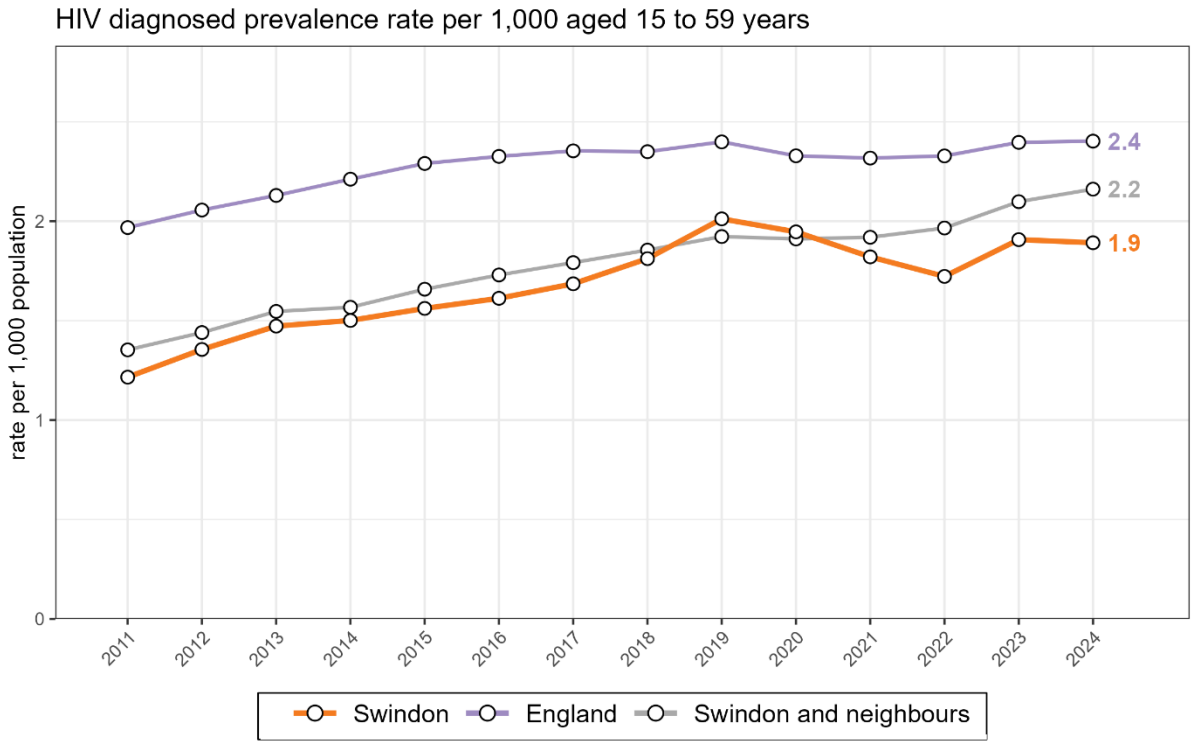


Figure 15 HIV diagnosed prevalence rate per 1,000 aged 15 to 59 years for Swindon, Swindon's Nearest Statistical Neighbours, and England (2011-2024)

The government's ambition, as detailed in the government's HIV action plan for England, is to reduce the number of people first diagnosed with HIV by 80% by 2025. The longer-term aim is to end transmission in England by 2030 and therefore, the new HIV diagnoses rate is an important indicator

[101] ibid
[102] UKHSA. HIV Action Plan monitoring and evaluation framework 2024 report. Available at: https://www.gov.uk/government/publications/hiv-monitoring-and-evaluation-framework/hiv-action-plan-monitoring-and-evaluation-framework-2024-report
[103] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available at: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/1938133286/pat/6/par/E12000009/ati/502/are/E06000030/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/4/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-39_ine-pt-0_car-do-0

of onward transmission.[104] The new HIV diagnoses rate per 100,000 population in Swindon for 2024 stood at 4.1, similar to England (4.7) and its statistical neighbours (eight out of 15 areas recorded higher diagnoses rates). Following a drop from 2019 to 2021, Swindon's new HIV diagnoses rate rose in the following years, increasing by 8% since 2023, mirroring the local upward trend for HIV testing, whereas the England rate remained more or less stable in the last two years (Figure 16).

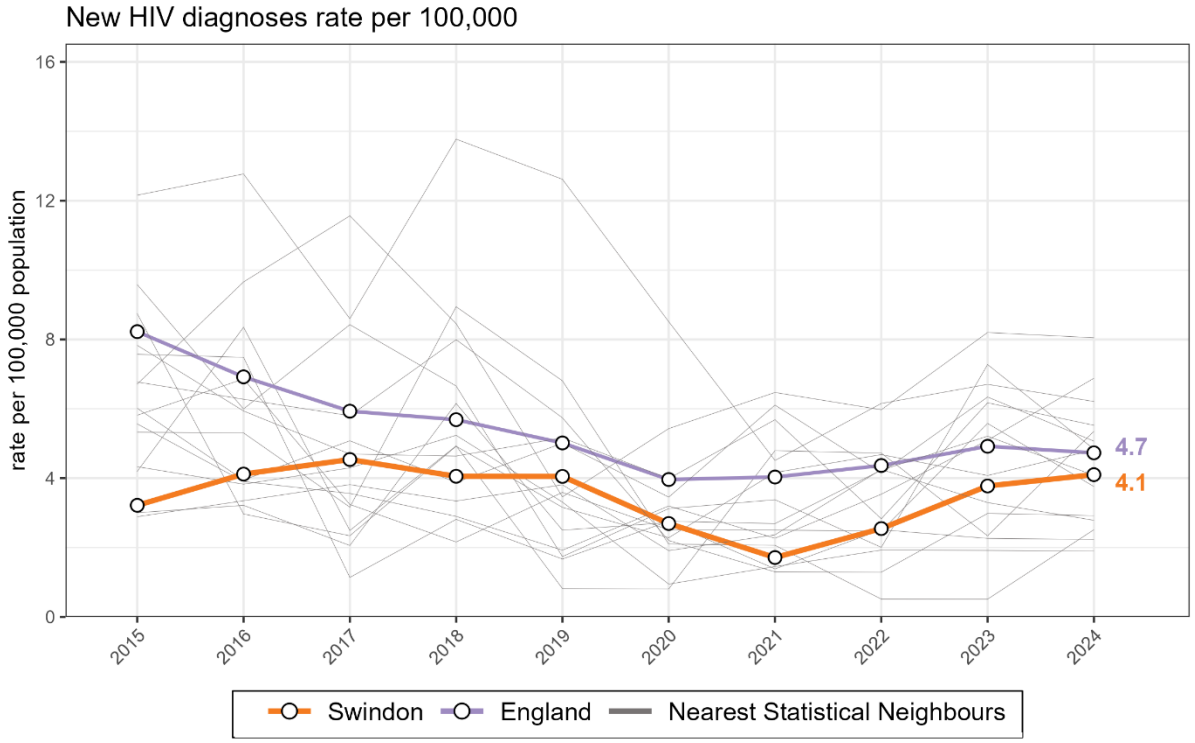


Figure 16 New HIV diagnoses rate per 100,000 population for Swindon, Swindon and its Nearest Statistical Neighbours, and England (2015-2024)

Late diagnosis is the most important predictor of morbidity and short-term mortality among those with HIV infection. If a person newly diagnosed with HIV has a CD4 cell count of less than 350 cells/mm^3 within 91 days of first diagnosis, this is defined as a late diagnosis. When compared to individuals diagnosed promptly, those receiving a first late diagnosis in England in 2022 were 10 times more likely to die.[105]

In Swindon, the percentage of HIV diagnoses made at a late stage of infection between 2022 and 2024 was 73.7%. This is statistically similar to England at 43.3%, the highest amongst Swindon's statistical neighbours, and above the 50% benchmarking goal. The proportion of HIV late diagnosis is calculated using three-year combined data, with the general trajectory locally being upward since 2017-19 (36.4%) (Figure 17). However, these proportions are based on small numbers and should therefore be interpreted cautiously.

[104] DHSC. Towards Zero: the HIV Action Plan for England 2022-2025. Available from: https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025
[105] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#hiv

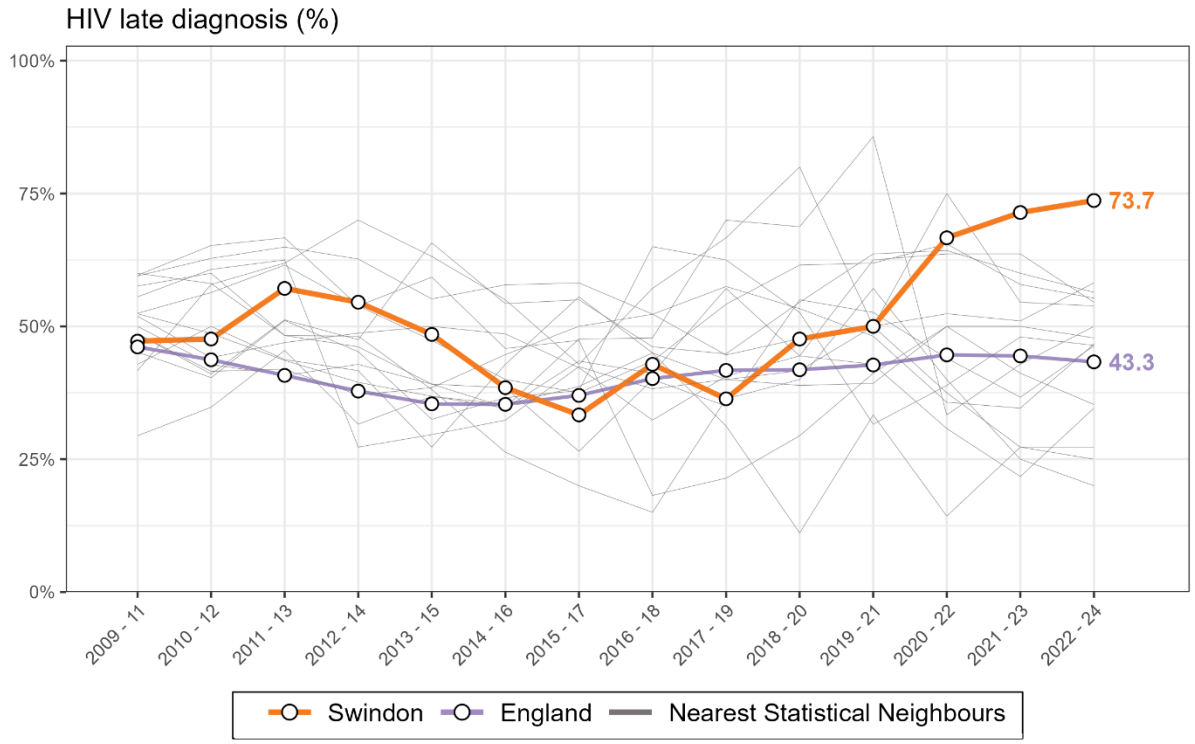


Figure 17 Proportion of people receiving a late HIV diagnosis for Swindon, Swindon and its Nearest Statistical Neighbours, and England (2009-2011 to 2022-2024)

During the same time period, 75% of heterosexual men and 71.4% of heterosexual/bisexual women met the definition of late HIV diagnosis in Swindon, with the proportions being similar to England (54.3% and 47.2% respectively). Even though the proportion of late diagnoses amongst GBMSM stood at 75% locally, this was not comparable with the national figure of 32.6% due to the small number of individuals impacted (Figure 18).[106] These proportions suggest that more needs to be done to improve access to and target testing for local residents.

[106] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#hiv

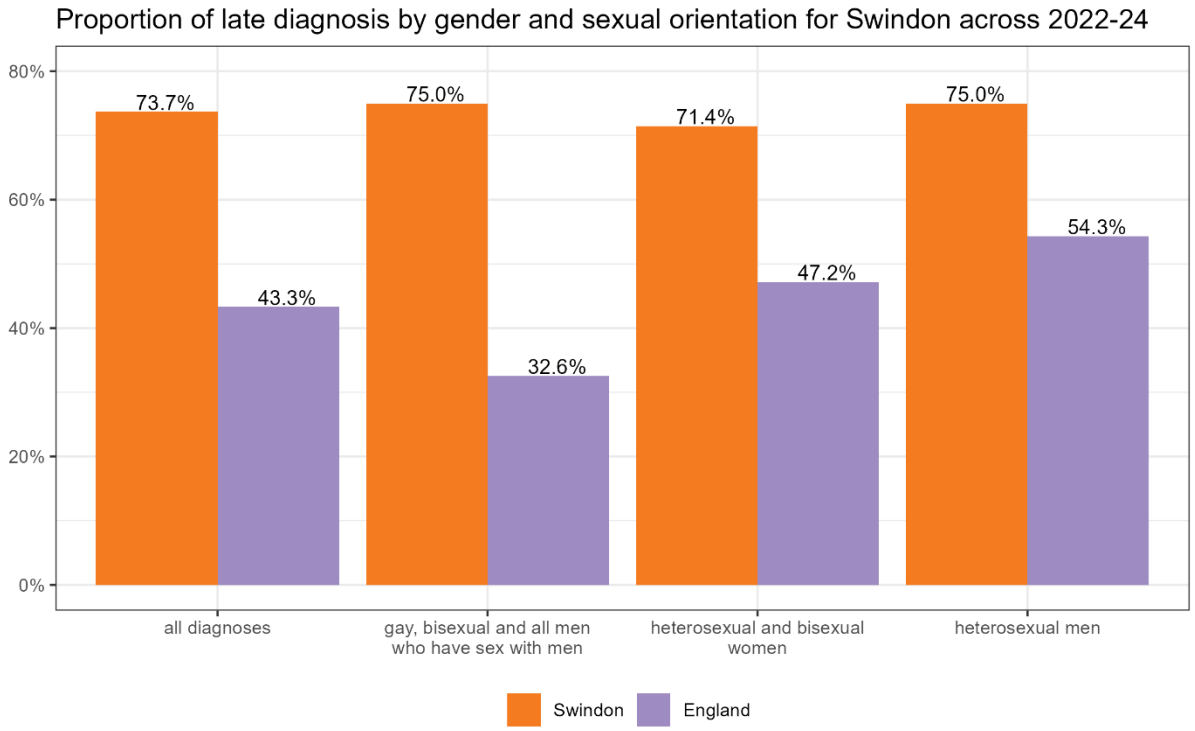


Figure 18 Proportion of late diagnosis by gender and sexual orientation for Swindon (2022-2024)

In Swindon in 2024, 4,007 HIV tests were taken across all sexual health services, the equivalent of 1,681 per 100,000 population. Following a dip in the local testing rate from 2,247 per 100,000 in 2019 to 1,214 in 2020, Swindon's rate followed a steady upwards trajectory reaching the highest rate of the past five years in 2024. However, it was still significantly lower than England (2,843 per 100,000) and Swindon's statistical neighbours average (1,848 per 100,000) (Figure 19).

