



# BUCKINGHAMSHIRE Sexual and Reproductive Health Strategy 2024 - 2029

Produced in partnership with the  
Buckinghamshire Sexual Health Network

- Buckinghamshire Council
- Buckinghamshire Healthcare NHS Trust
- Brook
- Buckinghamshire New University
- British Pregnancy Advisory Service
- Community Pharmacy Thames Valley
- Healthwatch
- Here4Youth
- BOB Integrated Care Board
- NHS England



# Foreword

*Welcome to the Buckinghamshire Sexual and Reproductive Health Strategy 2024 - 2029.*

This is a refresh of our previous multi-agency strategy. The strategy confirms Buckinghamshire partners' ongoing commitment to addressing the sexual and reproductive health needs of our residents.

Sexual health affects people's physical and psychological wellbeing and can have an enduring impact on overall quality of life. Many people with sexually transmitted infections (STIs), including HIV, are unaware that they have a disease and can remain undiagnosed for many years. This not only affects their health and wellbeing but increases the risk that they will unknowingly pass it on to other people.

We want this strategy to empower and support our residents and communities to be better equipped with the knowledge and skills needed to have happy, safe and healthy sexual lives.

I would like to thank all our partners for their enthusiasm, commitment, and hard work in refreshing this strategy. We look forward to continuing to work with them and our communities as we implement the actions that it lays out.

**Dr Jane O'Grady**

Director of Public Health and Community Safety



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# Vision

Our vision is to improve the sexual and reproductive health and wellbeing of people who live, work, and learn in Buckinghamshire. We will provide access to high quality, confidential, welcoming services without fear of stigma and prejudice, to empower individuals to make informed choices about their sexual health.

The vision for our sexual and reproductive health strategy has been developed through a series of multi-agency meetings, as well as consultation with the public. This vision will be delivered in partnership with oversight from our sexual health network.

Other strategic documents relevant to this strategy include:

- **Buckinghamshire Joint Health and Wellbeing Strategy 2021-2024**  
The Buckinghamshire 'Happier, Healthier Lives' plan aims to create the best conditions in Buckinghamshire for people to live healthy, happy, and fulfilling lives and achieve their full potential. Our vision is to improve outcomes for the whole population as well as having a greater positive impact for those people in Buckinghamshire who experience poorer health and wellbeing.
- **Buckinghamshire Children & Young People Partnership Plan 2019-2024**  
This plan sets out the Council's vision to provide the best support possible for children, young people, and their families, and to build a better future for all children and young people in Buckinghamshire so that they are able to realise their potential, whatever their starting point.



# Introduction

This strategy sets out Buckinghamshire's vision, ambitions, and priorities for sexual and reproductive health over the next five years, building on our previous strategy. It has been informed by a comprehensive sexual and reproductive health needs assessment<sup>2</sup> which includes feedback from service users and was produced in consultation with partners from the Buckinghamshire sexual health network. The health needs assessment, which should be read in conjunction with this strategy, provides an overview of sexual and reproductive health in Buckinghamshire. The strategy also includes reference to national guidance and evidence, local population data, service mapping, and stakeholder engagement. In addition, the English HIV and Sexual Health Commissioner Group self-assessment tool has been used as a framework to benchmark our local arrangements and services against *What Good Sexual Health, Reproductive Health and HIV Provision Looks Like*. This local benchmarking has identified good practice as well as areas to be strengthened and these are reflected in actions across our key priorities.

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality, not just 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 from coercion, discrimination, or violence.

In 2021, the Department of Health and Social care updated its action plan, 'Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to

2025', setting out its plans to achieve an 80% reduction in new HIV infections in England by 2025. This ambition can only be achieved through ensuring that partners across the health system and beyond maintain and intensify partnership working around four themes: preventing people from acquiring HIV, ensuring those who acquire HIV are diagnosed promptly, preventing onward transmission from those with diagnosed infection, and delivering interventions which aim to improve the health and quality of life of people with HIV. These four core themes are summarised as prevent, test, treat and retain.

Access to high quality sexual health services improves the health and wellbeing of both individuals and populations. Sexual ill health is influenced by a complex network of factors ranging from sexual behaviour and the quality of Relationships and Sex Education (RSE) in schools and health education to socio-economic inequalities. The attitudes of younger people towards sexual health and contraception are increasingly being influenced by social media, which can include unmoderated and harmful content. In addition, some groups at higher risk of poor sexual health continue to face stigma and discrimination, which can influence their access to services.

Local authorities have a statutory duty to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, and free provision of contraception. Some specialised services are directly commissioned by Integrated Care Systems (ICs) and, at the national level, by NHS England as highlighted overleaf.

# Sexual and reproductive health commissioning responsibilities

## Local Authorities commission

- Comprehensive sexual health services, including most contraceptive services and all prescribing costs, excluding GP additionally-provided contraception.
- Sexually transmitted infections (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, colleges and community pharmacies.

