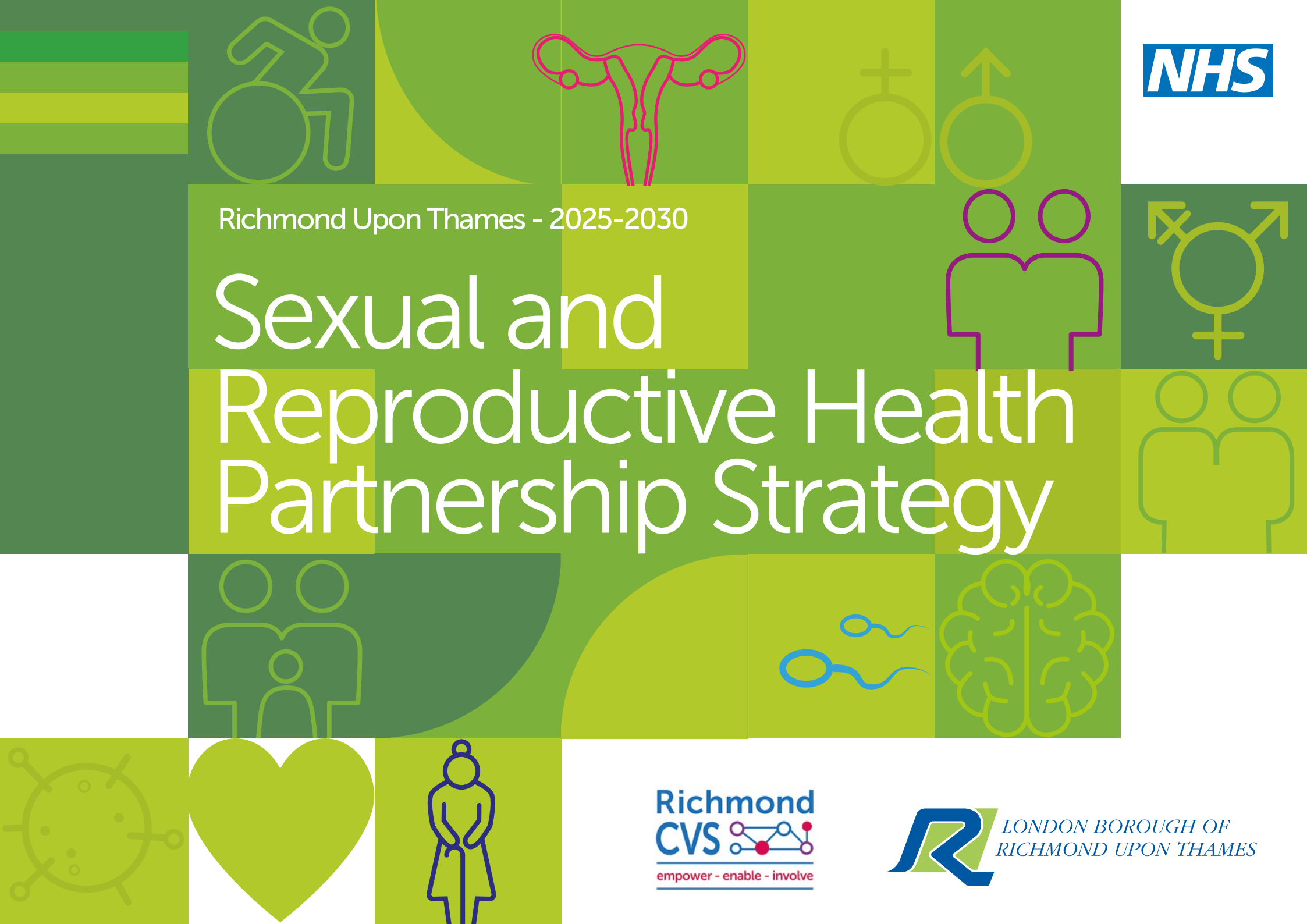
Richmond Upon Thames - 2025-2030

# Sexual and Reproductive Health Partnership Strategy



NHS

Richmond CVS
empower - enable - involve

LONDON BOROUGH OF RICHMOND UPON THAMES

# Contents

# Foreword

## Cllr Piers Allen, Chair, Richmond Health & Wellbeing Board; Chair, Adult Social Services, Health & Housing Committee

London Borough of Richmond upon Thames

I'm delighted to be the local authority partner for the Foreword to the Richmond Sexual and Reproductive Health Strategy 2025-2030.

The strategy is a truly collaborative approach to improving the sexual and reproductive health of those that live, work, are educated or socialise in Richmond upon Thames. It was developed through close working between the council, health and volunteer and community sector partners. The strategy also takes into account national and London- wide initiatives to improve sexual and reproductive health, for example, the HIV plan for England and Women's Health Strategy.

This strategy is delivered in line with the Richmond Council priority of Making Richmond Fair, particularly a fairer, more accessible and more inclusive borough. It sets out an ambitious, but achievable, plan to improve access to services, increase education and awareness about sexual and reproductive health and early support. Throughout the strategy there is a strong focus on reducing health inequalities through targeted work for those with the greatest need.

The Council plays a lead role in the delivery of prevention elements of this strategy, for example supporting schools in training around Reproductive and Sexual Health Education (RSE), building skills and confidence of the wider workforce in relation to sexual health and health improvement campaigns. The Council also has responsibility for commissioning of sexual health treatment and prevention services. I am looking forward to reviewing the action plan that will be developed to implement this strategy over the next five years and ensure our vision for sexual and reproductive health is one that truly embraces the holistic wellbeing of our community across the life course.

## Richmond CVS

I am pleased to introduce this strategy, on behalf of the voluntary and community sector (VCS) who play such a vital part in supporting the holistic approach to sexual and reproductive health across the life course.

One of the great strengths of the VCS is the trust that its beneficiaries place in its support and services, and the reach that it has across communities. From direct delivery of sexual and reproductive health, HIV services, and specialist support for those affected by sexual violence, to its wider role in promoting public health messages supporting prevention and early intervention, the VCS is a key partner in enabling equity and access and reaching those who are the most vulnerable to poor health outcomes.

We welcome the recognition in this strategy of the interconnectedness of sexual and reproductive health with physical, mental and social well-being, and look forward to working with partners to strengthen the network, using an evidence based, respectful and positive approach to achieve the best health outcomes possible for Richmond residents.

Kathryn Williamson
Director Richmond CVS
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# Executive Summary

**The Sexual and Reproductive Health Strategy is an ambitious plan that outlines the actions to be taken by the local authority, NHS, and community and voluntary sector that will improve the sexual and reproductive health of Richmond Upon Thames residents, over the next 5 years.**

Sexual and reproductive health is an important public health issue with health, social and economic impacts that can affect the population across the life course. Equitable access to sexual and reproductive health services is essential to improve the health and well-being of individuals and populations.

The Strategy is informed by the global, national, regional and local context which collectively identifies need, guides priority and funding decisions and drives improved health outcomes for sexual and reproductive health.

The Strategy adopts the World Health Organisation framework for operationalising action to promote sexual and reproductive health. In doing so, it takes a life course approach and identifies local action for each of the eight intervention areas:

- Antenatal, Intrapartum & Postnatal Care
- Comprehensive Education and Information
- Contraception Counselling & Provision
- Gender-based Violence Prevention, Support & Care
- Fertility & Reproductive Care
- Prevention & Control of HIV and other STIs
- Safe Abortion Care
- Sexual Function and Psychosexual Counselling

Actions are informed by a comprehensive local **sexual and reproductive health needs assessment** and extensive public and partnership consultation.

Each of the eight intervention areas presented in this strategy provide a summary of the current local evidence, an outline of our current offer, a reflection of common themes or issues felt to be pertinent to the population of Richmond and a list of priority actions we will take forward to build on our current offer.

Our strategy is ambitious but recognises the constraints of limited resources. By focusing our efforts on those who experience poorer sexual and reproductive health outcomes and those who are seldom heard, we will maximise impact and create a more equitable and accessible preventive and healthcare landscape for all.