The latest available data for 2024 indicate, that since 2020, testing rates have been increasing across all age groups (15 years and over). In contrast with women and heterosexual men, between 2022 and 2023, an 11% drop was recorded in the number of tests taken per 100,000 population for GBMSM, with this cohort also displaying the highest testing rates most likely due to effectively targeted HIV testing and in line with current recommendations which advise gay and bisexual men to be tested for HIV at least once a year and every 3 months if they are having unprotected sex with new or casual partners (Table 7).[107,108]

[107] UKHSA HIV and STI surveillance system (GUMCAD), SPLASH Supplement Report, accessed Nov 2025
[108] UKHSA. Guidance HIV: testing. Accessed Nov 2025. Available from: https://www.gov.uk/guidance/hiv-testing

Figure 19 HIV testing rate per 100,000 population for Swindon, Swindon's Nearest Statistical Neighbours, and England (2015-2024)

Characteristic	Group	Year				
		2019	2020	2021	2022	2023
Age (years)	15 to 24	7,890	3,638	4,169	3,955	3,984
	25 to 34	5,558	3,126	3,743	4,003	4,368
	35 to 49	2,261	1,432	1,625	1,953	2,157
	50 to 64	686	386	529	682	784
	65 and over	102	71	71	89	102
Gender and sexual orientation	GBMSM	23,182	23,985	28,470	36,308	32,342
	Women	2,831	1,354	1,404	1,612	1,880
	Heterosexual men	1,706	1,010	870	1,145	1,448

Table 7 HIV testing rate per 100,000 population in Swindon (2019 to 2023)[109]

These trends suggest that during the past couple of years, services have become more accessible and better promoted, particularly following the Covid-19 pandemic, with an increasing number of people being reached through routine testing. Even though Swindon has a low rate of known HIV cases, the increasing but relatively low compared to England testing levels, as well as higher rates of late diagnosis suggest that some cases are being missed until the infection is advanced. Improving testing rates even further would help identify cases earlier, positively influence treatment outcomes, and reduce the risk of transmission. Targeted programmes can further accelerate progress and contribute to increased testing for particular cohorts such as GBMSM.

The most recent available data show that in 2023 the highest proportion of people living with diagnosed HIV are of White (48%) and Black African (42%) ethnicity, the latter being

[109] UKHSA HIV and STI surveillance system (GUMCAD), SPLASH supplement report, accessed Nov 2025

disproportionately high in comparison with Swindon's population (81% and 1.8% respectively). In terms of probable routes of infection, sex between men and women (65%) and sex between men (31%) were the exposure groups with the highest proportion of people living with diagnosed HIV.[110]

Specialist sexual health services were commissioned to deliver HIV pre-exposure prophylaxis (PrEP) in 2020. PrEP is a medicine that people at increased risk of HIV can take to prevent them getting HIV. PrEP need assesses the proportion of people accessing specialist SHS who are at substantial HIV risk and could benefit from receiving PrEP. In 2024, the proportion of people in need of PrEP locally (7.5%) was lower than England (10.6%) and similar to Swindon's statistical neighbours (6.9%). When taken as prescribed, PrEP is highly effective at preventing HIV. In the same year, the proportion of individuals accessing SHSs with estimated PrEP need who started or continued PrEP stood at 75.8% within the Borough, which was similar to the England average (76.1%) and the highest amongst Swindon's statistical neighbours.[111] The majority of people who were either eligible for PrEP (69%) or receiving a PrEP prescription (71%) were GBMSM (Table 8).[112] Moreover, local service data for 2024/25, indicate that the majority of eligible PrEP attendees in Swindon's sexual health service identified as White (76%) and Black/African/Caribbean (13%).

Gender and Sexual Orientation	PrEP eligibility	PrEP prescription
GBMSM	69%	71%
Female	11%	11%
Heterosexual men	12%	10%
Not known	7%	7%

*Percentages might not add up to 100% due to rounding

Table 8 PrEP eligibility and prescription by gender and sexual orientation in Swindon (2024)

Reproductive health and planned pregnancy

Local teenage pregnancy rates

Most teenage pregnancies are unplanned and around half end in abortion. In 2022, 74.5% of under 18s conceptions led to abortion in Swindon, higher than the 58.2% recorded nationally and the 2nd highest among Swindon's statistical neighbours, only behind Bracknell Forest (78.9%).[113] 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.[114] High or rising teenage pregnancy rates can therefore be an indicator of education and health inequality.

[110] ibid

[111] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available at: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/1938133286/pat/6/par/E12000009/ati/502/are/E06000030/iid/93928/age/1/sex/4/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/1/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-146_ine-pt-0_car-do-0

[112] UKHSA HIV and STI surveillance system (GUMCAD), accessed Nov 2025

[113] OHID Fingertips: Under 18s conceptions leading to abortion. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000036/pat/6/par/E12000009/ati/502/are/E06000030/iid/90731/age/173/sex/2/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/1/tbm/1/page-options/car-do-0

[114] OHID Fingertips: Under 18s conception rate. Available from: https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/6/gid/8000057/pat/6/par/E12000009/ati/402/are/E06000030/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 and UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2026/E06000030.html?area-name=Swindon#reproductive-health

In 2022, the under 18s conception rate in Swindon was 11.9 per 1,000 population (females aged under 18). This was similar to the rate for England (13.9 per 1,000) and the fourth lowest amongst Swindon's statistical neighbours. Although there is some fluctuation owing to low numbers, Swindon's under 18s conception rate continues to fall in line with the national trend. Since the introduction of the Teenage Pregnancy Strategy in 1999, the rate of under 18s conceptions in Swindon has fallen by 78.5% (Figure 20).

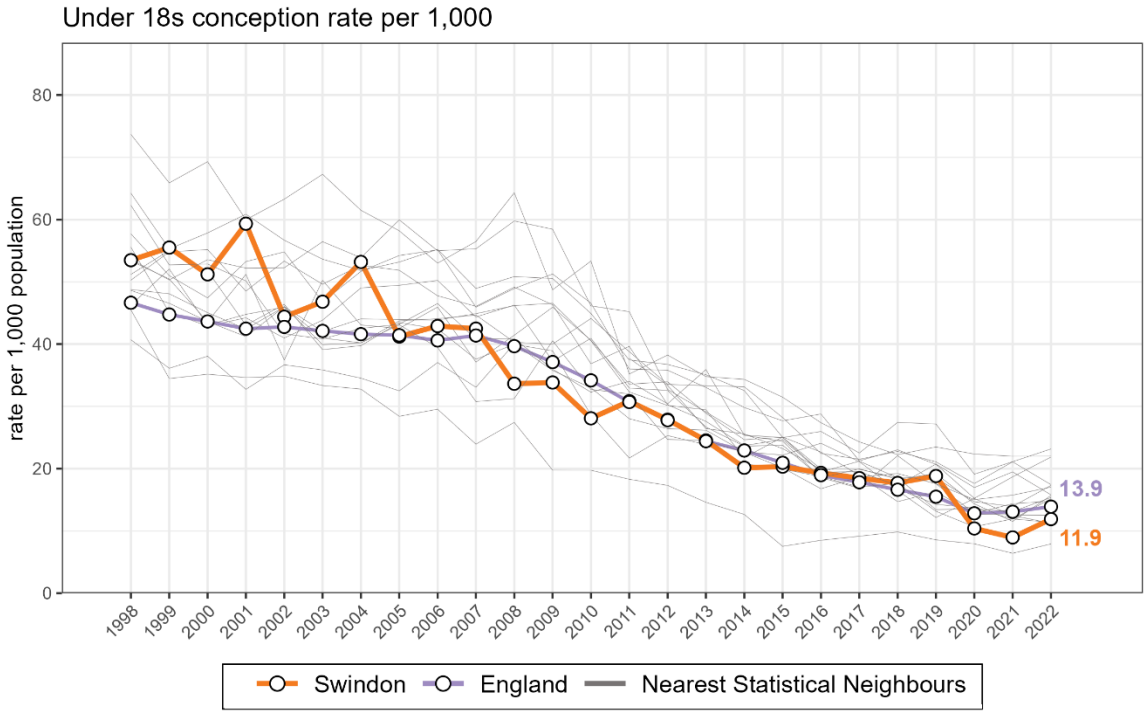


Figure 20 Under 18 conception rate per 1,000 for Swindon, Swindon and its Nearest Statistical Neighbours, and England (1998- 2022)

The most recently available data published in 2023 relating to the three-year pre-pandemic period between 2017-19, showed that Rodbourne Cheney; Walcot and Park North; and Gorse Hill and Pinehurst wards had significantly higher under 18 conception rates compared to the England average. The aforementioned wards are part of the five most deprived wards in Swindon, with the Gorse Hill and Pinehurst ward in particular recording the highest teenage conception rates locally.[115,116]

It can also be helpful to consider risk factors for teenage pregnancy. Figure 21 below shows six risk indicators for Swindon for teenage pregnancy relating to income, education, employment/training and children in care, compared with England and areas that are statistically similar to Swindon in terms of children's services. These areas are known as Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT) neighbours.[117] The latest available data show that Swindon had a smaller proportion of children under 16 in relative low income families and a lower rate for children looked after compared to England, but recorded higher proportions of 16-17 year olds not in education, employment or training; of children looked after with substance misuse and of secondary pupils with

[115] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2023%20update/E06000030.html?area-name=Swindon#reproductive-health
[116] Swindon JSNA, People and the community (Overview). Available from: https://www.swindonjsna.co.uk/wp-content/uploads/2024/04/Swindon-JSNA-post-2021-census-update-2024.pdf
[117] Department for Education (DfE) Local Authority Interactive Tool. 2025. Available from: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

severe persistent absence. A similar pattern is recorded when comparing Swindon with its CSSNBT neighbours, with Swindon having higher rates or percentages for three out of six indicators.

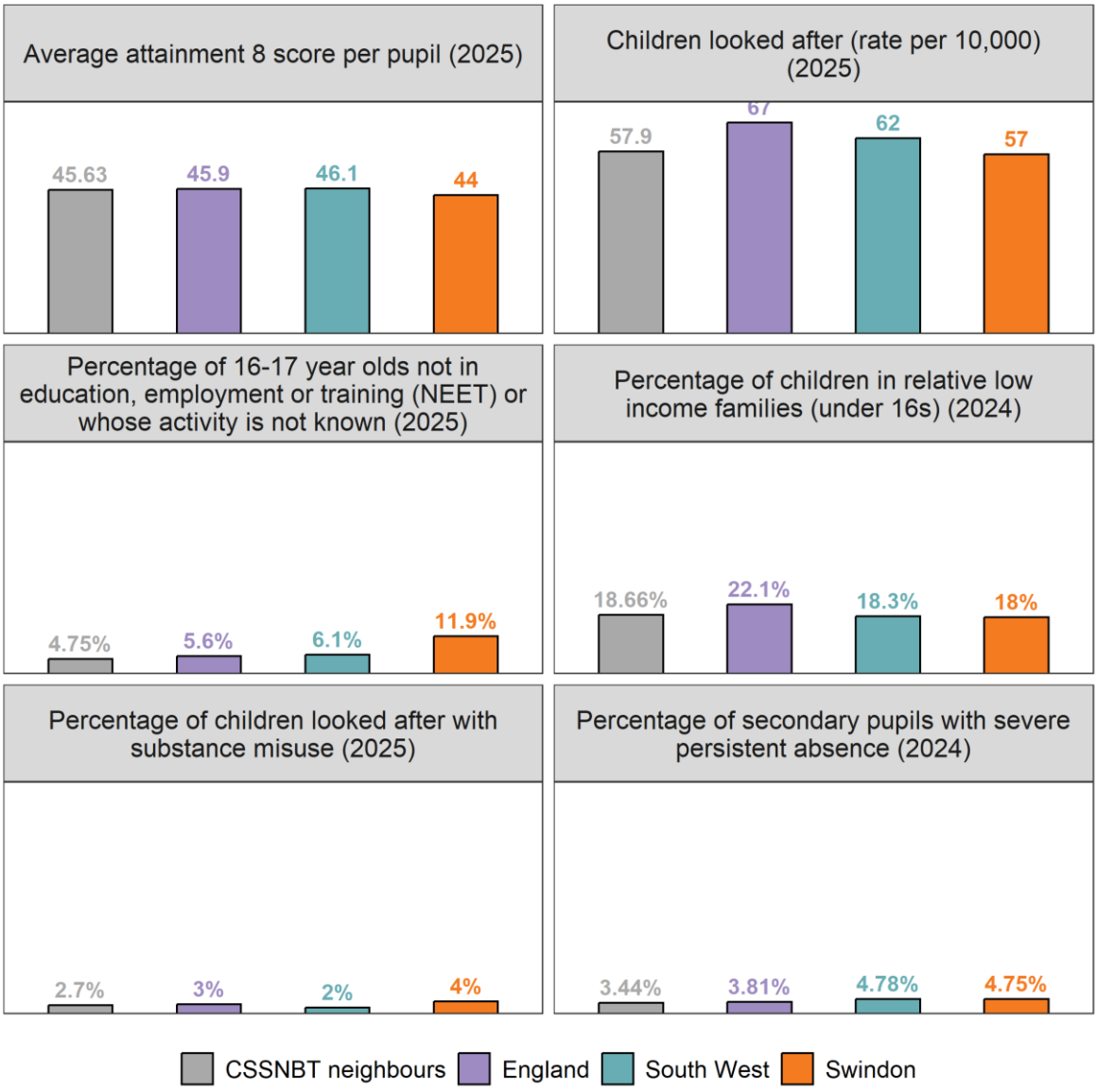


Figure 21 Risk indicators for teenage pregnancy

Access to contraception

Both the government and the Faculty of Sexual and Reproductive Healthcare (FSRH) advocate the importance of knowledge, access and choice associated with contraception. Contraception is available free of charge and from a wide range of services for all people in England, including SHSs, pharmacies and general practices.[118]

The latest available data from 2024 on user dependent methods of contraception indicate reductions by various proportions for different methods and providers from 2023. The reductions in prescription rates ranged from -3.5% for prescriptions for hormonal contraception in SRH services to -14.9% for the same prescriptions in GP practices. Excluding prescriptions of progesterone only pill, the rate of

[118] UKHSA: Summary profile of local sexual health (SPLASH) report. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2025/E06000030.html?area-name=Swindon#reproductive-health

which reduced by a broadly equal amount irrespective of prescriber type, overall prescription rates in GPs reduced more than those at SRH services. Mirroring the national downward trend, in 2024, the rate for prescriptions for short-acting combined hormonal contraception in GP practices was significantly lower than the national average and the second lowest amongst Swindon's statistical neighbours, with the exact opposite pattern being recorded for injectable contraception at SRH services rate in the same year (Table 9).[119] Changes in prescription habits are potentially reflective of changes in the way people access and receive contraceptive care during and after the Covid-19 pandemic, for example by utilising SRH services rather than visiting a GP, and could also be indicative of a gradual shift towards more user-independent methods in the form of long-acting reversible contraception (LARC).