## Integrated Commissioning Systems (formerly CCGs) commission

- Abortion services.
- Sterilisation.
- Vasectomy.
- Non-sexual health elements of psychosexual health services.
- Gynaecology, including any use of contraception for non-contraceptive purposes.

## NHS England commission

- Contraception provided as an additional service under the GP contract.
- HIV treatment and care.
- 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.

In 2022, Buckinghamshire ranked 89<sup>th</sup> out of 147 Local Authorities<sup>a</sup> for new STI diagnoses with a rate of 348 per 100,000 residents, lower than the average rate of 496 per 100,000 residents for England as a whole.<sup>b</sup> The rank for gonorrhoea diagnoses (which can be used as an indicator of the total local burden of STIs) was 113<sup>th</sup> out of 147 Local Authorities, at 71 per 100,000, lower than the rate of 146 per 100,000 for England.

In 2021, the conception rate for under-18s in Buckinghamshire was 5.1 per 1,000 women aged 15 to 17 years, significantly lower than the rate of 13.1 per 1,000 in England. The local abortion rate in 2021 was also lower than the England average (15.8 per 1,000 women aged 15-44 years, compared to 19.2 per 1,000 nationally). Of those women aged under 25 who had an abortion in 2021, the proportion who had had a previous abortion was 29.6%, similar to 29.7% in England (Appendix A).

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<sup>a</sup> Including Upper Tier and Unitary Local Authorities.

<sup>b</sup> These figures exclude chlamydia in the under 25s.



# Investing in Sexual and Reproductive Health

Investing in sexual and reproductive health services has demonstrated value for money and provides a substantial return on investment (ROI) for public services.<sup>3,4,5</sup>

The benefits of public spending on STI testing interventions significantly outweigh the costs (even though more diagnoses can lead to higher treatment costs in the short-term). The ROIs cited are likely to be underestimates of the true return on investment from sexual health interventions, as they do not capture the benefits of secondary cases averted by additional testing and treatment.

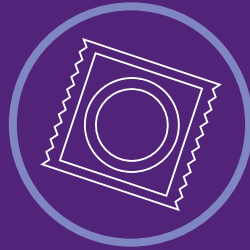
Access to reliable forms of contraception, especially for women, is crucial to ensure that as many pregnancies as possible are planned. This also enables maternal health to be optimised before any pregnancy and allows women who do not wish to have children to avoid becoming pregnant.<sup>6</sup> Provision of contraception reduces the number of unplanned pregnancies which have social impacts and often a high financial cost for individuals, the health service, and the state. The benefits of contraception are usually measured as the number of unintended pregnancies averted by its use, or as the cost savings that result from these averted pregnancies. These averted costs can be broadly categorised

into healthcare costs and wider costs to the public sector. A recent report found that adding up all cost categories gives a cost saving for each averted pregnancy of £23,909 over 10 years. This analysis only included direct savings to public sector budgets and not the wider societal impacts of unintended pregnancy, so this represents a conservative estimate of ROI. Longer-term, there are increasing savings from averted education and state benefits, resulting in an ROI of £1.82 over 5 years and £5.32 over 10 years for every £1 invested.<sup>7</sup>

People with HIV infection who are diagnosed late<sup>c</sup> and therefore cannot begin treatment in a timely manner incur significantly higher treatment costs than those who present earlier in the disease process. Additionally, for more advanced HIV cases there is often a need for more long-term social care, and the potential to require more costly housing and personal support services. This is all in addition to the loss to the public purse through people being unable to work and the personal costs to their families, relationships, and overall quality of life.<sup>8</sup>

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<sup>c</sup> Defined by having an initial CD4 count less than 200 cells/mm<sup>3</sup> (a blood test which measures the health of the immune system).



Over 10 years, there is a £9 saving for every £1 invested in publicly provided contraception (£3.68 healthcare cost and £5.32 non-healthcare, such as education, benefits).



Investment in the provision of additional Long Acting Reversible Contraception (LARC) by GPs has even greater potential cost savings, with an ROI of £48 for every £1 invested.



In 2016, the cost of HIV treatment per annum when HIV is diagnosed quickly was estimated to be around £14,000 per case, compared with £28,000 per case when diagnosed late.



Investment in Sexually Transmitted Infections (STIs) prevention will provide a long-term financial benefit to the healthcare system by reducing healthcare costs as a result of avoided new infections and delayed disease progression.



# Guiding Principles

The Buckinghamshire Sexual and Reproductive Health Strategy is underpinned by the following guiding principles:

## **Person-centred**

Sexual health pathways and services will be focused on the individual and not on organisational or commissioning boundaries. Service users' views and experiences will be used to continuously improve and evolve the commissioning and provision of service.

## **Prevention focused**

It is recognised that prevention work underpins good sexual health. This will be a core part of all interventions and services provided.

## **Fairness and equality**

Working to reduce health inequalities by ensuring all residents have access to services and education, but also targeting the most deprived areas and the groups with the highest risk of poor sexual health. This will include ensuring good access to prevention and treatment for residents of Opportunity Bucks wards in particular.