# Our Vision

*Our vision for sexual and reproductive health is one that embraces the holistic wellbeing of our community. We acknowledge the interconnectedness of sexual and reproductive health with physical, mental, and social well-being.*

*We are committed to fostering an environment where people who work, live, or go to school in the borough can achieve optimal sexual and reproductive health outcomes that are free from violence and coercion across the life course.*

*By improving education, information, and equitable access to services, people will be empowered to make informed choices about their sexual and reproductive lives.*

# Introduction

The sexual and reproductive health needs of the local population was assessed in the latest revision of the Sexual and Reproductive Health Needs Assessment (SRHNA), published in 2024. This assessment was a collaborative effort informed by engagement and collaboration with stakeholders including residents, safeguarding boards, community and voluntary sector partnerships, disabilities partnerships, crime prevention partners and young people's participation groups. The SRHNA identified six high-level strategic priorities and 15 key recommendations that informed the development of this strategy. These priorities and recommendations were further refined by stakeholders and public consultation during the development of this strategy.

## What is sexual and reproductive health and why is it important?

Sexual and reproductive health is an important public health issue with health, social and economic impacts that can affect the population across the life course. Experiencing good sexual and reproductive health is a fundamental aspect of human identity and life experience. This sexual and reproductive health strategy adopts the World Health Organisation's (WHO) current working definitions for sexual health and reproductive health:

**Sexual Health:**
*"…a state of physical, 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".* [1]

**Reproductive Health:**
*"…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 and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so".* [2]

Poor sexual and reproductive health can lead to a range of outcomes including STIs, HIV, unintended pregnancies, abortions, and the psychological impacts of sexual coercion and abuse. Each of these can lead to long-lasting and costly impacts for both individuals and wider society. This may include reduced education, social and economic opportunities, or longer-term health issues such as genital and liver cancers, pelvic inflammatory disease, and poor maternity outcomes. Poor sexual and reproductive health is not evenly distributed, with some communities disproportionately affected, including young people, gay, bisexual and other men who have sex with men (GBMSM), people living in poverty, specific ethnic minority communities, and people living with HIV. Impacts, however, can be reduced through safer sex practices, regular testing, and access to sexual health and reproductive services.[3]

Proactive health promotion and high-quality health education can improve outcomes by encouraging safer sexual behaviour and testing. Consistent and correct condom use substantially reduces the risk of being infected with an STI and immunisation reduces the risk of being infected with certain infections. STI screening, open access to sexual health services for rapid STI diagnosis and treatment with robust contact tracing allows earlier diagnosis and reduces the length of time that people can transmit to others. Persistent inequalities in relation to reproductive health further impacts on access to prevention, treatment and care options.

## Operational framework for understanding sexual and reproductive health

This strategy uses the 2017 WHO framework for sexual and reproductive health, recognising that these two areas are interconnected, and they support and protect each other. The eight intervention areas, four each for sexual health (blue ribbon) and reproductive health (orange ribbon), are of equal importance. Each intervention area enhances the impact of the others and, as a result, strengthens the attainment of sexual health as a whole.[4]

The orange and blue ribbons support the central premise that good sexual and reproductive health in turn supports physical, emotional, mental & social well-being in relation to sexuality, as shown in the white centre of the rosette.

# Context and considerations

## The life course approach

A life course approach to health and well-being considers how biological (including genetics), social and behavioural factors throughout life and across generations act independently, cumulatively, and interactively to influence health outcomes. Sexual and reproductive health is important throughout the life course, at every age and for every community, both as an independent aspect of health and for underpinning identity, personal wellbeing, and relationships.

A life course approach might include positive parenting from a very early age to create the social and emotional foundations on which healthy and safe relationships can be built, including setting personal boundaries and self-awareness that can prevent exploitation or abuse.

During the school years, evidence-based education in the classroom equips children to develop the knowledge and skills to grow into healthy adults seeking healthy relationships that are free from exploitation and abuse.

The working age population is a diverse group who may experience a range of significant life events from marriage, pregnancy, and parenting alongside physiological changes. Sexual and reproductive health for working-age adults bridges contraception, pregnancy, termination of pregnancy and diagnosis and treatment of STIs.[5]

Sexual activity in later life is a period in which adults may become more socially isolated as they leave the workplace, develop impairments, or become bereaved. Although there is some evidence that sexual activity declines with age, there is also clear evidence that many adults remain sexually active well into old age, [6] adjusting and adapting to disability and disease to continue to enjoy fulfilling sex lives.[7] Although not all older people seek an active sex life, for those that do, sexual dysfunction can have a significant impact on mental health and well-being.[8] Sexual dysfunction is not an inevitability of ageing, for either gender, but rather a reflection of the burden of accumulated risk factors and immediate stressors.[9]

## The global and national context

This strategy is informed by the global and national context which collectively identifies need, guides priority and funding decisions and drives improved health outcomes. Universal access to sexual and reproductive health care services including family planning, information and education is within the United Nations recognised Sustainable Development Goals (SDG3).

The strategy reflects the **Core20PLUS5** national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. Core20 looks to accelerate action for the most deprived 20% of the population, while PLUS focuses on population groups more vulnerable to poorer health outcomes

The strategy reflects the UK commitment to achieving zero new HIV infections, AIDS and HIV-related deaths in England by 2030, set out in the national HIV strategy. It also reflects commitments set out in the first Women's Health Strategy for England (2022) which prioritises promoting positive reproductive health for women.

## The regional and local context

London currently carries a high proportion of the national HIV epidemic, with a third of all new diagnoses in England being made here.[10] In 2018, London councils signed the Paris Declaration on Fast-Track Cities which is a global movement aiming to end HIV transmission by 2030. London is already leading the way in diagnosis and treatment, surpassing the global 95-95-95 target in 2017, but aims to be the first city in the world to end new cases of HIV and achieve zero preventable deaths and zero stigma by 2030.

The London Sexual Health Transformation Programme (LSHP) is a partnership of 31 London local authorities, that co-ordinates strategy and planning of sexual health services in the capital and has included lead commissioning responsibility for the London-wide Sexual Health London.UK (SHL.UK), [11] London's sexual health e-service. The e-service provides free and easy access to self-sampling for STIs and HIV, routine contraception, emergency hormonal contraception (EHC), and signposting to local services. The service provides testing for a range of STIs including chlamydia, gonorrhoea, HIV, syphilis, hepatitis B and hepatitis C via samples that can be collected at home.

This strategy delivers of the key objectives of the Council's Prevention Framework model.[12] This model has at its centre the aim of embedding prevention as a system delivery tool to promote health and to reduce health inequalities. It does this at three interconnecting levels within a system; people, community, and environment. The key objectives of the prevention framework are to:

- Deliver an evidence-based approach to prevention to support the wider Council to strengthen delivery of prevention through its work.
- Facilitate making the healthy choice, the easy choice.
- Support a tailored approach to prevention.
- Connect with policies and initiatives to enable prevention work to be sustainable.
- Create supportive communities and health-promoting environments.

# How did we develop this strategy?

The strategy was informed by a comprehensive **sexual and reproductive health needs assessment** published in July 2024.[13] The needs assessment systematically reviewed the evidence base to understand current and future sexual and reproductive health need for the population of Richmond. The strategy builds on progress made in our last sexual health strategy ending in 2024.

The needs assessment provided an analysis of sexual and reproductive health epidemiology across the life course, with a particular focus on those who experience disproportionately poorer outcomes including young people, GBMSM, Black, Asian and minority ethnic groups and those who are underrepresented in service provision. It reviewed the current provision and reach of a broad range of sexual and reproductive health services and assessed local sexual and reproductive health need in the context of other health issues including mental health, substance misuse, homelessness, and the impact of COVID-19. It compared the borough's need with that at a regional and national level and with statistical neighbours and made recommendations for future action in relation to service commissioning and strategy development.

## Stakeholder and Community Engagement

The needs assessment and strategy were driven by stakeholder and community consultation throughout their production. This has included:

**Community engagement activities:** Workshops and focus groups were held throughout 2023 and early 2024 with young people, older people, young people and adults with learning disabilities, LGBTQ groups, black ethnic community groups and users service users to understand the experiences of communities in relation to sexual and reproductive health and gain their views on strategic priorities and actions. Over 70 individuals took part.