Women prescribed (rate per 1,000)	Swindon			England
	2023	2024	% change (2023 to 2024)	2024
Short acting combined hormonal contraception at SRH services	9.2	8.8	-3.5%	8.3
Short acting combined hormonal contraception in GP practices	86.5	73.6	-14.9%	94.5
Injectable contraception at SRH services	12.9	12.3	-4.8%	4.8
Injectable contraception in GP practices	26.6	24	-9.5%	23.5
Progesterone only pill at SRH services	16.3	15.1	-7.5%	10.8
Progesterone only pill in GP practices	146.9	134.9	-8.1%	116

Table 9 Women's choice of contraception at SRH services and GP practices (2023 to 2024)

The National Institute for Health and Clinical Excellence (NICE) recommends using LARC methods (including contraceptive injections, implants, intra-uterine system (IUS) or intrauterine device (IUD)), due to them being (i) highly effective, by not relying on daily compliance, and (ii) more cost-effective compared to condoms and the pill. Depending on product type, implants, IUS and IUD can remain effective for up to 3, 5 or 10 years.[120]

In 2024, Swindon's total prescribed LARC excluding injections rate for females aged 15-44 years (40.9 per 1,000) was similar to the England average (40.0), positioning it in the middle of its statistical neighbours, with five areas recording significantly higher rates. Following an increase in LARC prescribing rates from 2017 to 2019, a sudden drop was recorded in 2020 as a result of the Covid-19 pandemic, with rates stabilising and reaching pre-pandemic levels in the following years (Figure 22).[121]

[119] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available at: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000059/pat/6/par/E12000009/ati/502/are/E06000030/iid/90754/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-146_ine-pt-0_car-do-0

[120] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available at: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000009/ati/502/are/E06000030/iid/92254/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-146_ine-pt-0_car-do-0

[121] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available at: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000059/pat/6/par/E12000009/ati/502/are/E06000030/iid/92254/age/1/sex/2/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/4/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-146_ine-pt-0_map-ao-4_car-do-0

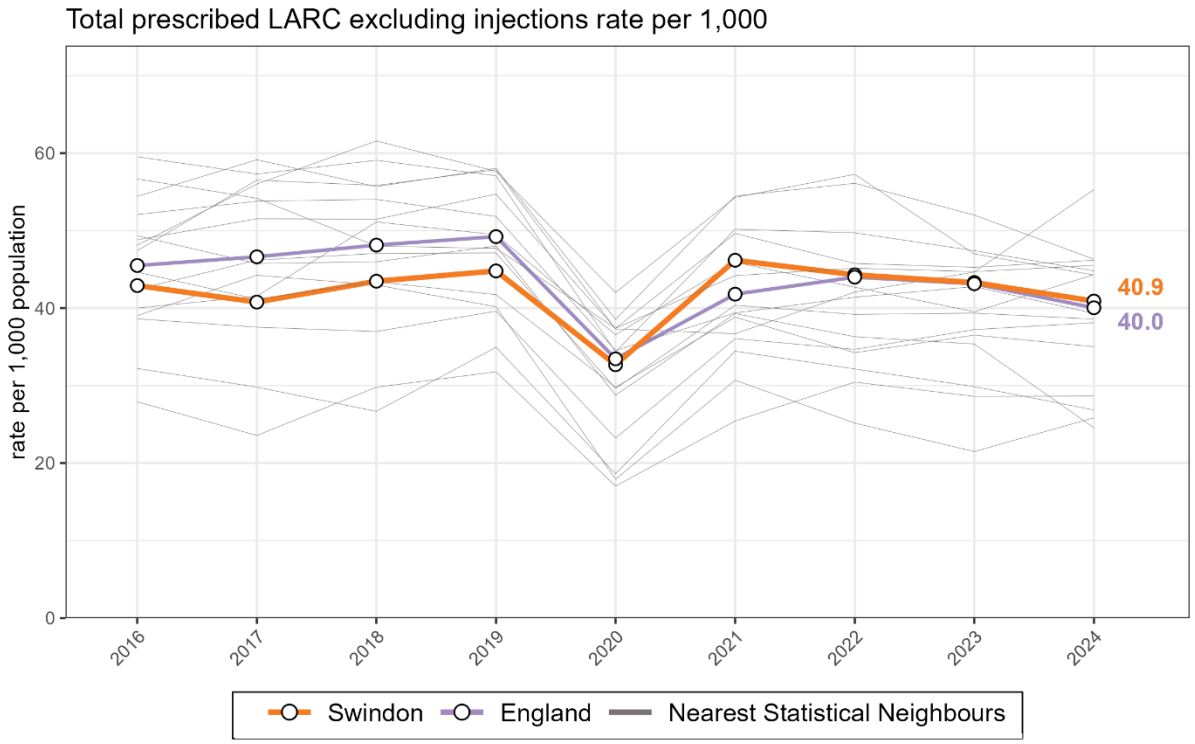


Figure 22 Total prescribed LARC excluding injections rate per 1,000 females aged 15-44 years for Swindon, Swindon and its Nearest Statistical Neighbours, and England (2016- 2024)

The LARC excluding injections prescription rate trends for both GPs and SRH services mirrored the total trend (Figure 23). In 2024, and broadly in line with both national and Swindon's statistical neighbours prescriptions, out of 1,965 LARC prescriptions (excluding injections) for 15-44 year old females locally, 1,060 (54%) were GP prescribed and 905 (46%) were prescribed by SRH services (Table 10).[122]

Area	Number (and proportion) of implants, IUS and IUD in the calendar year	
	GP prescribed	SRH prescribed
Swindon	1,060 (54%)	905 (46%)
Statistical Neighbours	16,395 (55%)	13,520 (45%)
England	274,497 (59%)	189,378 (41%)

Table 10 LARC implants, IUS and IUD prescribed, excluding injections, in 2024 for women aged 15-44 years

[122] ibid

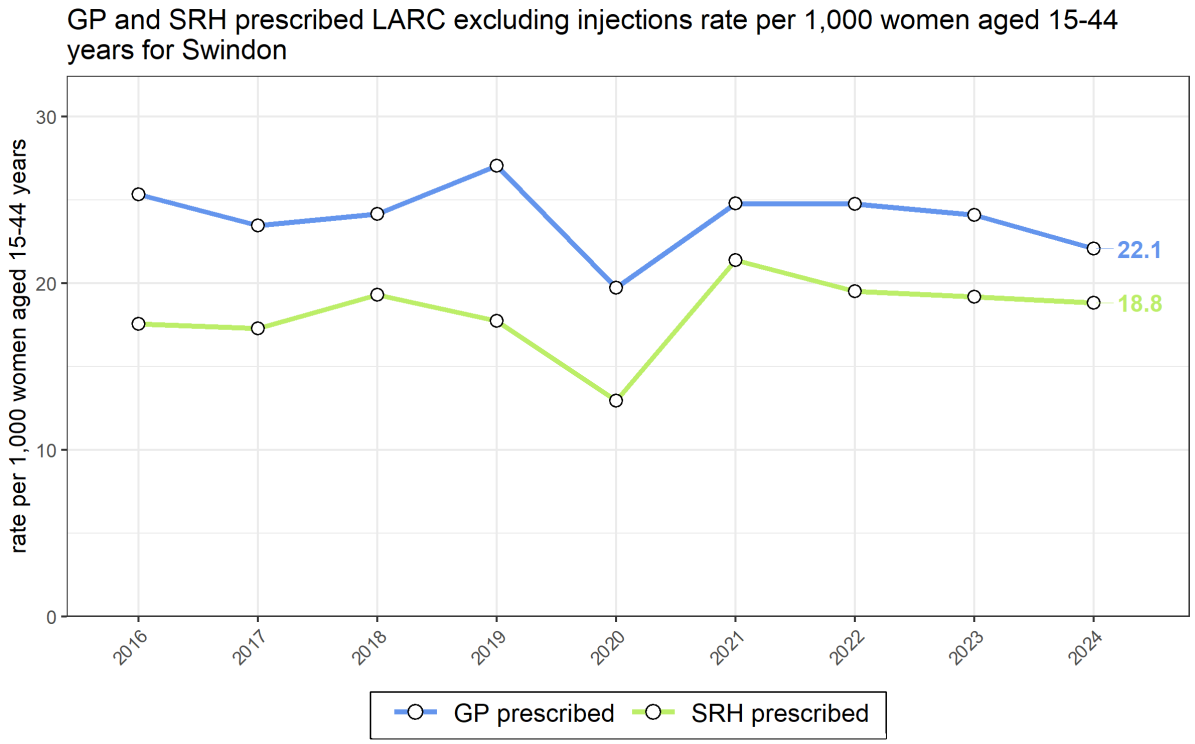
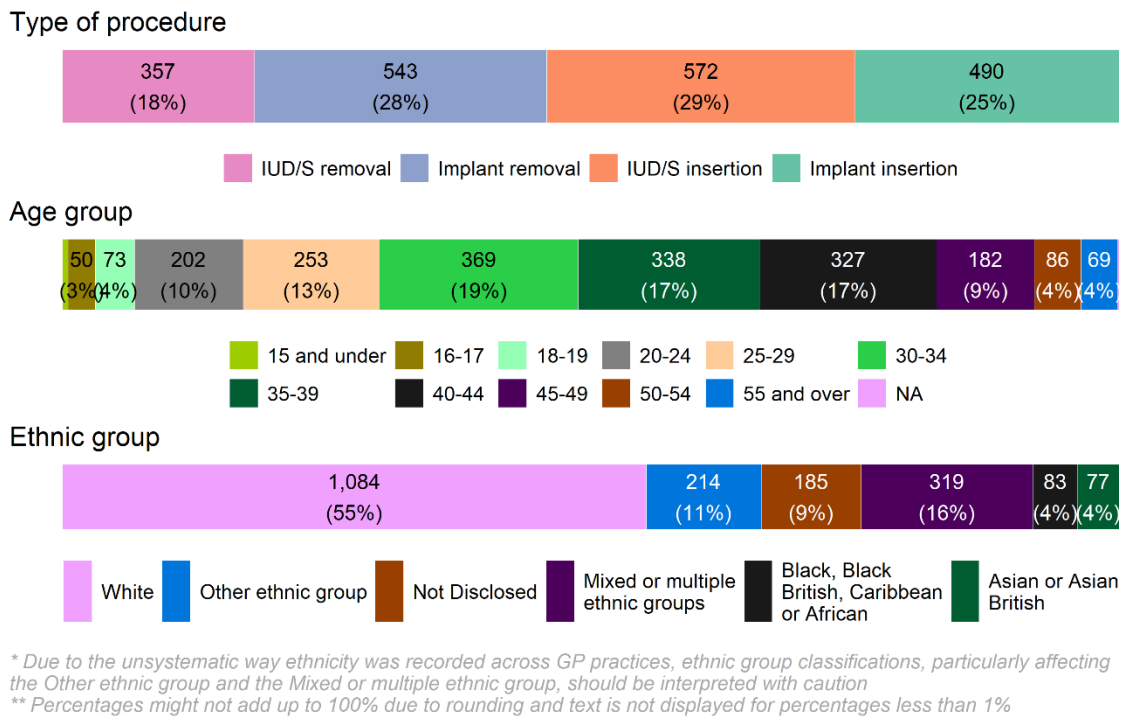


Figure 23 GP and SRH prescribed LARC excluding injections rate per 1,000 women aged 15-44 years (2016- 2024)

One of the Health Equity Assessment Tool (HEAT) recommendations, a tool that was utilised to inform Swindon's 2022 Sexual Health Needs Assessment to better understand inequalities in LARC uptake, was to improve data collection in primary care in order to assess which groups are not currently accessing LARC and consider how to support primary care more with workforce development to improve contraceptive options. This recommendation was embedded in Swindon's Sexual and Reproductive Health Strategy for 2023-2026 and was reflected in the second strategic priority aiming to reduce unintended pregnancies and under 18 conceptions while also increasing LARC provision.

In 2024/25, of the 1,962 LARC procedures performed in Swindon's GP practices, 46% were removals and 54% insertions. The majority of procedures were for females aged 30-44 years (53%), with younger females (under 30 years) accounting for 30% of all procedures. Slightly more than half (55%) LARC procedures were performed in patients identifying with the White ethnic group, with individuals of "Mixed or multiple" and "Other" ethnicity accounting for 27% of all operations. Due to the fact that ethnicity was not recorded in a systematic way across GP practices and was not captured for approximately one in ten people, strong conclusions cannot be drawn. However, data indicated that compared to Swindon's population, the White and the Asian/Asian British ethnic groups were not having as many LARC fittings and/or removals (Figure 24).[123]

[123] SBC, GP practice LARC audit, 2024/25



** Due to the unsystematic way ethnicity was recorded across GP practices, ethnic group classifications, particularly affecting the Other ethnic group and the Mixed or multiple ethnic group, should be interpreted with caution*
*** Percentages might not add up to 100% due to rounding and text is not displayed for percentages less than 1%*

Figure 24 Number (and proportion) of LARC procedures at Swindon's GP practices (2024/25)

During the same time-period, an average of two GPs and/or practice nurses performed LARC fittings and removals at each practice, with an average waiting time of 2-4 weeks.[124]

Access to abortions

Abortion is a way of ending a pregnancy, either by using medicine (prescribed drugs) or through a surgical procedure which removes the pregnancy from the womb. Abortion is also referred to as 'termination of pregnancy'. The proportion of medical terminations, involving the use of drugs, compared to surgical terminations, such as vacuum aspiration or dilatation and evacuation, have increased in recent years, with medical abortions accounting for 87% of total abortions in England and Wales in 2023 (Figure 25).[125] In the same year in Swindon, medical abortions also accounted for 87% of all abortions.[126]

[124] Average waiting time is based on data from 12 Swindon GP practices
[125] Department of Health and Social Care. Abortion statistics, England and Wales: 2023. Available from: https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2023
[126] ibid

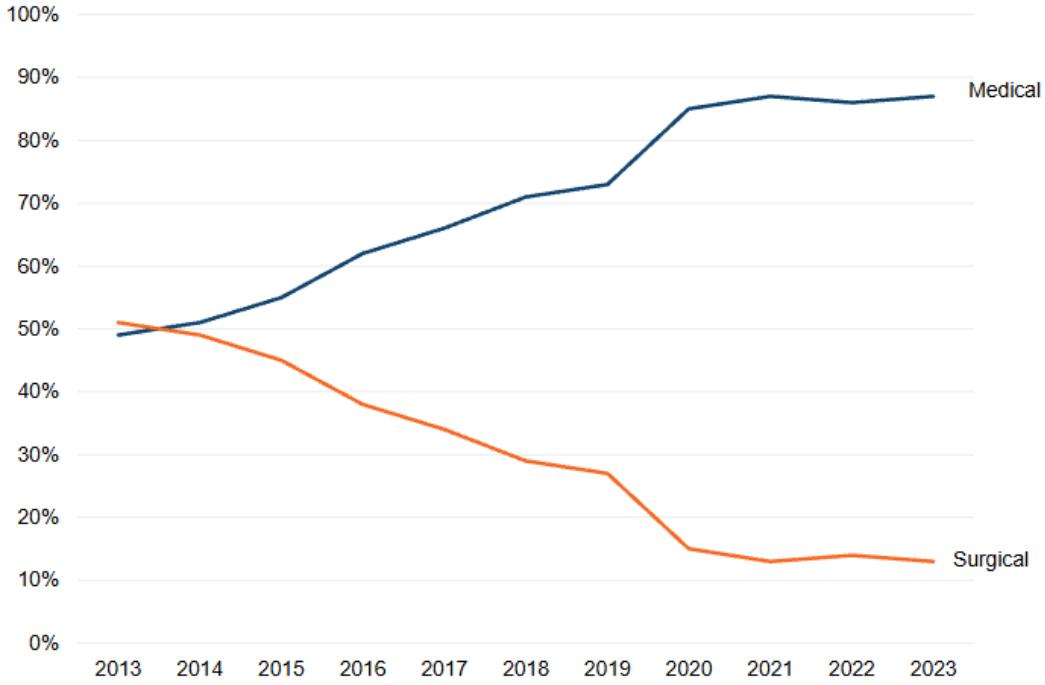


Figure 25 Percentage of abortions by method, England and Wales (2013 to 2023)

Abortions should be easily and safely available for those that choose them. The most recently available data shows that there were 1,050 abortions in Swindon in 2023. Locally, the total abortion rate was 22.7 per 1,000 female population aged 15 to 44 years, which was similar to the England rate of 23.4 per 1,000 and the second lowest amongst Swindon's statistical neighbours, only above Bracknell Forest (20.8 per 1,000). Despite a slight rate drop between 2020 (19.4 per 1,000) and 2021 (19.1 per 1,000), data shows an upward trend in the total abortion rate over time, and this appears to be unaffected by the Covid-19 pandemic (Figure 26).[127,128]

[127] Department of Health and Social Care. Abortion statistics, England and Wales: 2023. Available from: https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2023

[128] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000059/pat/6/par/E12000009/ati/502/are/E06000030/iid/90754/age/1/sex/2/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/1/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-146_ine-pt-0_car-do-0

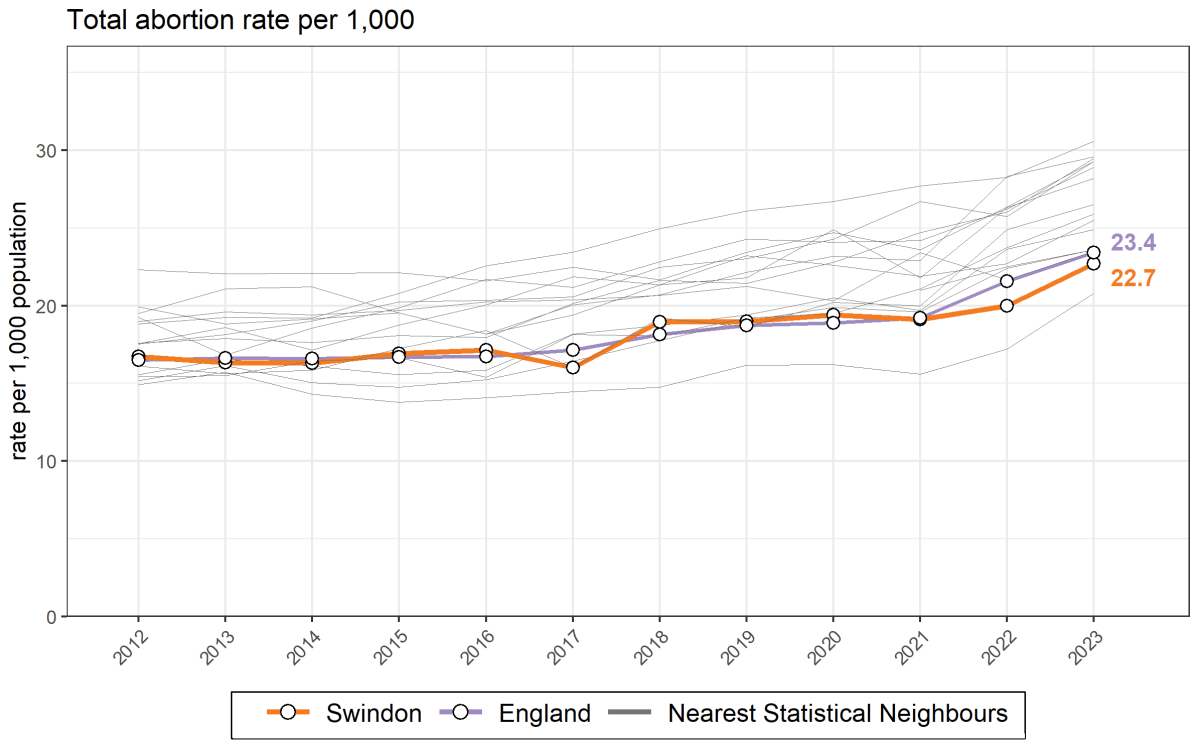


Figure 26 Total abortion rate per 1,000 females aged 15-44 years for Swindon, Swindon's Nearest Statistical Neighbours, and England (2012- 2023)

In 2023, a third of abortions in Swindon in women aged under 25 years were for women who had previously had an abortion, similar to the average for England at 29%. During this year and for the same cohort, a further 25% of abortions (21.5% in England) were for women who had previously given birth. Despite an increase in the percentage of repeat abortions between 2022 (27.5%) and 2023 (33%) locally, both proportions remained relatively unchanged in recent years, with Swindon recording similar proportions to its statistical neighbours for both repeat abortions and abortions after a birth (Figure 27, Figure 28).[129]

[129] ibid

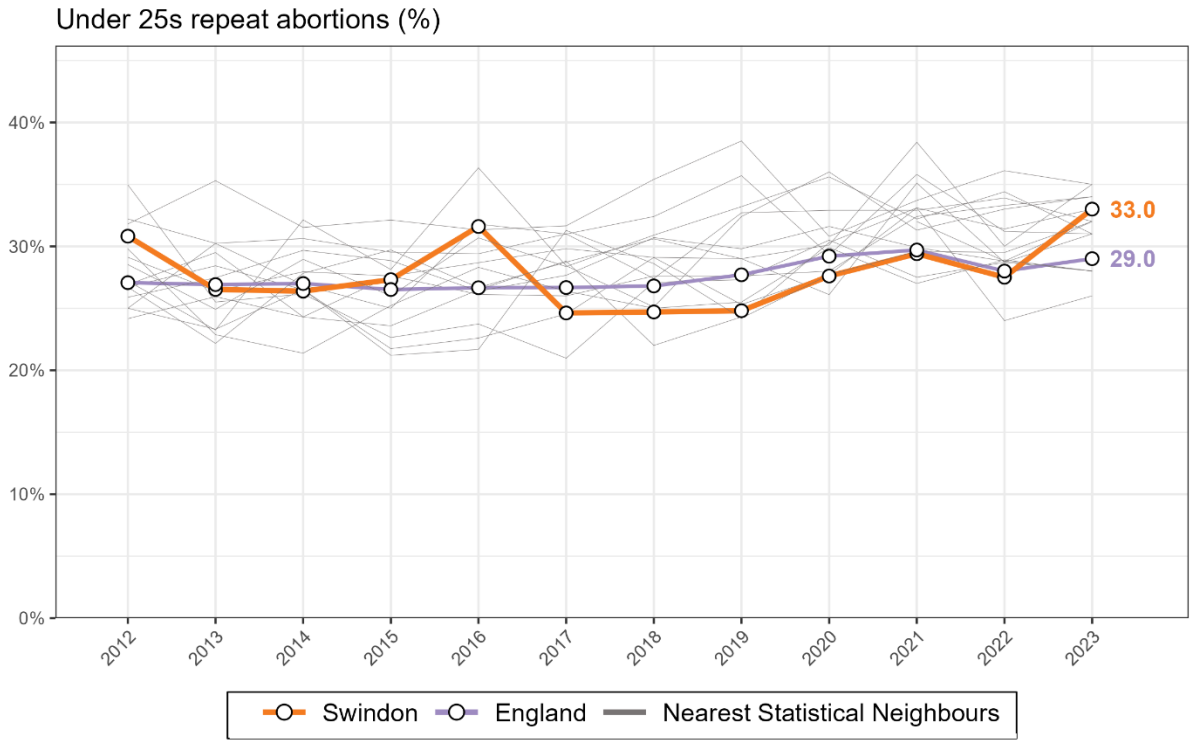


Figure 27 Percentage of repeat abortions for females under 25 years for Swindon, Swindon's Nearest Statistical Neighbours, and England (2012- 2023)

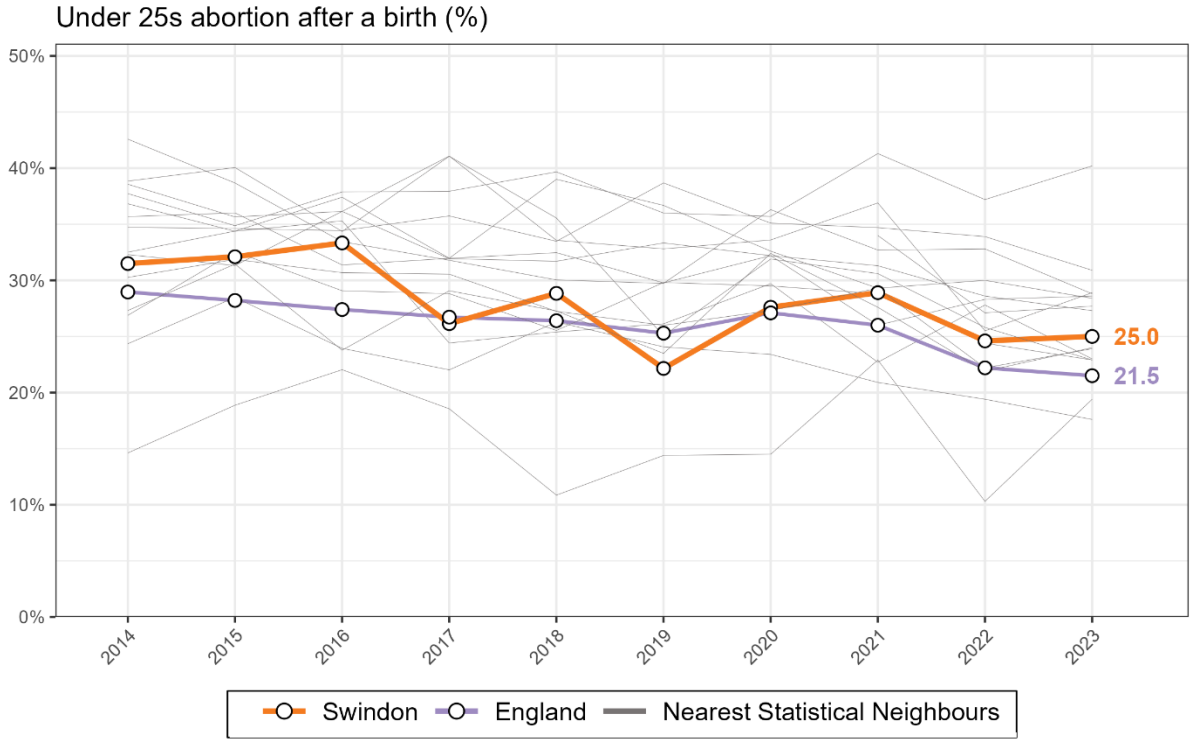


Figure 28 Percentage of abortions after a birth for females under 25 years for Swindon, Swindon's Nearest Statistical Neighbours, and England (2014- 2023)

Following a drop in abortion rates for females under the age of 18 locally during the Covid-19 pandemic (5.5 per 1,000 in 2020 and 2021), the rate increased to 8.1 per 1,000 in 2022, before dipping to 6 in 2023. Swindon's rate mirrored the national rate and trend in the years preceding 2023, did not

reach pre-pandemic levels and was reflective of the impact of changes in sexual behaviour and health services during that period. In 2023, the under 18 abortion rate for England stood at 7.8, with Swindon recording the lowest rate amongst its statistical neighbours (Figure 29).

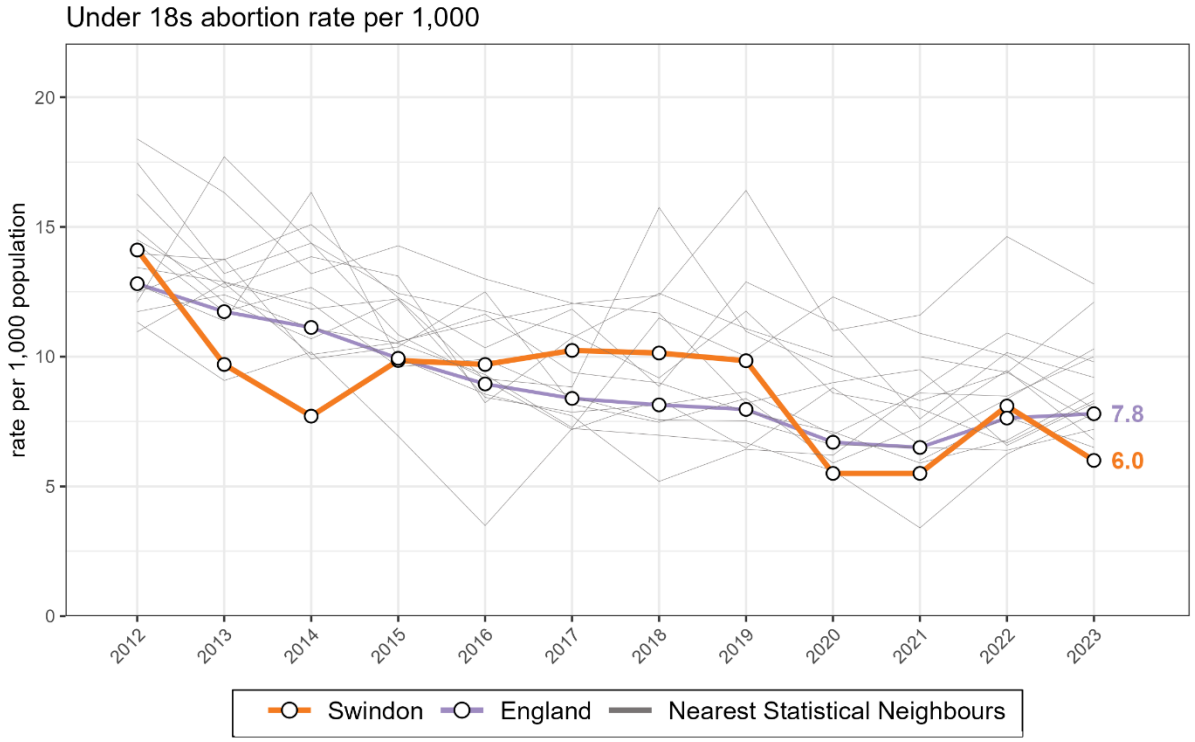


Figure 29 Abortion rate for females under 18 years for Swindon, Swindon's Nearest Statistical Neighbours, and England (2012- 2023)