**Residents and staff surveys:** Surveys were conducted with 54 residents with a connection to Richmond and 36 sexual health service staff to inform both the commissioning of the integrated sexual health service and the needs assessments. Findings were incorporated into the needs assessment and informed the key recommendations and high-level priorities.

**Engagement with strategic partners:** Findings of the needs assessment and high-level priorities were shared with key strategic partnership groups from across the council, health, and community sector partnership. This included CVS forums, safeguarding partnerships, pharmacy providers, health provider forums, disabilities partnerships, council consultation groups, mental health provider forums and drug service partners.

**Key stakeholders workshop:** In July 2024 a stakeholder workshop was held with 46 key partners to shape the priorities and actions for the strategy. Partners from across the health, social care, schools and community and voluntary sector services worked together to develop our vision statement and agree priority actions that target those most at need and are set within the confines of tight budgets.

**Public Consultation:** A public consultation was developed for the strategy and ran for 6 weeks during autumn 2025. The consultation set out the draft vision, high level priorities and proposed additional actions under each of the 8 interventions areas. The purpose of this was to gather consensus on priority areas for action. The consultation, promoted via the council website, residents' and provider networks, reached 95 respondents, 24.25 said that they live, study, work or socialise in Richmond.

At every stage, feedback was taken on board and the strategy and action plans amended accordingly. An Equality Impact Needs Assessment (EINA)[14] was completed in line with corporate council requirements, to assess the impact of this strategy on the nine protected characteristics specified in the Equality Act (2010) and groups with socio-economic disadvantages.

The public consultation demonstrated that there was a good level of satisfaction with the current sexual and reproductive health offer across the borough, but a clear and strong disappointment with the overall decline in national funding for these services.

The SRHNA drew out six high level strategic priorities and 15 key recommendations that were then mapped to the eight World Health Organisation intervention areas that promote positive

**sexual health (shown in blue)** and **reproductive health (shown in orange).**

The needs assessment suggested high level priority areas for the strategy and the life course approach (Start well, Live well and Age well). Specific attention was also given to those in underserved groups.

## High Level Strategic Priorities (our goals)

Six high level strategic priorities were proposed by the sexual and reproductive health needs assessment steering group and were further tested and refined as the forthcoming strategy was developed. They became strategic goals:

1. Promote RSE and sexual and reproductive health education through the life course, targeting disproportionately affected and underserved groups.
2. Improved prevention of and rapid, targeted diagnosis and access to treatment for STIs and HIV.
3. Improve HIV prevention including the increased uptake of PrEP amongst underserved groups.
4. Increased reproductive choice and prevention of reproductive related ill-health.
5. Increased role of wider community in promoting positive sexual and reproductive health recognising links to emotional health and well-being.
6. Increased sexual health service provision and access for Richmond adults.

| Intervention Area | Recommendation | Strategic Priority | Life Course |
|---|---|---|---|
| Antenatal, intrapartum and Postnatal care | Provide appropriate advice, information and training to parents & carers to enable early conversation that build a strong foundation for RSE and protective behaviours through the life-course. | 1 | Start Well |
| Comprehensive education and information | Strengthen support to schools, teacher training and youth and community services to build skills in the delivery of relationships and sex education, including how to access services and providing more information on reproductive health. | 1 | Start Well |
| | Increase training for the wider health, social care and voluntary sector workforce to build confidence and skills to engage residents in healthy discussions on sexual and reproductive health through the life course, including the identification of sexual harm or abuse. | 1 | Live Well<br>Age Well |
| Contraception counselling and provision | Prioritise the expansion of access to contraceptive choices, particularly LARC through expanding online contraceptive services, integrating the new national pharmacy contraceptive service and expanding routine 'open' LARC availability in General Practice. | 4 | Live Well |
| | Work towards standardisation of the pharmacy EHC offer across south west London ensuring EHC can be clearly accessed and promoted to high risk groups. | 4 | Live Well |
| Gender based violence and care | Ensure that the forthcoming sexual and reproductive health strategy complements and strengthens existing crime prevention, VAWG and safeguarding strategies, recognising the links between sexual and domestic violence and poor sexual and reproductive health outcomes. | 5 | Start Well<br>Live Well |
| Fertility and reproductive care | Increase access of ethnic minority and lower socio-economic groups in reproductive health services, specifically fertility, cervical screening and reproductive cancer prevention and treatment programmes. | 4 | Start Well<br>Live Well |
| | Explore ways to improve access to menopause support including provision of HRT for ethnic minority groups. | 4 | Start Well<br>Live Well |
| Prevention and control of HIV and other STIs | Employ targeted STI prevention programmes that encourage consistent and correct condom use, STI related screening / testing programmes and take-up of STI related vaccinations. | 2 | Start Well<br>Live Well |
| | Prioritise the provision of online and open access, adequately funded sexual health services for rapid STI diagnosis and treatment with robust contact tracing. | 2, 3 | Start Well<br>Live Well |
| | Strive to achieve zero HIV transmission through targeted early diagnosis and identifying and enabling underserved groups to increase access to PrEP. | 2, 3 | Live Well<br>Age Well |
| | Explore and prioritise commissioning options that will increase access to open sexual health services for Richmond Adults. | 6 | Live Well<br>Age Well |
| Safe abortion care | Improve referral and access to both pre-conception and post-abortion contraceptive options via abortion, perinatal, midwifery and 0-19 health services. | 4,5 | Start Well<br>Live Well |
| Sexual functioning and psychosexual counselling | Increase awareness of the link between sexual dysfunction, cardiovascular health, dementia and early death. | 5 | Live Well<br>Age Well |
| **Fair approach for all** | Increase the understanding and representation of underserved groups within our partnership approach to tackling inequalities in relation to sexual and reproductive health outcomes. | 1, 5 | Start Well<br>Live Well<br>Age Well |

# Eight intervention areas for action

It is understood that many areas cross-over and interventions are therefore interconnected. Where possible the strategy links interventions and actions to areas where they 'best fit'.

Actions that we will seek to prioritise will be targeted towards priority and underserved groups and are displayed in the order of highest priority as identified by our stakeholders.

# Antenatal, Intrapartum & Postnatal Care

Pregnancy, childbirth and the first six weeks after childbirth are critical times for maternal and newborn survival.

Good quality antenatal, intrapartum, and postnatal care are vital to reducing adverse outcomes of pregnancy, labour and delivery, and to optimising the well-being of women and their infants. Maternal health service provision includes postpartum contraception and diagnosis and treatment of STIs.

## What does the evidence tell us?

15%

**Conceptions** in Richmond have **fallen 15%** in the last 5 years

**Perinatal mortality** is lower than London and England rates at **5.6 per 1000** in 2021

**Mixed ethnicity groups are underrepresented** in pelvic organ prolapse diagnosis

**12.8% of women under 25** who have previously had a birth **had abortions**

**1 in 3 women** experience **urinary incontinence** three months after birth, this drops to 1 in 7 six months after birth

**Teenage parents** and their children experience **poorer health, educational and economic outcomes**

**Hampton North** and **Heathfield** wards had **significantly higher under-18 conception rates** than the borough as a whole

In Richmond, **under-18 conception rates** have dropped 63% since 1998, in 2021 the under-18 conception rate was 2nd highest of its statistical neighbours

**69% of under 18 conceptions lead to abortions** in Richmond, higher than the England and London averages

## What do we currently offer?

Shared learning between sexual health practitioners and 0-19 practitioners

Social care/prebirth assessments for under 18s by specialist midwives and health visitors

Targeted antenatal health visiting contacts for vulnerable mothers

South West London Perinatal Mental Health Service

St George's Hospital Birth Trauma Clinic

Mother and baby health checks with the GP

Get you better self-management app for post-partum pelvic support

## What did people who live, work, go to school or socialise in Richmond say?

"Young women and young adults from black minority and ethnic backgrounds told us they did not feel they had enough specific information regarding pelvic health such as the importance of pelvic floor exercises.