Further inspection shows that in 2023, 70% of abortions locally were for women aged 20-34 years, while close to one in ten were amongst those aged 19 years or younger. Between 2022 and 2023, the largest rise in abortions rates occurred in the 25-29 and the over 35 years age group, whereas a 26% reduction in rate was recorded for women under 18 years. Furthermore, Swindon recorded one of the lowest abortion rates when compared to its statistical neighbours for abortion rates across all ages but recorded the sixth lowest rate for the over 35 years age group (Table 11, Table 12).[130, 131, 132]

[130] OHID. Abortion statistics, England and Wales: 2022. Available from: https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2022
[131] OHID. Abortion statistics, England and Wales: 2023. Available from: https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2023
[132] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000059/pat/6/par/E12000009/ati/502/are/E06000030/iid/90754/age/1/sex/2/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/4/tbm/1/page-options/car-do-0

Age group (years)	Legal abortions				
	Number (Percentage of Total)		Rate per 1,000 females		
	2022	2023	2022	2023	Percentage change (2022 to 2023)
Under 18	32 (3.5%)	25 (2.4%)	8.1	6.0	-25.9%
18-19	61 (6.7%)	75 (7.1%)	28.9	32.8	13.5%
20-24	231 (25.3%)	220 (21.0%)	40.9	41.2	0.7%
25-29	210 (23.0%)	275 (26.2%)	27.4	35.9	31.0%
30-34	217 (23.8%)	240 (22.9%)	24.5	27.3	11.4%
35+	161 (17.7%)	215 (20.5%)	9.2	11.9	29.3%
Total (15-44)	912	1050	20.5	23.3	13.7%

Table 11 Legal abortions in Swindon by age group (2022-2023)

Age group (years)	Legal abortion rate per 1,000 females (2023)		
	Swindon	England	Rank among Swindon's statistical neighbours*
Under 18	6.0	7.8	1
18-19	32.8	28.4	5
20-24	41.2	39.4	2
25-29	35.9	35.0	5
30-34	27.3	26.8	4
35+	11.9	12.4	6
Total (15-44)	23.3[1]	23[1]	2
	22.7[2]	23.4[2]	

** First rank has the lowest value*

[1] Age standardised rate; [2] Crude rate

Table 12 Legal abortion rates by age group: Swindon, England and Swindon's statistical neighbours (2023)

Earlier abortions, under 10 weeks gestation, are lower risk, cost-effective and can indicate service quality. The proportion of abortions under 10 weeks had been constantly increasing locally since 2017, peaking at 93.8% in 2020 before slightly dropping to 89.2% in 2021 and 89.3% in 2022, reaching 90% in 2023. In the latter year, locally, the proportion remained in line both with the national average (89%) and with all of Swindon's statistical neighbours excluding Peterborough (Figure 30). Moreover, in 2023, Swindon recorded the second highest rate (95.2%) in the Southwest region (92.4%) for medical earlier abortions. The proportion was similar to the England average (95.2%), with six of its statistical neighbours reporting statistically significantly higher proportions.[133,134]

[133] ibid

[134] OHID Fingertips Health Data: Sexual and Reproductive Health Profiles. Available from: https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000059/pat/6/par/E12000009/ati/502/are/E06000030/iid/90754/age/1/sex/2/cat/-1/ctp/-1/yrr/1/nn/nn-15-E06000030/cid/1/tbm/1/page-options/ine-vo-0_ine-yo-1:2020:-1:-1_ine-ct-146_ine-pt-0_car-do-0

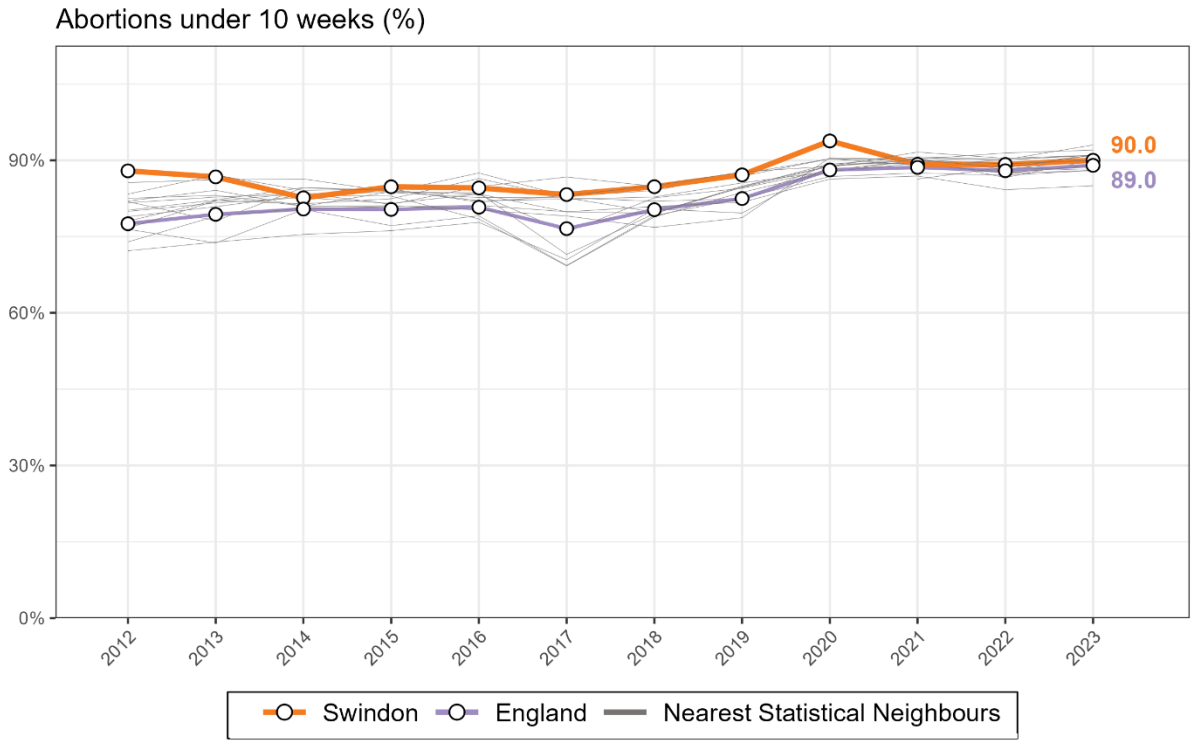


Figure 30 Proportion of early abortions (under 10 weeks) for Swindon, Swindon's Nearest Statistical Neighbours, and England (2012- 2023)

There is currently one main abortion service provider with a physical clinic location in Swindon: British Pregnancy Advisory Service (BPAS) Swindon, that offers abortion treatments and abortion pills by post, with residents being able to additionally access services, in person or remotely, from other providers in the region such as MSI.[135,136]

Overall, abortion activity in Swindon is broadly consistent with the national picture and does not suggest substantial unmet need in access to abortion services. Total abortion rates are similar to England and comparatively low relative to most statistical neighbours, while the high proportion of abortions performed before 10 weeks gestation indicates timely access to care. The widespread use of medical abortion also reflects current national practice. Although abortion rates among women aged under 18 remain below the England average and have not returned to pre-pandemic levels, increases in abortion rates among women aged 25-29 years and those aged 35 years and over contributed to an overall rise in abortions between 2022 and 2023. These changes may reflect a range of factors including changing fertility intentions, relationship circumstances, economic conditions and contraceptive needs across the reproductive life course.

One-third of abortions among women aged under 25 years were repeat abortions and one-quarter occurred among women who had previously given birth. While both measures are broadly comparable with national and statistical neighbour averages, they reinforce the importance of providing and maintaining accessible contraception, effective contraceptive counselling and support with reproductive decision-making. In particular, the proportion of repeat abortions points to a specific need to strengthen post-abortion contraceptive provision, ensuring that women are supported to

[135] BPAS Bath, Swindon and Wiltshire. Available from: https://www.bpas.org/contact-us/bpas-bath-swindon-and-wiltshire/#:~:text=Abortion%20treatments,NHS%20funded%20abortions

[136] DHSC. Guidance: Independent clinics and hospitals approved to carry out abortions. Available from: https://www.gov.uk/government/publications/clinics-authorised-to-carry-out-abortions/list-of-independent-clinics-and-hospitals-approved-to-carry-out-abortions#south-west

access effective contraception, including LARC, immediately following a termination. Ensuring access to the full range of contraceptive methods alongside effective post-abortion and post-partum contraceptive care remains important in reducing unintended pregnancies and helping women access the contraception that is right for them.

Sexual health in young people and most at-risk or vulnerable populations

Relationships and Sex Education (RSE) in education settings

All young people need comprehensive RSE and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. The main providers of RSE are educational settings. From September 2020 relationships education in primary schools, RSE in secondary schools, and health education in both primary and secondary became statutory in all schools. This includes academies, free schools, faith schools and the independent sector. Whilst schools have a legal duty of offer RSE to pupils, parents have the right to request that their child be withdrawn from some or all of sex education delivered. Statutory guidance was published in 2019, and since then, RSE content has been updated to include menstrual and gynaecological health, sexual harassment and sexual violence, pregnancy and miscarriage.[137,138]

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 RSE teaching through the personal, social, health and economic (PSHE) curriculum by:

- steering them to relevant resources
- organising training and development
- encouraging networking amongst schools.

Updated resources to support the RSE requirements and information about local sources of confidential and reproductive health advice is shared regularly via the Education Hub platform, and via the Educations teams' newsletter which goes out to Swindon schools.[139]

In the 2023/24 academic year, students from Year 8 (n=782) and Year 10 (n=625) completed Swindon Borough Council's *How Are You?* online survey, with pupils being asked to rate specific elements of their Personal, Social, Health and Economic (PSHE) education.

Pornography education was rated poorly by both year groups. Among Year 8 pupils, only around 1 in 5 rated this teaching as good, while 46% said it was poor, non-existent or could be improved, the largest group being "poor/non-existent". Year 10 pupils rated this area even less favourably. Fewer than 1 in 5 rated it good, and over half (50.46%) felt it was poor/non-existent or needed improvement.

Education on grooming and exploitation was viewed more positively but still uneven. In Year 10, just over two-thirds (64.44%) rated this area as good or OK whereas in Year 8, 76% rated good or OK.

Behavioural data indicated increasing risk as students get older. In Year 8, 3.7% (29 students) reported having shared an explicit photo. By Year 10, 10.6% (70 students) reported sharing an explicit photo, 7.3% reported having had sex, and 16.4% reported viewing pornography online.

[137] Department of Education: Relationships and sex education (RSE) and health education. Available from the Gov.uk website: https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education
[138] Department for Education. New RSHE guidance: What it means for sex education lessons in schools. Available from: https://educationhub.blog.gov.uk/2024/05/new-rshe-guidance-what-it-means-for-sex-education-lessons-in-schools/
[139] Swindon Healthy Schools website. Available from: https://www.swindonhealthyschools.org/

Overall, the findings showed that student satisfaction with PSHE content, particularly around pornography and online safety, declines with age, while engagement in related risky behaviours increases. This suggests a strong need for more age-appropriate, consistent and comprehensive PSHE education as pupils progress through secondary school.[140]

Exploitation of young people including Child Sexual Exploitation (CSE)

Child exploitation is tackled via various strategies and action plans within Swindon, some of which fall under the Swindon Safeguarding Partnership and the Community Safety Partnership. They include the SSP Child sexual Abuse strategy, the SSP All Age Exploitation Strategy, early intervention and serious violence action plan, the Swindon and Wiltshire Sexual Assault and Abuse Partnership action plan and the Domestic Abuse Board and Violence Against Women and Girls Board Strategy's action plan. All these strategies /action plans include primary prevention elements as well as interventions to reduce further incidence and harm.

Healthcare Teams and Swindon Borough council staff who work with children and young people are linked to the Opal Team (child exploitation and missing team) and all partner agencies can use the child exploitation initial screening (CERAF) if they have concerns about any of the young people they are working with. Services also have safeguarding leads with whom staff can raise concerns. Children's social care and the police can be made aware of any concerns, or intelligence, relating to child exploitation via the multi-agency safeguarding hub (MASH). A multi-agency child exploitation panel (MACE) provides a framework for regular action planning and information sharing for children who are assessed to be a high risk.

Access to services for most at-risk or vulnerable groups

Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity. Some demographic groups are at a higher risk of poor sexual health. The Framework for Sexual Health In England identifies those that have experienced sexual and/ or domestic violence and abuse; those at risk of or who have had female genital mutilation (FGM); people involved in sex work; those with learning disabilities; Lesbian, Gay, Bisexual, Trans, Queer/Questioning + (LGBTQ+) people; homeless people; young people; and some Black, Asian, and Minority Ethnic (BAME) communities as groups at higher risk of sexual ill health.

The list below summarises the findings from a review of sexual health literature amongst these groups nationally and in Swindon.

Those that have experienced sexual and/or domestic violence and abuse

Swindon's Multi-Agency Domestic Abuse Strategy 2025-28 reports that it has been estimated that approximately 8,235 people aged 16 years and over experience domestic abuse (DA) within one year. Women are almost twice as likely as men to experience domestic abuse. Wiltshire Police recorded 5,895 DA incidents in Swindon in 2022/23, with 3,114 (53%) considered a crime. In 2022/23 there were 473 referrals to the multi-agency risk assessment conference (MARAC) for high-risk domestic abuse cases, with 845 children living in these households. Moreover, in 2023/24, 65% of young people working with Swindon's Youth justice Service have experienced abuse in the family home.

Those at risk of or who have had female genital mutilation

Female genital mutilation (also referred to as FGM, female circumcision or cutting) is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the

[140] SBC: 'How are You?' Student Voice Survey. 2023-24. Available from: https://www.swindonjsna.co.uk/surveys-research/surveys/

female genital organs for non-medical reasons. It is estimated that 137,000 women and girls are living with FGM (female genital mutilation) in the UK.[141] The 2023/24 FGM NHS Annual report recorded 40 individual women and girls who had an attendance where FGM was identified, corresponding to 250 attendances for Swindon. Using information from the 2011 Census, FGM prevalence estimates for Local Authorities were published by the City University London in 2015, which estimated that the prevalence of women and girls living with FGM in Swindon is 1.6 per 1,000 population (the equivalent of 168 individuals).[142]

People involved in sex work

Sex workers are a heterogeneous and culturally diverse group that includes women, men, and transgender people. Sex workers are at higher risk of poor sexual health outcomes. Sex workers also experience vulnerabilities such as violence, rape and sexual assault, homelessness, and drug and alcohol problems that impact on their sexual health needs.[143, 144]

Between 1 January and 1 December 2025, the Nelson Trust supported 79 women, including 18 new referrals, all of whom were involved in sex work and have multiple disadvantages identified across their nine pathways. Of these, 23 women were known to be engaged in on-street sex work, though it is important to note that the majority were off-street mainly in their homes, which carries additional hidden risks including exploitation. At the point of referral, 78% presented with a sexual health need, 72% with a drug or alcohol need, 56% with an accommodation need, and 38% disclosed current or historical domestic or sexual abuse, highlighting the interconnected nature of trauma, homelessness, substance use and sexual health risk.

Women accessing support during this period were predominantly White British (93%), with the rest identifying as White Other, Black Caribbean or African. Although representation from minoritised or migrant groups was low, it will be important to continue monitoring accessibility for women without secure citizenship or with language or immigration barriers, who may face heightened vulnerability to exploitation and reduced visibility within mainstream services.

Access to sexual health services continues to be affected by stigma, homelessness, coercion and fear of statutory systems. Specialist trauma-informed support, assertive outreach and strong partnership working with sexual health, substance misuse, housing, and safeguarding services remain essential to enable women to access screening, contraception, and safety planning in a trusted, non-judgemental setting.

People with learning disabilities

Approximately 1.3 million people live in England with a learning disability, with 950,000 being adults aged 18 or over.[145] Despite statutory duties and clinical standards intended to ensure equitable access, national bodies recognise that people with learning disabilities do not consistently receive accessible

[141] UK Parliament. Female genital mutilation. 2024/25. Available from: https://publications.parliament.uk/pa/cm5901/cmselect/cmwomeq/714/report.html#heading-4

[142] City University London. Estimates of FGM prevalence for each local authority area. 2015. Available from: https://www.citystgeorges.ac.uk/news-and-events/news/2015/07/no-local-authority-area-in-england-and-wales-free-from-fgm

[143] Gov.uk. Inclusion health. Vulnerable Migrants, Gypsies and Travellers, People Who Are Homeless, and Sex Workers: A Review and Synthesis of Interventions/Service Models that Improve Access to Primary Care & Reduce Risk of Avoidable Admission to Hospital. 2014. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/305912/Inclusive_Practice.pdf

[144] Department of Health and Social Care. A framework for Sexual Health Improvement in England. 2013. Available from: https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

[145] OHID. Guidance: Learning disability-applying All Our Health. 2025. Available from: https://www.gov.uk/government/publications/learning-disability-applying-all-our-health/learning-disabilities-applying-all-our-health

sexual-health information or appropriate support to understand relationships, consent and sexual health.[146,147,148]

In 2024/25, 1,464 GP-registered patients in Swindon (0.6% of the registered population) were recorded as having a learning disability, broadly in line with the England average.[149] Projecting Adult Needs and Service Information projections for adults aged 18–64 indicate that many are likely to have moderate or severe learning disabilities and will therefore require support or services. The highest demand for services is expected in the 35–44 and 45–54 age groups, with modest growth projected across most age ranges over the next 15 years.[150] Local data show substantial growth in the number of adults with learning disabilities using services in Swindon, particularly over the past two years, increasing from 179 adults in adult social care in 2024 to 282 in 2025.[151]

The most recent sexual health strategy, 'A Framework for Sexual Health Improvement in England' recommended that there be more accessible information and support for young people with learning disabilities and for their parents. This needs to include information about sexuality, abuse and consent and practical information about contraception and safer sex where appropriate.

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and "plus"

Lesbian, gay, bisexual, transgender, queer/questioning and "plus"(LGBTQ+) people experience a number of health inequalities associated with access, outcomes and experiences that are often unrecognised in health and social care settings.[152,153] According to Census 2021, 2.9% of Swindon residents identified their sexual orientation as other than "Straight or Heterosexual". ONS, via the Annual Population Survey, estimated that in 2024, 3.7% of UK residents aged 16 years and over identified as lesbian, gay or bisexual (LGB), with UKHSA estimating the gay, bisexual and other MSM population at 5.5% of the male population in the UK a decade ago.[154] This diverse population continues to experience inequalities in health and wellbeing and in other areas – such as the experience or fear of stigma and discrimination, despite significant improvements in social attitudes and laws that protect and uphold the rights of LGBTQ+ people. Gay, bisexual men and other MSM continue to be the group most disproportionately affected by STIs and HIV infection locally.

[146] NICE. Quality Standard QS178: Sexual health. 2019. Available from: https://www.nice.org.uk/guidance/QS178/chapter/quality-statement-4-access-to-sexual-health-services
[147] NHS England. Accessible Information Standard – requirements (DAPB1605). 2025. Available from: https://www.england.nhs.uk/long-read/accessible-information-standard-requirements-dapb1605/
[148] CQC. Promoting sexual safety through empowerment. 2020. Available from: https://www.cqc.org.uk/sites/default/files/20200225_sexual_safety_sexuality.pdf
[149] OHID. Fingertips Public Health profiles. 2025.Available from: https://fingertips.phe.org.uk/search/learning%20disability#page/1/gid/1/pat/15/par/E92000001/ati/502/are/E06000030/iid/200/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
[150] PANSI. Projecting Adult Needs and Service Information. 2025. Available from: https://www.pansi.org.uk/
[151] SBC. Adult Social Care. 2025
[152] Government Equalities Office. National LGBT Survey: Research Report. 2018. Available from: https://www.gov.uk/government/publications/national-lgbt-survey-summary-report
[153] NHS. NHS launches first ever review to tackle LGBT+ health inequalities. 2025. Available from: https://www.england.nhs.uk/2025/07/nhs-launches-first-ever-review-to-tackle-lgbt-health-inequalities/
[154] UKHSA (PHE). Promoting the health and wellbeing of gay, bisexual and other men who have sex with men.2014. Available from: https://assets.publishing.service.gov.uk/media/5a7f06f140f0b6230268d07d/MSM_document.pdf

Homeless people

Homeless people are at increased risk of STIs and unwanted pregnancies and can come under pressure to exchange sex for food, shelter, drugs and money.[155] Studies of homeless youth indicate that homeless youth commonly report being raped and sexually assaulted, being sexually victimized, and engaging in sex work and survival sex. Rates of victimisation and sexual risk behaviour were generally higher for females.[156, 157]

In Swindon, it is estimated that there are between 10 and 15 people in Swindon who are sleeping on the streets at any given time.

Young People

Young people are at increased risk of poor sexual health due to sexual development at this age and societal changes such as sexualised imagery and social media. There are also particular sub-groups of young people that are more vulnerable to poor sexual health. These include looked after children, care leavers and young offenders.

Vulnerable young people are a key focus for the sexual health service outreach nursing team. For some, this may be their only source of education and support, particularly if they are not attending school or engaging with mainstream services. The outreach team works flexibly to reach those most at risk, providing tailored interventions and safeguarding support. For pupils who do attend school, support is available through their allocated specialist school nurse during weekly clinics. These clinics offer a confidential and safe space where young people can seek advice on a range of health and wellbeing issues, including sexual health. Young people can self-refer or be referred by school staff, parents, or other professionals. If a young person requires more intensive or targeted support, school nurses can refer the outreach team, ensuring continuity of care and a joined-up approach.
The school nursing team also uses the Child Exploitation Initial Screening Tool to identify early signs of risk, including sexual exploitation, enabling timely intervention and safeguarding. By combining clinical expertise with proactive risk assessment, school nurses play a vital role in protecting vulnerable young people and promoting positive health outcomes.

Ethnic minority groups

Some ethnic minority groups are at greater risk of poor sexual health, including higher rates of STIs, and female genital mutilation. There are also cultural barriers to ethnic minority communities accessing sexual health services and support.[158] In 2024, even though more people from the White ethnic group were diagnosed with new STIs in England (26.8% of 364,750 diagnoses), people of Black ethnicity (1,776 per 100,000 population) and in particular women identifying with the Black Caribbean ethnic group recorded the highest new STI diagnoses rate (2,523 per 100,000).[159] These community

[155] McGregor F et al. Nurse-led sexual health clinics in hostels for homeless people. 2018. Available from: https://emap-moon-prod.s3.amazonaws.com/wp-content/uploads/sites/3/2018/04/180418-Nurse-led-sexual-health-clinics-in-hostels-for-homeless-people.pdf
[156] ONS. "Hidden" homelessness in the UK: evidence review. 2023. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29
[157] Heerde et al. Associations between youth homelessness, sexual offenses, sexual victimization, and sexual risk behaviors: a systematic literature review. 2015. Available from: https://link.springer.com/article/10.1007/s10508-014-0375-2
[158] The King's Fund. The health of women from ethnic minority groups in England. 2025. Available from: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/the-health-of-women-from-ethnic-minority-groups-england
[159] UKHSA. Sexually transmitted infections and screening for chlamydia in England: 2024 report. Available from: https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2024-report#populations-with-greater-sexual-health-needs

groups are also disproportionally affected by HIV, with 52.9% of people from the Black African ethnic group being diagnosed with a late HIV diagnosis between 2020-2022, higher than the overall average for England (43.3%).[160] Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold increased risk of death within a year of diagnosis, compared to those diagnosed promptly.

18.5% of Swindon's residents identified as other than white in the 2021 Census, with the highest rates of new STI diagnoses in Swindon for 2023 being reported for the Black ethnic group (1,470 per 100,000 population) and residents of Mixed ethnicity (1,001 per 100,000 populations). Data also showed that proportionally more residents from the Black (7.7% of all new STIs) and mixed (5.6% of all new STIs) ethnic groups were newly diagnosed.[161] The aforementioned high rates reported for ethnic minority communities are most likely the consequence of a complex interplay of cultural, economic and behavioural factors.

[160] Gov.uk. HIV infection with late diagnosis.2024. Available from: https://www.ethnicity-facts-figures.service.gov.uk/health/physical-health/hiv-infection-with-late-diagnosis/latest/

[161] UKHSA HIV and STI surveillance system (GUMCAD), Splash Supplement Report. Accessed Nov 2025

5. General Public Consultation

Between 3rd June 2025 and 31st July 2025, Swindon Public Health conducted an online public consultation through the Let's Talk Swindon platform. The consultation captured resident preferences, barriers to access and priorities for improvements while the stakeholder interviews offered strategic insights into service delivery, inclusion, quality and future risk and opportunities.

A total of 104 completed responses were received, and two focus groups were held as part of the consultation process. Most residents were aware of local sexual and reproductive health services, and many had used them previously. The services most recognised included testing and treatment for sexually transmitted infections (STIs), contraceptive provision, STI advice, emergency contraception, condom distribution, HIV information and testing, and pregnancy testing. However, other services such as cervical screening, sexual health check-ups, and referrals related to Female Genital Mutilation (FGM) were less well known. Among those who had accessed the service, the most frequent reasons were contraception or STI-related support.

Most people attended through planned appointments, and while the majority reported feeling confident using the service, some expressed neutral or uncertain feelings.

When asked what mattered most, residents highlighted staff expertise and attitude, confidentiality, clear information, and the ability to access a broad range of services in one place. Practical factors also influenced confidence and willingness to attend, including the comfort and accessibility of the clinic, transport links, online booking options, and clear information about waiting times.

Despite generally positive awareness and experiences, residents identified several barriers to access. The most common were uncertainty about the clinic's location and available services, limited information about support, income, or opening hours, feelings of embarrassment, concerns about inclusivity, and parking difficulties.

Residents also shared preferences for accessing information and care. The clinic itself, online platforms, and GP services were the most popular sources of sexual health advice. Pharmacies were also viewed as trusted places to discuss health matters, followed by community venues and educational settings such as colleges and universities. Evening weekday appointments were the most popular option, and while many preferred walk-in attendance, others valued the availability of booked appointments. For online access, residents favoured digital booking and condom ordering, with a large proportion also expressing interest in online advice, consultations, and testing.

Finally, residents suggested several improvements to make services easier to use. The most common ideas included extending or making opening times more flexible, offering multiple access routes (both online and face-to-face), relocating to a more accessible site, and ensuring confidentiality. Other suggestions included faster test results, expanding service range, introducing home-testing options, enhancing inclusivity, opening clinics to all age groups, and improving publicity so that more people understand what is available.

6. Key Partner Consultation

As part of this health needs assessment, qualitative data has been gathered from a range of groups to provide deeper insight into local experiences and perspectives. Interviews were conducted with representatives from healthcare providers and stakeholder organisations that play key roles within Swindon's wider sexual health system, offering valuable context to complement the quantitative findings. Partners were asked to comment on their views on the sexual health needs of Swindon residents, how existing services are meeting those needs, and were informed that their contributions would support both the refresh of the SHNA and the forthcoming re-procurement of sexual health services due for recommissioning in April 2027. A series of interviews were undertaken and thematically analysed. While individual participants have been kept anonymous, findings have been organised by service area to provide a transparent picture across the system.

The following section summarises the key themes and responses shared during these discussions.

Swindon Sexual Health Service

Swindon's sexual health services are delivered by Great Western Hospitals NHS Foundation Trust. Access is widely regarded as good, where services are open to all without referral, with daily walk-in clinics including evenings and Saturdays. Appointment times are flexible, and the reception team is noted for being responsive and friendly. Contraception clinics share this positive reputation, with streamlined referral processes and adaptable scheduling. Dedicated outreach teams support vulnerable groups, including under-25s, safeguarding cases, and hard-to-engage HIV patients. Health practitioners are praised for efficient follow-up, aided by electronic diaries and proactive communication.

While access arrangements are strong, concerns persist about appointment capacity. High demand has led to advance bookings and long waits for walk-ins, making it difficult to balance scheduled and unscheduled appointments. Staffing shortages, particularly among nursing assistants have further constrained capacity and efficiency. High turnover and sickness rates compound these challenges. Funding limitations restrict service expansion, including digital improvements such as online booking. Rising demand for complex contraception procedures adds pressure, with block contract funding failing to reflect the higher costs involved.

Certain groups remain underrepresented among service users. Ethnic minorities, particularly South Asian, Brazilian, and Black/African communities are less likely to access services, possibly due to cultural stigma or limited awareness. Accessibility for people with learning disabilities has improved through double appointments and accessible information, though further progress is needed. Migrants and new arrivals often struggle to navigate the NHS; targeted information leaflets are planned to address this. Lower uptake of PrEP and later HIV diagnoses among heterosexual individuals compared to MSM are also areas of concern.

Integration across Swindon's sexual health services is strong, with close links to abortion, maternity, and primary care supported by shared staffing and joint education initiatives. However, high turnover in partner services can disrupt referral awareness. Partnerships with community and voluntary organisations, including the Nelson Trust and Pride are active, though outreach clinics run by smaller teams can be less efficient.