There is a real lack of support for women post-partum.

Planned fatherhood as well as planned pregnancies will mean better outcomes for all - mother, father and child."

## What additional actions will we prioritise?

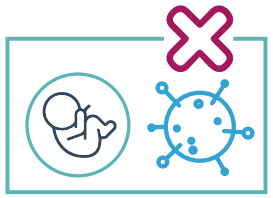
| Action | Strategic Priority | Life Course |
|---|---|---|
| Explore expansion of home visiting by health visitors and health practitioners with vulnerable groups. | 4 | SW, LW |
| Early engagement, support and education on sexual and reproductive health with young fathers. | 1, 4 | SW |
| Seek improved support for women post-miscarriage. | 4, 5 | SW, LW |
| Training for health visitors and midwifery to improve antenatal and postnatal support for adults with learning disabilities. | 1, 4, 5 | SW, LW |
| Seek direct referral from health visiting to perinatal pelvic health services. | 4 | SW, LW |
| Enable opportunistic sexual and reproductive health conversations in breastfeeding cafes. | 1, 4, 5 | SW, LW |
| Deliver targeted pelvic health campaigns. | 4 | LW, AW |

# Comprehensive Education and Information

Comprehensive education and information involve the provision of accurate, age-appropriate and up-to-date information on physical, psychological and social aspects of sexuality and reproduction, as well as sexual and reproductive health and ill health.

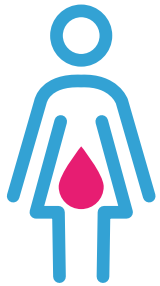
Accurate information can address gaps in knowledge, dispel misconceptions and build comprehensive understanding, as well as foster empowerment, positive attitudes and values, and healthy behaviours.

## What does the evidence tell us?

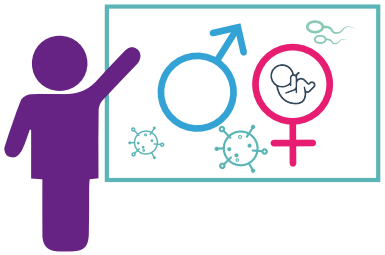


**RSE prevents** unintended **pregnancies and STIs** and **empowers young people**[15]

**Period poverty** has increased from 12% to **21%,** the equivalent of **10,000 women** in Richmond



Reproductive health including fertility, menopause, pregnancy and miscarriage form part of the **evidence-based mandatory RSE curriculum** for secondary schools



**School based sex education** has a cost-effective ratio of **£4,965** and benefits last 5 years or more[17]

**Older people over the age of 80 continue to be sexually active** but there is only **limited support available** to them[16]

## What did people who live, work, go to school or socialise in Richmond say?

"Among Year 6 pupils, boys are less likely than girls to be having conversations about puberty and growing up in Richmond.

25% of Year 10 boys and 43% of Year 10 girls think most young people start having sex before the age of 16, however, only 12% of Year 10 boys and girls said that they have had, or are currently in, a sexual relationship.

Year 10 pupils expressed that RSE lessons had helped them to learn most about consent, followed by sex and the law, but less about contraception for both boys and girls.

Over half of respondents to a workforce survey on sexual health said they had not received any training in relation to sexual health over the last three years and 35% had received only a basic introduction. Confidence to deliver sexual and reproductive education by the workforce was rated as low.

Young people and adults with learning disabilities expressed a wish to learn more about sex and relationships and that content is repeated to keep them safe but also to enable them to enjoy respectful and developing relationships.

Older groups in Richmond (70+) said they would benefit from information and adverts about sexual health and relationships in the later years to normalise discussion about sexual and reproductive health and to safeguard younger generations.

Care experienced young people said they need to be aware of the full range of contraceptive options but cited difficulty accessing confidential services due to care provision restrictions, including needing parental agreement for care orders. They did not feel they had the same right to confidential information, advice, and support as other young people."

## What do we currently offer?

Mandated delivery of the national guidance on Relationships Sex and Health Education in schools

School health services provide information, advice and guidance on relationships and sexual health

Healthy schools Richmond incorporating RSE training and policy development

Spectra Sexual health outreach service supporting RSE in schools, alternative education and colleges, including boys and young men's service

Off the Record provide a sexual health walk-in service for young people

Communication campaigns for HIV testing week, World Aids day and Sexual Health Week

Getting it on website for information on sexual health for young people aged 19 and under

Metro provide training for GPs and other professionals that work with YP on sexual health and consent for young people

RSE training for professionals working with people with disabilities – leading to additional sexual and reproductive health support for adults with learning disabilities from United Response companions project

Advice and information through healthier together and Richmond council health information webpages and RSE Easy read resources for adults with Learning Disabilities from Choice Support

ICB lead engagement sessions with the voluntary and community sector and adhoc learning through different healthcare forums, including nursing forums

## What additional actions will we prioritise?

| Action | Strategic Priority | Life Course |
|---|---|---|
| Increase RSE and reproductive health education in teacher training in school and non-school settings that is linked with access to services. | 1, 4, 5 | SW |
| Increase RSE and reproductive health education for care experienced young people through those who work with them. | 1, 4, 5, | SW |
| Increase sexual and reproductive health education and use of supportive products for people with and carers of those with learning disabilities. | 1, 4, 5 | SW |
| Promote period positivity as part of RSE and reproductive health. | 1, 4, 5 | SW, LW |
| Promote menopause education for all, including within workplace health. | 1, 5 | LW |
| Advice, information and training with parents & carers to enable early conversations that build a strong foundation for RSE and protective behaviours through the life-course. | 1, 5 | SW |
| Develop a directory of sexual and reproductive health services including links to education resources including for people with learning disabilities. | 1, 4, 5 | SW, LW, AW |
| Explore possibilities for developing or delivering culturally competent training in sexual and reproductive health education. | 1, 2, 3, 4, 5 | LW |
| Training for health champions to raise awareness of sexual and reproductive health that is culturally appropriate. | 1,5 | LW, AW |
| Training for professionals on the sexual and reproductive health needs for sanctuary seekers, including access to period products and supplies. | 1, 4, 5 | AW |
| Develop a targeted sexual and reproductive health education project with older people. | 1, 5 | AW |
| Increase commitment to sexual health promotion and training with the workforce including development of a Make Every Contact Count (MECC) module on sexual and reproductive health. | 1,4 | LW, AW |

# Contraception Counselling & Provision

Contraception is one of the most cost-effective health-care interventions, preventing unintended pregnancies and abortions, as well as related complications of unsafe abortions.

It also contributes to reducing maternal and neonatal mortality. Prevention of unintended pregnancy through contraception enables more educational opportunities for girls, thereby improving their socioeconomic status and overall well-being.

## What does the evidence tell us?

**LARC saves £29 a year per woman** compared to the contraceptive pill by avoiding unplanned pregnancies[18]

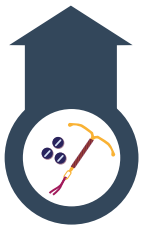

For every £1 invested **£11.09 is saved** from averting the outcomes of unplanned pregnancies[19]

**41.8 per 1000 females** were **prescribed LARC in Richmond** in 2022, the third highest rate in London

**40.2%** of 25 year old women chose **LARC** in Richmond, higher than London and England percentages



**26.3 per 1000 women** were **prescribed LARC by their GP** in Richmond, the 2nd highest rate in London



**Contraception provision** has **increased** in Richmond

## What do we currently offer?

Free emergency contraception to women regardless of age provided across the borough through pharmacies

Full range of contraception provided through Integrated Sexual Health (ISH) Services

Advice and information on contraception post termination of pregnancy

Signposting to contraceptive care during and post pregnancy including miscarriage, LARC after C-section, oral contraception

Get it - access to condoms online to allow young people quick access to free condoms and free condoms from Richmond Youth services at Heatham house.

Community and school nurses provide one to one conversations about contraceptive choices and signposting

ISH service training to increase the number of Long Acting Reversable Contraception (LARC) fitters in general practice

Weekly 'pit stop' for sex worker service for accessing contraception

Targeted campaigns to raise awareness of how to access contraception, including LARC

## What did people who live, work, go to school or socialise in Richmond say?

"Perceived need from the local population to continue to increase access to contraceptive choices.