Digital sexual health services currently offer STI testing, prioritising MSM and individuals under 25 due to funding constraints. There is significant potential to expand digital provision to include contraception and PrEP. However, stakeholders caution that this could exclude those with limited

digital literacy or language barriers. Digital solutions can streamline routine care, freeing specialist staff for complex cases, but must be accompanied by staff training and continued in-person support for vulnerable groups.

Service quality is assessed through accessibility, integration, waiting times, treatment promptness, patient feedback, and adherence to national guidelines. Stakeholders value qualitative feedback and user experience as much as quantitative data. They note that metrics such as LARC uptake among minority groups can be misleading if patient choice and context are not considered.

British Pregnancy Advisory Service (BPAS)

BPAS primarily delivers abortion services. Contraception and STI services are also provided, but these are limited to patients accessing BPAS for terminations, in line with contractual arrangements.

The sexual health network in Swindon and Wiltshire benefits from strong leadership and clearly defined referral pathways. Referrals are straightforward and prompt, enabling women to access services quickly, with direct points of contact available for queries. Most patients self-refer, often using Google or previous experience, and online booking now accounts for around 60% of appointments. While digital access has improved convenience, there are concerns that certain groups, such as those experiencing digital poverty or living with complex or unstable circumstances may be excluded. Neurodiverse and LGBTQ+ individuals often prefer digital options; however, face-to-face and telephone services remain available for those who need them. Identifying groups not currently reached by BPAS services remains challenging due to limited feedback from non-users. Plans are underway to further integrate digital technology, including the use of artificial intelligence for booking and aftercare processes.

Most abortions (around 90%) are early medical abortions, which has improved both access and speed of treatment. Surgical provision has become a more specialised option. Medication is typically dispensed within one to three days, while surgical procedures involve longer waits due to scheduling constraints. Patients receive follow-up after three weeks, access to a 24-hour aftercare helpline, and contact details for their local unit. Those identified as safeguarding cases or vulnerable receive additional support, which may involve their GP. In-house counselling is available both before and after treatment. Post-abortion contraception is routinely offered, although uptake of long-acting reversible contraception (LARC) has declined due to fewer face-to-face appointments. Training and prescribing limitations have affected coil provision, but improvements are in progress.

Certain communities, including migrants and individuals in controlling relationships, face barriers to accessing services. Language support is provided through translators, and it is policy that spouses or partners are not permitted to translate for patients.

Service success is measured through audits, patient feedback, and key performance indicators (KPIs) such as waiting times and access. However, feedback rates have declined with the shift to digital services, prompting trials of new approaches such as digital surveys.

Despite the expansion of digital services, demand for face-to-face appointments remains strong, with an increase in scanning appointments observed following the COVID-19 pandemic. BPAS believes it could further contribute to local sexual health provision by playing a larger role in STI management, testing, and contraception services beyond abortion care.

PreventX

PreventX is the organisation responsible for testing biological samples within Swindon's sexual health service.

The organisation recognises that Swindon's sexual health services are highly accessible, supported by walk-in clinics, flexible appointment systems, and responsive reception staff. Outreach initiatives, particularly in schools and community venues help to raise awareness and increase uptake among young people and those less likely to access traditional services. Online testing is available for under-25s and men who have sex with men (MSM), enhancing convenience for these key groups.

Despite these strengths, several challenges remain. The frequency of online testing is limited, restricting access for individuals who may require more regular screening. HIV testing rates have declined since 2015, contrary to national targets, and some demographic groups, such as Latin American patients are not adequately reached by current provisions. Additionally, the focus on female chlamydia testing has led to reduced male testing rates, highlighting the need for more inclusive approaches.

Certain populations continue to face barriers to accessing sexual health services. These include Latin American and Indian communities, older adults, individuals with limited English proficiency, and those with low digital literacy or access. Some MSM do not self-identify, resulting in missed opportunities for testing and support. Cultural stigma, language barriers, and limited awareness further hinder service uptake, underscoring the need for targeted outreach and accessible information.

Service integration in Swindon is strengthened through collaboration with charities, voluntary organisations, and multi-agency meetings. Shared staffing and regular communication help maintain up-to-date information and ensure coordinated care pathways. These partnerships enable holistic support for service users and facilitate the sharing of best practices, although high staff turnover in partner organisations can challenge the sustainability of integration efforts.

Digital and online services play a key role in expanding access to testing and PrEP, particularly for younger people and MSM. However, reliance on digital provision risks excluding older adults, those with limited English, and individuals who are digitally excluded. To mitigate this, the service offers complementary offline options such as smart kits in schools and community venues, ensuring equitable access. Clear communication about offline options and collection points remains essential to maximising reach.

The effectiveness of Swindon's digital sexual health services is assessed through both quantitative and qualitative measures. Key indicators include testing rates, timeliness of diagnoses, patient choice, and cost-effectiveness. Stakeholder feedback and user experiences are highly valued, with emphasis placed on balancing service uptake with individual context and preferences. Ongoing monitoring and adaptation are vital to maintaining equitable, responsive, and nationally aligned services.

Swindon Borough Council Refugee Support Team

This team within SBC works with refugee families in Swindon, providing wrap-around support including health, housing, and education. The focus is on refugees, with occasional support for asylum seekers.

The team feels sexual health services in Swindon have demonstrated notable strengths, particularly through their outreach efforts to refugee groups. Initiatives involving doctors and nurses visiting these communities are highly valued, especially by women who may be unaware of available services. Group

sessions and follow-up appointments have proved effective, with interpreters playing a crucial role in overcoming language barriers. Once clients receive information about the services, they generally find them accessible and encounter empathetic staff members.

Nonetheless, significant barriers persist. A lack of awareness about sexual health services remains a major obstacle, further compounded by cultural taboos surrounding sexual health, particularly among women. Language barriers and the stigma associated with the term “sexual health clinic” often deter individuals from engaging with these services. Men are particularly difficult to reach, with evidence suggesting that information leaflets in multiple languages may prove more effective for them than group sessions.

There are several areas where improvements can be made. Expanding outreach and providing information in multiple languages is essential to increase awareness and engagement. Consideration should be given to renaming services, such as adopting the term “Reproductive Health Centre,” to help reduce stigma. Streamlining referral processes and enhancing collaboration with other organisations would further improve access to sexual health services.

Preventative measures and education are also crucial. Early education in schools is recommended, with separate sessions for boys and girls to improve participation and comfort levels. Ongoing projects and partnerships with schools, charities, and public health teams are seen as beneficial in promoting sexual health awareness and uptake.

Certain groups remain particularly underserved. Young people aged 14–21, especially refugees, are among the most vulnerable due to shyness, limited knowledge, and persistent cultural barriers. Women from some religious communities face additional challenges when accessing contraception and sexual health services. LGBT refugees are also less likely to seek help or open up due to cultural stigma.

Suggestions for future service provision include increasing accessibility and confidentiality, particularly for young people. Deploying mobile units and distributing translated information leaflets in pharmacies and GP surgeries could help reach a wider audience. It is important that trusted community figures and professionals are visible and approachable. Collaboration with colleges, charities, and the effective use of social media, television, and radio can further raise awareness and promote equitable access to sexual health services.

Swindon Borough Council Substance Use Disorder Team

This team works within SBC and is responsible for commissioning substance use treatment services for both adults and young people.

Substance use services often overlap with sexual health provision, especially for women and people who inject drugs. Key risks include exposure to blood-borne viruses (BBVs) and challenges linked to sex work. Integrated, co-located service models (sometimes referred to as “one stop shops”) have proved highly effective, particularly for individuals with entrenched substance use issues. The locating sexual health services alongside substance use provision has been seen as a positive step.

However, stigma, discrimination, and exclusionary policies remain significant barriers for people attempting to access sexual health care. Offering services in familiar settings, such as supported housing or day centres, and through co-located models, helps to break down these barriers. Innovative outreach methods (including mobile vans, out-of-hours dispensing machines, and drop-in sessions at supported housing) have improved access to services like vaccinations. These approaches could also be extended to sexual health provision to further enhance reach. Routine BBV testing is standard for individuals considered at risk, though there are still gaps in sexual health education for both staff and

service users. Evidence suggests that prioritising staff training can lead to increased uptake of health services in other areas. Public engagement at events and campaigns are effective at encouraging safer behaviour regarding BBV's in their service-user group, but there is still scope to improve communication, particularly during periods of increased substance use.

While digital services (such as online needle ordering) offer greater convenience, exclusive reliance on these channels can inadvertently exclude people with complex needs or limited digital skills. Therefore, a combination of digital and in-person service delivery is recommended to ensure inclusivity.

Feedback from service users is regularly collected through surveys, and including questions on sexual health could help identify further barriers and opportunities for improvement.

Ultimately, high-quality sexual health services are those that are visible, accessible when and where needed, collaborative, and responsive to service user feedback. Flexibility and partnership working are considered essential to maintaining and improving standards.

Swindon Borough Council Children and Young People Team

This team within SBC works on commissioning and initiating projects to improve the wellbeing of children and young people within Swindon, they also directly run the school nurses in the local authority.

School nursing services currently provide open referrals for sexual health support; however, awareness of these offerings among young people remains limited. The relationship between school nursing and the sexual health outreach team is positive, enabling effective mutual referrals. Tools such as "spotting the signs" for identifying exploitation risks and the Brook traffic lights system for assessing sexualised behaviours are routinely utilised to support young people.

Despite these strengths, several gaps and challenges persist. Advertising of school nursing sexual health services is insufficient, resulting in most referrals being channelled through schools, which may hinder access for some individuals. The role of school nurses is often misunderstood and overshadowed by their mental health responsibilities, thereby diluting their focus on sexual health. Internal audits have shown that few young people are currently accessing sexual health support. Furthermore, follow-up after referral to outreach services can be inconsistent, with notable communication gaps. To address these issues, service improvements have been introduced, including the establishment of school nurse forums and the piloting of self-referral letterboxes in secondary schools, designed to encourage direct access by young people. The appointment of sexual health champions within school nursing aims to raise the profile and expertise of sexual health support. There is also a strong desire for more streamlined and collaborative approaches, particularly involving public health specialists.

Barriers to access remain, especially as digital resources and AI are increasingly turned to by young people. While these tools can be helpful, they may discourage face-to-face conversations and sometimes provide unreliable advice. Some schools resist the provision of sexual health education or support, often due to cultural or religious beliefs, which contributes to the topic being considered taboo. Although legislation mandates that sexual health education is delivered by teachers, many prefer greater involvement from health professionals. Digital and online services have the potential to improve access and reduce embarrassment, yet concerns persist regarding the reliability of information and the exclusion of those without private access. It has been suggested that reputable digital resources should be curated and advertised, with regular audits of their use. Providing a broad

range of resources, including digital, print, and in-person options, is considered essential to meet diverse needs.

Certain groups are least well served by current provisions. Ethnic minority groups can be difficult to reach, and some community organisations offer advice that conflicts with public health guidance. While LGBTQ+ and non-binary young people are generally well supported, issues of stigma and confidence can still present barriers. It is recognised that collaboration between professionals and peer-to-peer support are key to improving engagement.

Integration with other services is well established for adults, with good collaboration between public health, hospitals, and HIV clinics. However, this level of integration is less evident for young people, especially within educational settings. There is a need for a clearer, graduated response pathway to prevent confusion and duplication of support across services.

Looking ahead, there is a proposal for school nursing to offer traded services to schools, supporting sexual health education alongside teachers. Upskilling school nurses in sexual health, particularly in the post-COVID context, is a priority. Greater emphasis on the needs of young people within sexual health forums and service planning is strongly recommended for future service models.

Healthwatch

Healthwatch Swindon is an independent statutory organisation acting as a champion for people who use local health and social care services. Its primary function is to gather feedback on service experiences and use that information to influence and help decision-makers, such as NHS leaders and service providers improve the quality of care.

The sexual health services in Swindon are widely recognised for their non-judgemental, flexible, and accessible approach, particularly for high-risk groups such as homeless individuals and young people. Outreach initiatives have played an important role in reducing stigma and enabling more open discussions about sexual health. Staff are praised for being approachable and helpful, and the referral process is noted for its efficiency. Follow-up procedures are well defined, with a focus on preventative measures and educational support, especially in relation to issues like hepatitis.

Despite these strengths, there is a clear need for increased outreach in schools and wider community settings to engage those who may not feel comfortable accessing sexual health services directly. On-site testing, such as the hepatitis testing at Booth House, is considered a best practice for effectively meeting people where they are. Broadening the presence of sexual health services within the community would help to reduce barriers and ensure more people receive vital information and support.

Public awareness around sexual health issues, including HIV, remains insufficient, with many individuals unaware of their own risk levels. To address this, information should be provided in multiple languages to ensure it reaches Swindon's diverse population. Targeted engagement is particularly important for older generations and ethnic minorities, who may experience lower health literacy or encounter cultural obstacles. Certain groups are identified as being least well served by current provisions, including ethnic minorities, women in specific cultural contexts, homeless individuals not already engaged with support services, and older generations. Common barriers for these groups include cultural stigma, a lack of awareness, difficulties in accessing services, and issues arising from the digital divide. Strengthening partnerships with community organisations and developing targeted outreach are recommended to improve engagement and service uptake. For LGBTQIA+ individuals and faith groups, it is crucial that engagement takes place in safe, non-stigmatising environments, such as pride groups rather than faith institutions. The availability of

anonymous and online service options is also essential for those who may fear disclosure or experience stigma.

Integration with other services is regarded as a gold standard, particularly collaboration with addiction services like Booth House. While the involvement of the education sector, including schools and colleges, is viewed positively, awareness of abortion and maternity services remains limited among some groups. Safeguarding procedures are effective when concerns are raised, yet there is scope for greater community engagement.

Looking forward, it is recommended that partnerships and community presence be expanded, especially for high-risk and underserved populations. Efforts should focus on raising public awareness of available services and making access as straightforward as possible. Supporting walk-in options and flexible booking systems help accommodate a range of needs and adopting hub-and-spoke models could improve accessibility for those facing mobility or transport challenges.

The Harbour Project

The Harbour Project is an independent charity dedicated to supporting refugees and asylum seekers across Swindon, providing practical help, advice (including OISC-accredited asylum/protection advice), friendship, and a safe community. Its work is delivered through a small staff team and a large body of volunteers alongside local community partners, and official bodies like Swindon Borough Council.

In 2025, the Harbour Project supported **1,847 individuals**.

- **Sex:** 73% identified as male (1,346) and 27% as female (501).
- **Ethnicity:** 45% were Asian, 33% Black, African or Caribbean, and 19% other ethnicities. These figures highlight the scale, diversity, and complexity of need among communities who often face significant barriers to accessing sexual health services.

The sexual health centre at Carfax is highly regarded, particularly for its supportive staff and the confidentiality it provides by operating separately from GP services. Many women in the community appreciate the option of female-only staff, which helps to create a more reassuring environment.