Residents expressed frustration at the lack of provision of contraceptive services in Richmond.

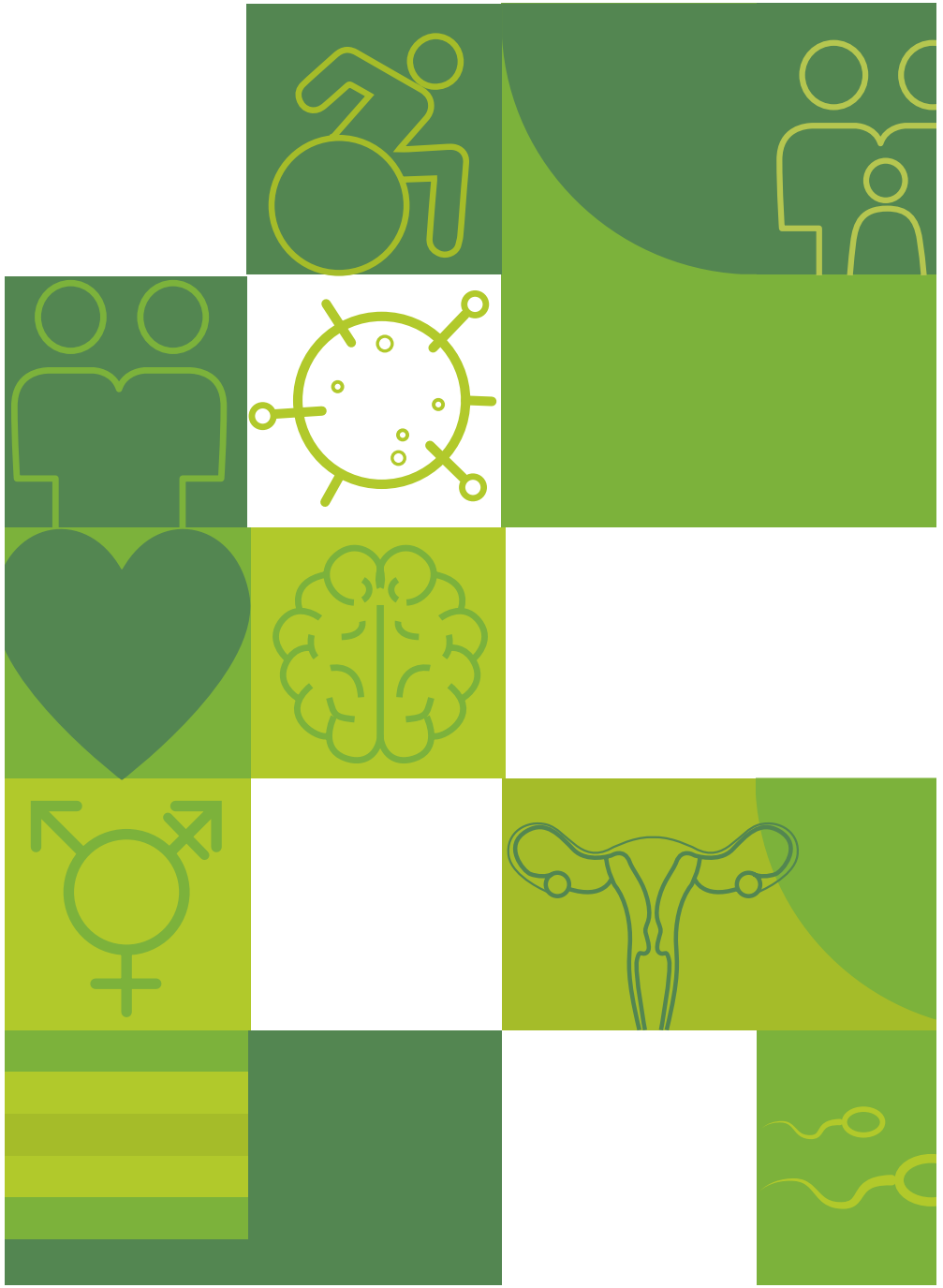
In terms of accessing contraceptive services 55% of residents said they would prefer to go to their GP.

GPs and pharmacists said they would like to provide more, but this had to be appropriately funded.

Improve access to Long Active Reversible Methods of Contraception (LARC)."

## What additional actions will we prioritise?

| Action | Strategic Priority | Life Course |
|---|---|---|
| Promote contraceptive choice and availability to priority and underserved groups. | 1, 4 | LW |
| Expand condom provision to young people accessing CAMHS, YJS, Care Leaving Services and through school health drop-ins. | 2, 4 | SW |
| Increase number of LARC fitters in general practice, though recognising this is hampered by workforce issues. | 4 | LW |
| Develop a streamlined pathway that enables women to access LARC from general practice other than their own practice. | 4 | LW |
| Roll out the new Pharmacy Contraception Service (PCS) to Richmond Pharmacies. | 4 | LW |
| Support Richmond to switch on a pan London online contraceptive service. | 4 | LW |
| Ensure sexual health outreach is accessible to alternative education, colleges and 6th forms. | 2, 4 | SW |
| Support the standardisation of the SWL EHC pharmacy offer including IT platforms, training and accreditation and supporting resources. | 4 | LW |



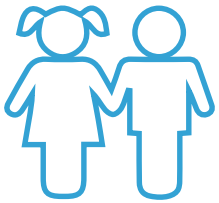
# Gender-based Violence Prevention, Support & Care

Gender-based violence (GBV) can take many forms, including physical, sexual and emotional violence. It includes violence that is based on gender identity or sexual orientation.

Health sector interventions to address GBV include early identification through clinical inquiry; first-line support and response; treatment and care for intimate partner violence and sexual assault (e.g. emergency contraception, presumptive treatment for STIs, post-exposure prophylaxis for HIV and mental health care). Education at secondary school age, economic empowerment of women, work on changing perceptions of masculinity and social norms, and home visiting programmes to reduce child maltreatment are all important to reduce GBV.[20] Freedom from violence supports safer sexual relationships, reduces the risk of STIs, enables access to contraception and maternal health care, and increases access to needed health care, including sexual health and reproductive health care. Actions under this heading are linked to the violence against women and girls strategy.

## What does the evidence tell us?

**1 in 3 women** experience **physical or sexual violence** in their lifetime. **83% will not be reported**[21] [22]



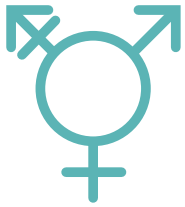
**6% of children assessed by social care** in Richmond are at risk of sexual exploitation


**Children and young people** exposed to **pornography** are more likely to have **unhealthy relationship perceptions**[23]

At least **1 in 10** children in England and Wales are estimated to be **sexually abused before the age of 16**[24]


NHS services saw **30,335 FGM cases** between 2015 and 2022. The majority of those seen were **under 18**[25] at the time it took place

**30% of LGBTQ+** and **40% of transgender** pupils in Richmond had experienced **controlling partner behaviour**




**Sexual offences** in Richmond **have increased to 1.6 per 1000 people** Richmond has the third lowest rate of sexual offences in London

**Refugee and asylum-seekers** are often vulnerable and may have experienced **sexual violence and exploitation**[26] [27]

Many people with a **learning disability** are able to engage in s**afe, healthy and happy personal and sexual relationships** and have a right to do so

## What do we currently offer?

A guide for parents and carers on identifying and supporting children and young people at risk of exploitation

Loudmouth Theatre in education programmes for children and young people to identify signs of exploitation and abuse with information about how to get help

Information on sexual harrassment and harm on www.gettingiton.org.uk

Spectra offer to schools: workshops for parents, group work on masculinity and counselling for young people

MOPAC secondary school toolkit and training on 'ending gender-based violence'

NSPCC Hackett tool kit' Understanding Sexualised Behaviour in children promoted to schools

AfC Richmond Youth council podcasts e.g. on masculinity, domestic violence

ISH service supporting young people and adults who have experienced sexual violence with referral to The Havens rape crisis centre

Spectra dedicated sex worker support service

2nd voice- street safety for Autism Spectrum Disorder community & families offering training and wellbeing on keeping safe

A South West London LGBTQ+ Police Community Liaison Officer

Support for those affected by Female Genital Mutilation (FGM) through FORWARD and easy read resources on FGM from Choice Support

Multi-cultural Richmond provides support for the Black, Asian and Minority Ethnic community including for older people and youth clubs

Richmond local support offer for refugees and asylum seekers

Richmond Council: podcast on public sexual harrassment

## What additional actions will we prioritise?

| Action | Strategic Priority | Life Course |
|---|---|---|
| **Encourage all health professionals to ask routine questions about sexual violence and domestic abuse.** | **1, 5** | **SW, LW, AW** |
| **Healthy relationships training for all.** | **1, 5** | **SW, LW, AW** |
| **Training for health care staff on the needs of sex workers and how to support them, including maintaining confidentiality and provision of harm reduction supplies.** | **2, 4, 5** | **LW** |
| **Sex worker inclusive pathways and safeguarding protocols with clarity on support offered to sex workers.** | **2, 4** | **LW** |
| **Increase education on gender-based violence with boys and young men.** | **1, 5** | **SW, LW** |
| **Staff and provider training for hotels and AirBnBs to spot signs of potential exploitation.** | **1, 5** | **SW, LW** |
| **Garner support for working with the NSPCC to roll out the PANTS campaign across the borough.** | **6** | **SW** |

## What did people who live, work, go to school or socialise in Richmond say?

"10% of boys and 7% of girls in Year 10 said they have been intentionally physically harmed and 1% of boys and 6% of girls in Year 10 said they have been sexually harmed or harassed. [28]

65% of Year 10 boys and 45% of Year 10 girls said they have viewed pornographic images (videos, pictures online/social media or in a magazine/photographs), compared to 58% and 38% respectively in other areas conducting the same survey.

Young adults with learning disabilities shared their experiences of sexual harm, abuse and bullying which impacts on relationships throughout their life.

There are widespread barriers for sex workers in accessing local support, housing, health and community care services and other support networks.

Lack of awareness by professionals and provision of suitable safer sex and harm reduction supplies including latex free condoms and menstrual sponges for sex workers.

Training should include recognising signs of unhealthy relationships and exploitation and where to get support if needed."

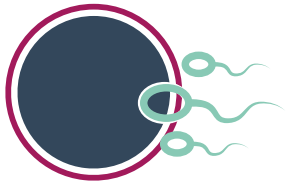
# Fertility & Reproductive Care

Reproductive health through the life course can be measured through the prevalence of a variety of reproductive related ill-health indicators including related cancers. Access to cervical screening is currently unequal and uptake low.

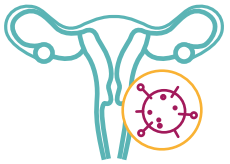
Failure to become pregnant after 12 months of regular, unprotected sexual intercourse is defined as infertility. In addition to the psychosocial impact on individuals of not being able to have children, the effects of infertility can be far-reaching, including gender-based violence. Access to fertility care however, is easier for some ethnic groups and those in higher socio-economic groups.

The menopause usually affects women between the ages of 45 and 55 but can also happen earlier or following surgery to remove the ovaries or uterus. Symptoms can include anxiety, mood swings, hot flushes and irregular periods which can continue for a considerable time before and after periods cease. These symptoms can have a big impact on health (including sexual health), life, relationships and work.

## What does the evidence tell us?

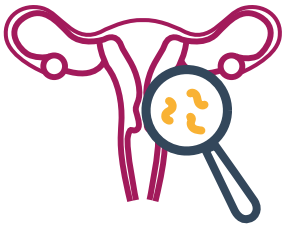


**74%** of Richmond females **seeking fertility treatment** were from the **least deprived socio-economic quintile** and **79% were White**

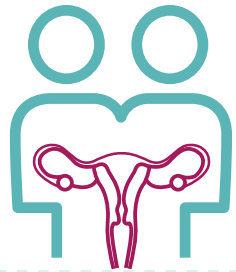


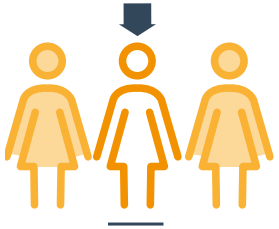
**99.8% of cervical cancers are preventable** yet rates are 65% higher in the most deprived quintile compared to the least and white ethnicity groups are over-represented in diagnosis[29]

**Cervical screening coverage** in Richmond is **65.5%** for 25-49 year olds, well **below** the **80% national target**[30]

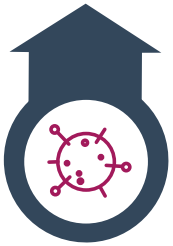


**Lesbian and bisexual women** are less likely to go for **cervical screening** than heterosexual women[31]





White women are **more likely to seek help with menopause** than Black or Asian women



Incidence rates of **prostate cancer have increased by almost half** since the 1990s and are projected to increase by a further 15% between 2023 to 2025[32 33 34]

## What did people who live, work, go to school or socialise in Richmond say?

"Education on reproductive health is limited."

"Residents would be most likely to use sexual health services for 'menopause care' but recognise this is not a routine offer."

"Implement a 'fertility awareness' campaign."

"Increase support for same sex-parents trying to conceive."

## What do we currently offer?

Facts on reproductive health in relation to fertility, miscarriage and menopause are part of the mandatory RSHE schools guidance

School health provide education on fertility and reproductive health in schools, PRUs, YJS and Special schools

Encouragement of menopause policies in public and voluntary organisations e.g. United Response

Prostate cancer screening available via General Practice for men aged over 50

Prostate cancer awareness raising campaigns linked to national campaign days

Cervical cancer screening pilot in Richmond Councils with insight gathering to understand the barriers to uptake

IVF and fertility preservation commissioned by the ICB with all SWL patients entitled for fertility investigation by GP

Easy read resources for adults with Learning Disabilities from Choice Support

## What additional actions will we prioritise?

| Action | Strategic Priority | Life Course |
|---|---|---|
| Increase the representation of ethnic minority and lower socio-economic groups in reproductive health services, specifically fertility, cervical screening and reproductive cancer prevention and treatment programmes. | 4, 5 | LW, AW |
| Promote and work with parents to understand the importance of accessing the HPV vaccine and re-offer HPV vaccine when parents decline. | 1, 4, 5 | SW, LW |
| Explore ways to improve access to menopause support including provision of HRT for ethnic minority groups. | 4, 5 | LW, AW |
| Promote men's reproductive and fertility care with clear pathways to access. | 4, 5 | LW, AW |
| Joint action on women's health hubs to formalise the interconnectedness of sexual and reproductive health. | 4, 5 | SW, LW |
| Joined up working with family hubs with easily accessible resource packs. | 1, 4, 5 | SW, LW |
| Delivery of a fertility awareness campaign targeting lower take-up groups. | 4, 5 | SW, LW |

# Prevention & Control of HIV and other STIs

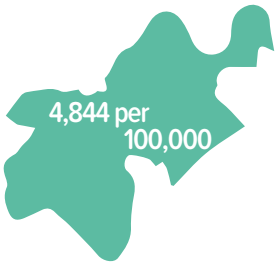
STIs can have short- and long-term psychological, social and financial effects on individuals, in addition to effects on overall health, fertility and sexuality. STIs can be prevented through delaying sexual activity, use of condoms, vaccination to prevent HPV and hepatitis B, circumcision to reduce HIV transmission, and pre- and post-exposure HIV prophylaxis.

STIs can be controlled through early identification and treatment, appropriate case management, improving health care-seeking behaviour, partner notification, and preventing and managing complications (e.g. pelvic inflammatory disease).

Currently, there is no cure for HIV, but there are very effective drug treatments that enable most people with the virus to live a long and healthy life. With an early diagnosis and effective treatment, most people with HIV will not develop any AIDS-related illnesses. Young people, GBMSM and Black and Minority ethnic groups are disproportionately affected by poorer sexual health and HIV outcomes.