Promotion of sexual health services is undertaken through posters and outreach sessions, although awareness remains limited among certain groups. Outreach sessions led by health professionals have proven effective, but their frequency is constrained by available funding and capacity. The hepatitis and blood-borne virus testing bus has been a successful initiative, offering incentives and helping to reduce stigma around testing.

Language barriers and a lack of confidence present significant challenges for many individuals seeking sexual health support, despite the availability of translation services. Suggestions have been made to translate letters and test results to further enhance accessibility. Refugees and members of diverse communities face extra barriers, such as navigating unfamiliar health systems and overcoming stigma. While trust in health professionals is generally high, trauma can sometimes impede engagement. Engaging men in sexual health conversations continues to be difficult, especially in informal settings such as the café. To help address this, information is distributed via business cards and translated materials placed in men's toilets. It is felt abortion services are perceived as separate from other sexual health provisions and are considered difficult to access, particularly for those whose first language is not English. Referral processes for abortion services are often seen as confusing and transactional. Access to the sexual health centre is generally straightforward, but not all related services are centrally located or easily accessible for everyone. There is currently no specialist Female Genital Mutilation (FGM) provision in Swindon, although Bristol's Rose Clinic is highlighted as a possible model. There remains uncertainty about referral pathways for FGM-related issues.

The digitalisation of sexual health services brings both benefits and drawbacks. While quicker triage is an advantage, challenges remain around technology access, complexity and language barriers for service users. Translatable online forms could provide further support, though details about their rollout are still required.

The Nelson Trust

The Nelson Trust runs the Swindon Women's Centre, a trauma-informed and gender-responsive space providing a lifeline for vulnerable women who face complex issues such as addiction, homelessness, domestic abuse, and involvement with the criminal justice system. Its core function is to provide holistic, long-term support through dedicated keyworkers, one-to-one sessions, and group activities covering health, housing, education, and finance. The Nelson Trust works with partners including Probation Officers, local police forces, sexual health clinics, and other specialist community organisations to offer comprehensive, integrated care.

The Trust also operates a Sex Workers Outreach Project (SWOP) model built on consistent, trauma-informed engagement. Outreach workers go out twice a week, combining home visits with regular presence in well-known sex-working locations to provide women with advice, harm-reduction support, and mobile sexual health services. The sexual health team strengthens this model by joining outreach once a week, ensuring seamless collaboration and improved access to care. This approach enables engagement with individuals who are unlikely to attend clinics, providing testing and support in accessible, comfortable settings. The non-judgemental, trauma-informed nature of the outreach fosters trust and rapport, particularly with sex workers who may experience shame or stigma in traditional healthcare environments. Staff benefit from strong links with sexual health workers, leading to confident referrals and effective follow-up, ensuring clients receive appropriate treatment and support.

In 2024–2025, the Nelson Trust received **847 referrals**, illustrating the scale and diversity of need.

- **Sex:** 98% were female (837), with only two male service users; the remainder did not state their sex.
- **Sexual orientation:** 49% identified as heterosexual, 3% as gay or lesbian, 2% as bisexual, and 45% chose not to disclose.
- **Age:** The largest groups were aged **26–35 (30%)** and **36–45 (27%)**.
- **Ethnicity:** 91% were White; 3% identified as other ethnicities; 2% as Asian, Black, African, Caribbean or Mixed ethnicities.
- **Disability:** 67% did not provide a response. Of those who did, 21% reported no disability. Reported disabilities included behavioural/emotional difficulties (7%), mobility/gross motor difficulties (2%), progressive conditions/physical health-related disabilities (1%), and additional needs such as learning disabilities, sensory impairments, and personal self-care or continence needs.

Despite strong partnership working, outreach capacity remains limited and not widely known beyond professional circles, highlighting the need for increased awareness and expansion. Unclear referral pathways and previous negative experiences with clinics or GPs can also hinder access. Many clients face additional barriers such as active addiction, fear of judgement, logistical issues requiring support workers for appointments, and pervasive stigma.

Accessibility remains crucial. Outreach and mobile clinics are effective, and early intervention and education in schools—alongside accessible contraception information—are recognised as important for prevention. Underserved groups include sex workers (especially those online), young people in care, minority ethnic communities, homeless individuals, and older adults, all of whom face persistent

cultural, language, and awareness barriers. Enhancing engagement requires stronger partnerships with local community organisations, councils, and agencies, and co-production of services with underserved communities to promote cultural safety and trust.

While The Nelson Trust reports strong collaboration with sexual health, substance use disorder services (CGL), and other agencies for high-risk clients, there is scope to improve education, community engagement, and the involvement of local groups to better reach minority communities. Future development should focus on maintaining and expanding outreach, increasing clinic capacity, securing additional local funding, and ensuring services reach all at-risk and minority groups. Adopting trauma-informed, person-centred approaches and offering varied service models - such as pop-up, mobile, and online clinics - will further improve accessibility and outcomes.

WAY UK Swindon

WAY UK Swindon is a dynamic, young person-led charity dedicated to addressing challenges faced by children and young people (aged 10-25) in the local community, particularly those experiencing disadvantage or crisis. Its core function is to co-create and deliver high-impact, long-term projects like WAY Beacons (hospital-based support) and WAY Mentors, aiming to increase engagement in education, reduce crime/violence, and improve wellbeing. The charity works with key strategic partners, including Swindon Borough Council, The Great Western Hospital (GWH), NHS England, local police forces, and the Office of the Police and Crime Commissioner.

One of the primary concerns highlighted is the issue of awareness and accessibility. Many young people are unsure about how to access sexual health support, and there is a distinct lack of emotional and relational support available outside of clinical settings. The need for a relational approach was stressed, moving beyond purely medical interventions to support young people's broader wellbeing.

In terms of prevention, the focus should be on education and raising awareness, especially regarding the influence of sexually explicit material on young people's understanding of healthy relationships. There is a shortage of positive examples and counter-narratives to help guide young people towards healthier relationships.

Young people from low-income backgrounds and deprived neighbourhoods encounter significant barriers, such as limited resources, lack of awareness, and low confidence in accessing services. Cultural and faith-based groups also face obstacles, including stigma, mistrust, and varying cultural norms related to sexual health, which further complicate access.

Services are shown to be more effective when community leaders from particular cultural backgrounds are involved, as this fosters cultural competence and trust. Placing services within deprived areas and building sustained relationships with families are key strategies for improving engagement and outcomes. Additionally, branding and association with statutory bodies such as the Council or NHS can deter certain groups from accessing support.

There remains a lack of integration and mutual awareness between sexual health services and other sectors, including mental health, education, and community organisations. Building relational bridges and establishing clear signposting pathways are essential to guide young people towards appropriate support.

The "relational pathway" model, adopted from mental health services, has proven successful, placing youth workers in clinical environments reduced repeat hospital attendances by 75%, which could be replicated in some way by sexual health services. Holistic support, encompassing community engagement and positive activities, plays a crucial role in preventing recurring issues and fostering better outcomes.

Young men are notably less likely to participate in traditional support settings, but interventions based on activities such as sport and music have shown greater effectiveness. There is also a recognised need for positive male role models and narratives to counteract negative stereotypes and promote healthy behaviours.

Looking forward, the importance of tailored approaches that address the specific needs of various groups was emphasised, advocating for relational and community-based support as vital for improving engagement and outcomes among young people.

Livewell Swindon

LiveWell Swindon is a core Health Improvement Service run directly by Swindon Borough Council's Community Health & Wellbeing Team. Its primary function is to act as a central hub, delivering or coordinating lifestyle support, such as stop smoking services, falls prevention, and health coaching to assist adult Swindon residents in making positive, long-term health changes. It works closely with local GPs (through Social Prescribing/Live Well Navigators), the NHS, and various voluntary and community sector partners to provide integrated support.

One of the key strengths identified within existing sexual health services is their willingness to undertake outreach and forge connections with community groups. These efforts have included participating in community forums and providing information through NHS and other community health events. Although the service is accessible when required, its presence is not widely publicised or visible unless an individual is actively searching for it.

However, there remain areas that require improvement. There is a pressing need for more targeted outreach, such as establishing a visible presence at community events as a standalone service. Additionally, there should be greater clarity and marketing regarding what services are available and the means of accessing them. Rather than relying solely on individuals to seek out information, it is recommended that details about services be proactively distributed within the community. Digital outreach methods, such as text messages, social media, and websites are especially effective, as they are easily accessible and can be translated when necessary.

Prevention and education are crucial, with particular emphasis on targeted work with schools, youth groups, and broader community networks to reduce the risk of STIs and unplanned pregnancies. Leveraging existing community and faith-based networks, as well as analysing data on service usage, can help to identify and reach groups that may currently be underserved.

Significant barriers to accessing sexual health services persist. Stigma, particularly within ethnic minority communities, frequently deters individuals from seeking support. There is also a general lack of awareness about the services on offer. Language and cultural differences further complicate access and hinder open discussions around sexual health.

Representation plays an important role in outreach and education efforts. People are generally more inclined to engage with services if the information comes from someone who understands their community. While the professional identity of the healthcare provider is less critical, the involvement of trusted community figures in outreach roles is highly valued.

Although there is some collaboration with community organisations, further integration with GPs and other health services could be beneficial. Enhancing the promotion of sexual health services through GP surgeries and community organisations is recommended to broaden reach.

Looking ahead, it was reiterated the presence and visibility of sexual health services within the community should be improved, potentially by hosting stands at events and initiating open

conversations about sexual health. Mass communication methods, like sending text messages via GPs, could also be used to keep people informed about available services. Finally, it is important to continue and expand partnerships with organisations beyond faith and community groups to ensure a wider audience is reached.

7. Conclusion and summary of Key Issues

Swindon hosts a range of sexual and reproductive health services commissioned by Swindon Borough Council, NHS England and the Integrated Care Board. While Swindon's sexual and reproductive health outcomes are broadly comparable with England and its statistical neighbours, the evidence shows persistent and, in some cases, widening inequalities by age, ethnicity, deprivation, sexual orientation, and geography. While service quality is generally good and national standards are being met, declining testing rates, high levels of late HIV diagnosis, and marked variation in outcomes within the Borough suggest that unmet need remains and that some populations are not being reached early enough.

STI testing rates in Swindon have remained below the national average since 2020 and have declined locally since 2022, diverging from the national upward trend. Lower-than-average testing coverage may be masking true prevalence, with testing detection rates also below the national average. At the same time, rising positivity rates and increasing diagnoses of syphilis and gonorrhoea indicate ongoing transmission alongside sub-optimal testing coverage. Inequalities persist with higher diagnosis rates among Black and mixed ethnic groups and nearly a quarter of infections occurring in the most deprives areas. Patterns also vary between boroughs and MSOA. GBMSM account for a smaller share of diagnoses locally than nationally, which may reflect lower testing coverage rather than lower underlying risk. These patterns highlight the need for targeted STI testing, particularly for underserved groups such as young people, Asian/Asian British residents and digitally excluded communities.

Following the national shift in 2021 to prioritise screening young women, Swindon's detection rate remains significantly below England and lower than CIPFA neighbours. Variation within the Borough—such as higher detection in Eldene and Dorcan—suggests uneven access and awareness. Detection is disproportionately higher among Black and Mixed ethnic groups and lower among Asian and Asian British residents, reinforcing the need to strengthen youth sexual health access and improve chlamydia detection through targeted NCSP coverage, stronger GP engagement and promotion of online routes.

Syphilis rates in Swindon continue to rise and are higher than the average of statistical neighbours, while gonorrhoea rates increased locally in 2024 despite national and neighbour declines. Males, adults aged 25-64 and gay men are the most affected groups. It is important to note that increasing rates likely reflect greater disease burden rather than testing alone but also that antimicrobial resistance to gonorrhoea represent a growing public health risk. These further underscores the need to reduce gonorrhoea and syphilis transmission through expanded targeted testing for GBMSM and integration of STI screening within HIV/PrEP pathways.

Although HIV prevalence in Swindon remains below the high-prevalence threshold, late diagnosis remains high, particularly among heterosexual men, women and bisexual women, indicating missed opportunities for earlier testing. HIV testing rates have improved since the pandemic but remain lower than England and statistical neighbours with recent testing among GBMSM in Swindon declining, suggesting reduced engagement, testing fatigue, or changes in perceived risk. A disproportionately high number of people living with diagnosed HIV in Swindon are of Black African ethnicity compared with their representation in the local population. These findings reinforce the need to expand HIV testing and prevention across the whole system alongside targeted programmes for those groups affected by late diagnosis. PrEP uptake is high once accessed, but overall need is lower than England, suggesting scope to improve awareness and pathways for those at risk.

Under-18 conception rates continue to fall and are below England, but higher rates persist in more deprived wards. While a large proportion of conceptions lead to abortion, most occurred early (<10 weeks), reflecting timely access but also recognising ongoing need for strengthened primary prevention and contraceptive support. In Swindon several risk factors have been identified associated with teenage pregnancy, including the proportion of 16–17-year-olds not in education, employment or training, children looked after with substance use disorders, and secondary pupils with persistent school absence - highlighting the importance of strengthening youth sexual health access and enhancing communication and accessibility through integrated youth services and targeted prevention.

Overall, LARC prescribing rates are similar to national levels, however, young women and some ethnic groups appear under-represented in LARC uptake. Changes in prescribing patterns have been identified, suggesting shifts in access routes post-pandemic. These insights support the need to strengthen contraceptive access and equity by expanding LARC capacity across primary care and post-abortion pathways, supported by improved ethnicity and equality data recording.

Consultation findings from residents and stakeholder interviews provide a comprehensive overview of awareness, access experiences and perceptions of local sexual and reproductive health services. Residents reported good awareness of core sexual health services, including walk-ins and flexible access, but emphasised that demand often exceeds capacity. They also raised concerns around uncertainty around service availability, opening hours and location signalling the need for clearer communication and more predictable access. While targeted outreach supports some vulnerable groups, both residents and stakeholders identified persistent inequalities affecting ethnic minority groups, migrants, older adults, people with low digital literacy and other marginalised groups, driven by cultural stigma, language barriers and digital exclusion. Stakeholders also emphasised the importance of evaluating services using both quantitative and qualitative measures. These insights reinforce the need for enhanced communication, accessibility and service resilience, including expanded digital options, flexible opening hours, improved publicity and innovative delivery models to strengthen sustainability amid funding and workforce pressures

Persistent stigma around sexual health—particularly among minority ethnic groups, migrants and young people—continues to suppress testing, contraception uptake and HIV/STI prevention. Trauma, unfamiliarity with UK health systems and fear of judgement further impede engagement. These insights support the need for a coordinated, whole-system programme to educate residents and reduce shame and stigma through public-facing campaigns, community engagement, workforce training and normalisation of sexual wellbeing conversations.

In summary, the evidence points to clear opportunities to strengthen prevention, improve equitable access and reduce stigma. The recommendations provide a focus for delivering a more inclusive, resilient and responsive sexual health system for Swindon.

8. Acknowledgments

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