## What does the evidence tell us?

**STIs are increasing at a faster rate** than can be explained by increased testing




**4,844 per 100,000** were tested for STIs in Richmond in 2022 (excluding chlamydia), **half the London rate** of STI testing

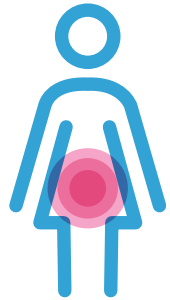
**STI diagnosis** in Richmond in 2022 was **670 per 100,000** residents, **lower** than London and England rates

In Richmond, just under 60% **of new STI diagnoses** were amongst the **least deprived** areas


In Richmond, an estimated **3.1% of women and 8.2% of men diagnosed with gonorrhoea** became **reinfected** within 12 months

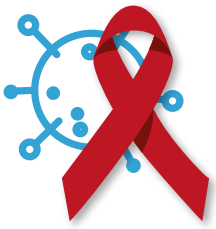
In Richmond, an estimated **5.0% of women and 9.6% of men with new STIs** became **re-infected** with an STI within 12 months


The **Chlamydia detection rate** in Richmond is **1,847** per 100,000 females, **lower** than the UKHSA **recommendation of 3,250** per 100,000




**Rates of syphilis are increasing,** in 2022, Richmond rates were **20 per 100,000 people,** lower than London rates but higher than England rates

Richmond is in the NICE **amber zone for late diagnosis of HIV** with **25% diagnosed** at a late stage



## What do we currently offer?

School health 'chat health' interactive website for young people

Spectra STI prevention in schools

HPV vaccination in schools and for GBMSM aged 18-45

Chlamydia screening and treatment in borough pharmacies

ISH service providing testing, treatment and partner notifications – including for TB

Off the Record sexual health clinic for young people aged 13-18s plus condoms, chlamydia and pregnancy testing for 13-24s

Spectra sexual health 'high risk' outreach service

Involvement in fast-track cities 'getting to zero' London HIV programme

Contribute to London HIV prevention service, HIV point of care testing and PrEP referrals

SH-24 On-line testing and screening for STIs and HIV with rapid referral to specialist services

Education and provision of PrEP during sexual health consultations

Kings and St Georges opt out HIV testing service in A&E

To include Sexual Health London (SHL.uk) online STI testing and contraception offer

## What additional actions will we prioritise?

| Action | Strategic Priority | Life Course |
|---|---|---|
| Increase local sexual health treatment services to Richmond adults and young people. | 2, 6 | LW |
| Provision of condoms, chlamydia screening and pregnancy testing at school drop-ins at 6th form / colleges. | 1, 2, 5 | SW |
| Actively implement and ensure that sexual health services adhere to 'You're Welcome' standards. | 2 | SW |
| Targeting late HIV diagnosis and increase access to PrEP among underserved groups. | 3 | LW, AW |
| Explore extension of HIV testing opportunities through general practice. | 2 | LW, AW |
| Explore opportunities for joint sexual health service provision in substance misuse services. | 2, 3 ,6 | LW, AW |
| Increase sexual health outreach with people experiencing homelessness or rough sleeping. | 2, 3, 6 | LW |
| Promote sexual health services using QR codes in private spaces such as toilet cubicles. | 2, 4, 5 | SW |
| Support to enable disabled young adults to get better access to sexual health services and reproductive / hygiene related products. | 2, 4 ,5 | SW, LW |
| Develop and distribute a sexual and reproductive health 'resource pack' for vulnerable groups. | 2, 3, 4, 5 | LW, AW |
| Targeted SRH campaign for WSW to increase the local knowledge base and access to health care. | 2, 4, 5 | LW |

## What did people who live, work, go to school or socialise in Richmond say?

"Young adults with SEND said they wanted support to have and maintain relationships and to engage in safe sexual activity.

Current service location of the main hub at Falcon Road is a barrier to some young people, unable to travel to Clapham Junction where treatment is needed.

Young people report misconceptions about the confidentiality of sexual health services.

LGBTQ young people told us to promote sexual health services in private spaces so they can find out more without being seen.

Older generations told us if they knew more about sexual and reproductive health they would be in a better position to guide and influence younger generations to help keep them safe.

Richmond respondents rated the most important consideration for accessing sexual health services as the speed of getting an appointment and a service that is closer to home.

Increase provision of sexual health outreach for the homeless."

# Safe Abortion Care

Safe abortion care includes provision of information; counselling; provision of medical and/or surgical abortion; recognition and management of complications from unsafe abortion; provision of postabortion contraception, when desired; and having in place referral systems for all required higher-level care.

There is also evidence to suggest that women who have undergone an abortion experience an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be attributable to abortion.[35]

## What do we currently offer?

Termination of pregnancy services that include provision of, or sign-posting to, contraceptive services

An NHS led central booking phone service for terminations

SPECTRA offer a chaperone service to enable access to abortion services

Off the Record Sexual Health clinic offers termination referrals for young people and counselling service offers talking therapies for young people to support emotional health

Information and advice for young people available on www.gettingiton.org.uk

Protest exclusion zone around termination of pregnancy services in Richmond

## What did people who live, work, go to school or socialise in Richmond say?

> "Ensure staff are asking and trained to spot any signs of exploitation and coercion in circumstances that may lead to abortion."

## What does the evidence tell us?


The Richmond **abortion rate** is **15.2 per 1000, lower** than **London and England rates**

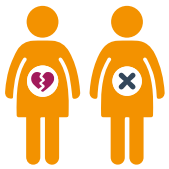
An **increase** in Richmond **abortion rates** occurred between 2014 and 2018

The percentage of **conceptions leading to abortion** in Richmond has **increased from 18.2% to 23.3%**


**Abortion rates have increased by 47%** amongst women **aged 30 to 34,** the most of any age group in Richmond

**Repeat abortions** can be an indication of **domestic abuse and/or exploitation**

Just under one-third of **women aged <25** undergoing an abortion in 2021 had one or more **previous abortions**[36]



**84.8% of abortions** are performed **under 10 weeks** in Richmond, this is the lowest percentage of all London boroughs

## What additional actions will we prioritise?

| Action | Strategic Priority | Life Course |
|---|---|---|
| Improve referral and access to pre-conception and post-abortion contraceptive options via termination, perinatal, midwifery and 0-19 services. | 4 | LW |
| Increase post abortion counselling, especially for those with learning disabilities. | 4 | LW |
| Increase contraception options for families with children previously removed and those seeking repeat terminations. | 4 | LW |
| Provide education and awareness of non-medicalised abortion interventions. | 4 | LW |

# Sexual Function and Psychosexual Counselling

Sexual function represents the complex interaction of various physiological, psychological, physical and interpersonal factors.

Poor sexual function or sexual dysfunction are syndromes that comprise a cluster of ways in which adults may have difficulty experiencing personally satisfying sexual activities. Identifying and addressing sexual concerns and difficulties, as well as offering treatment for sexual dysfunction and disorders, are critical components of sexual health care. Psychosexual counselling provides patients with both support and specific information or advice relating to their sexual concerns; this can facilitate a return to satisfying sexual activity.

## What does the evidence tell us?


**Sexual dysfunction** is estimated to affect **43% of women** and **31% of men**


**Erectile dysfunction** is linked to cardiovascular disease, dementia, and early death and affects up to one in five men across the UK[37]

Early detection may **help improve quality of life and prevent premature death**

**Psychosexual counselling** accounts for **only 1%** of service activity in Richmond


**Sexual difficulties** are common in **patients with neurological disorders** and can affect different areas of **sexual function**

**Sexual dysfunction disorders** can impact significantly on **interpersonal functioning** and overall **quality of life**

## What do we currently offer?

GPs as first point of access for sexual function services and onward referral

Psychosexual counselling offered by the ISH Service

Psychosexual counselling offered by SLAM (national)

ISH Service provide in house assessments with consultation/ history taking and refer to GP if interventions are non-therapeutic

Information and advice accessible through pharmacies

## What did people who live, work, go to school or socialise in Richmond say?

"Learning disability providers said they would like to see psychosexual support for people with SEND and their carers to encourage positive and healthy relationships."

Psychosexual services are vital for sexual wellbeing. Sexual problems can cause profound distress, relationship difficulties and poor quality of life.

Strong local support to continue and expand provision of psychosexual services.

There appears to be limited services for erectile dysfunction for Richmond patients.

- There is a need for psychosexual counselling for those who have experienced sexual violence."

## What additional actions will we prioritise?

| Action | Strategic Priority | Life Course |
|---|---|---|
| Continue to offer and expand psychosexual counselling and referral pathways to it. | 4, 5 | LW, AW |
| Promote services more widely across whole communities, not just in clinical environments. | 1, 4, 5 | LW, AW |
| Include erectile dysfunction question or link within NHS health checks. | 1, 4 | LW, AW |
| Increase training and public and professional awareness of the link between sexual dysfunction, cardiovascular health and dementia. | 1, 4, 5 | LW, AW |
| Develop a simple 'Age Well' guide to sexual and reproductive health. | 1, 2, 3, 4, 5 | LW, AW |
| Explore the impact of unpaid caring on sexual and reproductive health. | 4, 5 | LW, AW |

# How will we deliver this strategy?

## Governance

A sexual and reproductive health partnership board will be established and jointly chaired by Local Authority and Health Partners to oversee the delivery of this strategy. Representatives from provider services, public health, commissioners and voluntary sector services will actively attend and participate to ensure its collaborative and successful delivery. This group will oversee the performance management of the strategy escalating any performance delivery issues as appropriate. The group will look to ensure sexual and reproductive services and agreed actions are efficient, effective and equitable and hold members to account for completing agreed actions.

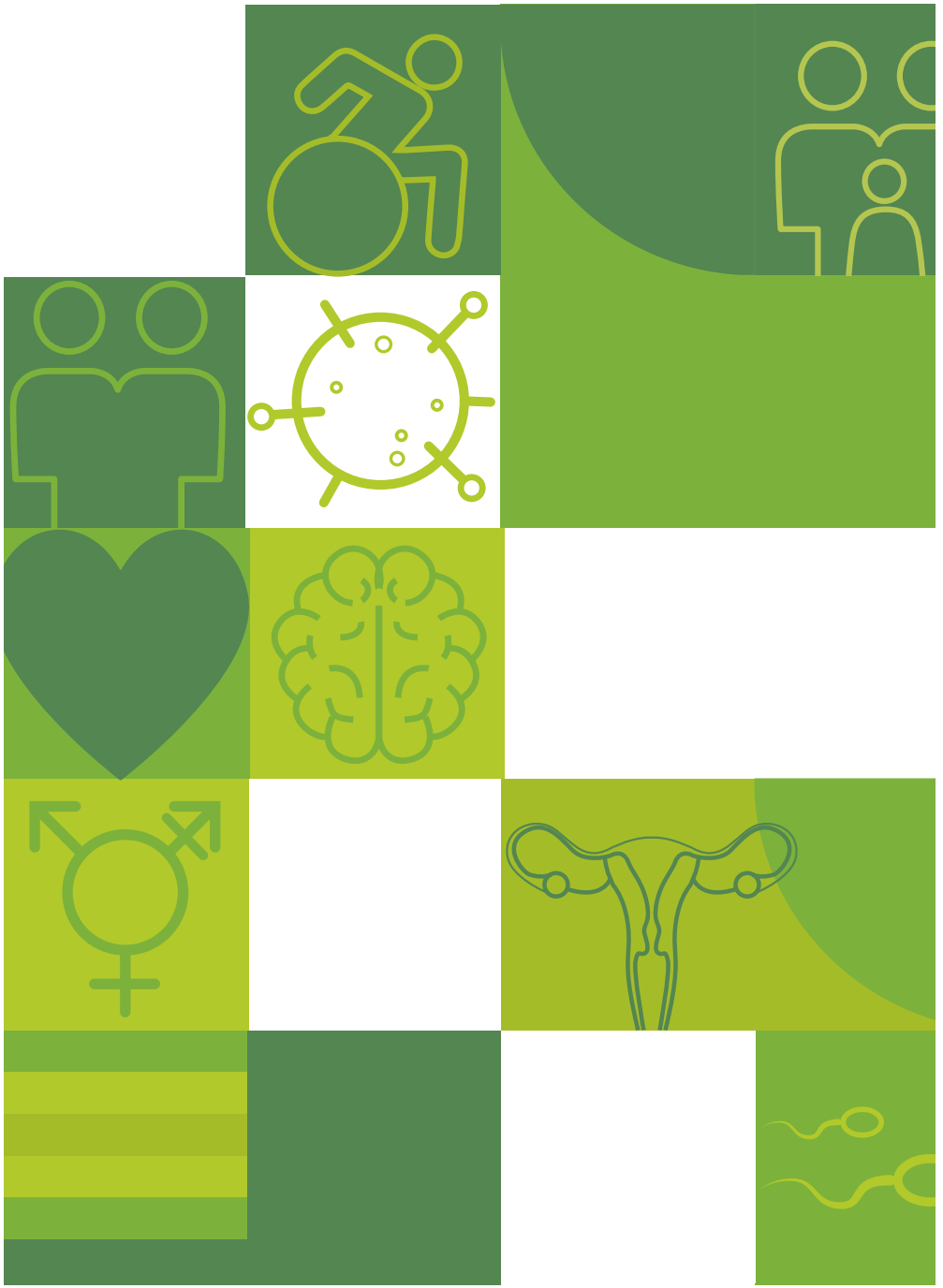
The strategy group will be accountable to the local authority's Health and Wellbeing Board and also report to the Richmond Place-based Partnership Committee, which forms part of the borough health and care partnership arrangements for the South West London Integrated Care System (ICS). The Health and Wellbeing Board will receive updates on performance against the strategic actions outlined in this strategy. The Health and Wellbeing Board will have responsibility for reviewing the services delivered against the evidence base and including this within the wider health and wellbeing considerations for the local populations.

The progress on strategy delivery will be presented to the Council's Adult Social Services, Health and Housing Committee, where the following may be presented:

- Evidence review and policy change
- Review of services and their delivery, including service models and accessibility
- Partnership arrangements
- Performance and outcomes

## How will we monitor progress?

A detailed action plan will be developed and refreshed annually to guide the delivery of the strategy. The group will agree key public health outcome framework (PHOF) service-related performance indicators through which to monitor progress. Monitoring will be enhanced by the provision of case-studies and presentations that demonstrate the delivery of the strategy including innovative approaches to meeting the sexual and reproductive health needs of our diverse population.



# Glossary

| | |
|---|---|
| C-Card | Condom distribution scheme for young people |
| Core20PLUS5 | Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level |
| EHC | Emergency Hormonal Contraception |
| EINA | Equality Impact Needs Assessment |
| FGM | Female Genital Mutilation |
| GBMSM | Gay, bisexual and other men who have sex with men |
| GBV | Gender-based violence |
| GiO | Getting It On |
| GP | General Practice |
| HIV | Human Immunodeficiency Virus |
| HPV | Human Papillomavirus |
| ICS | Integrated Care System |
| ISH | Integrated Sexual Health |
| LARC | Long-Acting Reversible Contraception |
| LGBTQ | Lesbian, Gay, Bisexual, Transgender or Questioning |
| LSHP | London Sexual Health Programme |
| MECC | Make Every Contact Count |
| NICE | National Institute for Health and Care Excellence |
| NSPCC | National Society of the Prevention of Cruelty to Children |
| PHOF | Public Health Outcome Framework |
| PrEP | Pre-Exposure Prophylaxis |
| PSHE | Personal Social Health Economic |
| RS(H)E | Relationships, Sex and (Health) Education |
| SDG | Sustainable Development Goals |
| SEND | Special Educational Needs and Disabilities |
| SHL.UK | Sexual Health London.UK |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infections |
| TiE | Theatre in Education |
| UKHSA | UK Health Security Agency |
| VAWG | Violence Against Women and Girls |
| WHO | World Health Organisation |
| WSW | Women who have Sex with Women |

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# Sexual and Reproductive Health Partnership Strategy

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