## **All-age approach**

Recognising people's needs change over time and responding by tailoring services and support accordingly. Empowering Buckinghamshire residents to make informed choices, to enjoy healthy consensual relationships throughout their lives, and to have access to age-appropriate sexual health promotion and care.

## **Evidence based**

All sexual and reproductive health services will be commissioned using the latest national and local evidence and standards, including the National Institute of Clinical Excellence (NICE), British HIV Association (BHIVA), British Association of Sexual Health and HIV (BASHH), and The Faculty of Sexual and Reproductive Healthcare (FSRH). They will also be informed by local needs assessments.

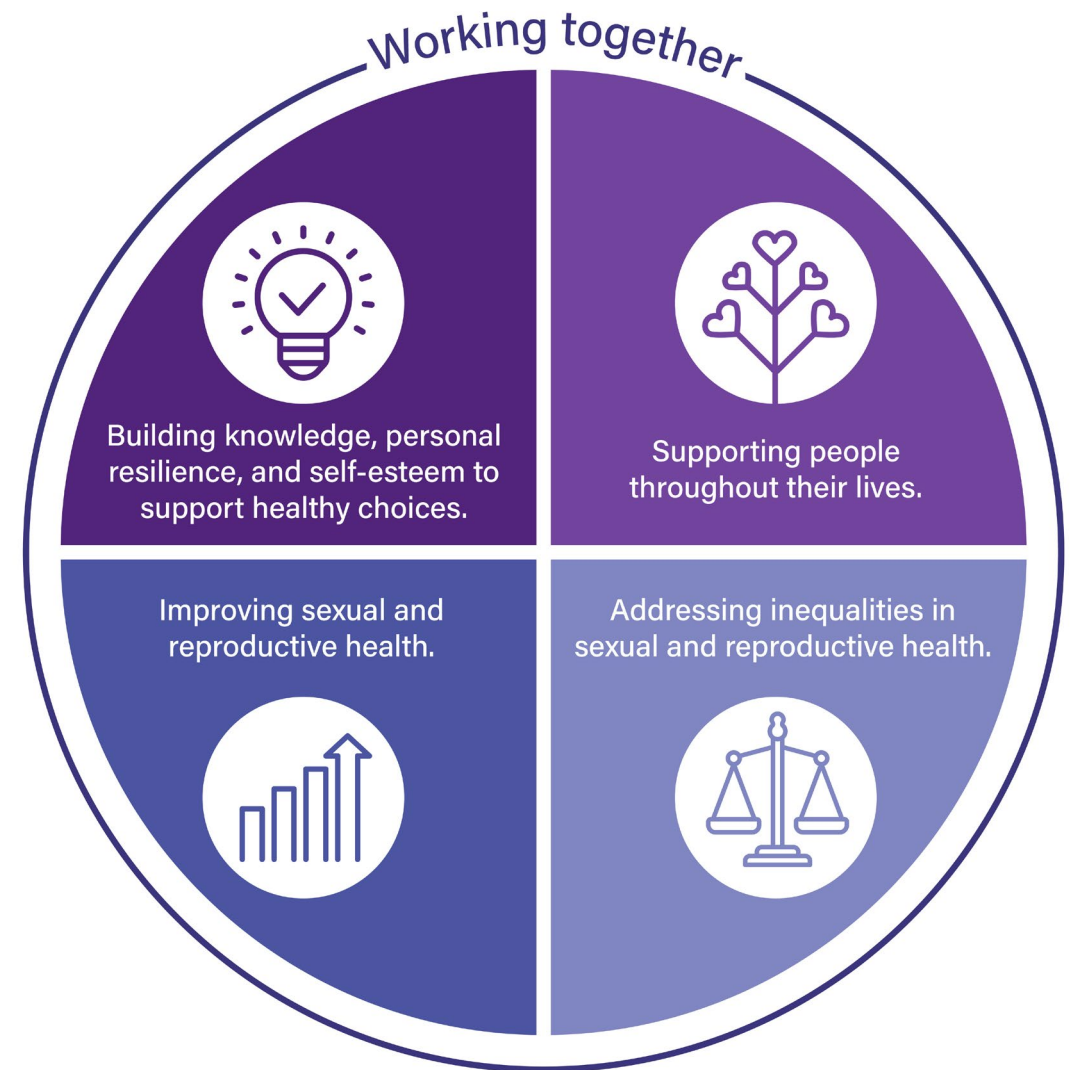
## **Partnership working**

Provision of sexual health services is complex with many overlaps and cross-cutting themes. Continued partnership working at a local and national level is crucial to ensuring a whole systems approach.

# Priorities

Working with our partners and reviewing local data and insights, we have identified five key priority areas to deliver our vision:

- Building knowledge, personal resilience, and self-esteem to support healthy choices.
- Supporting people throughout their lives.
- Improving sexual and reproductive health.
- Addressing inequalities in sexual and reproductive health.
- Working together.



## Priority One

### Building knowledge, personal resilience and self-esteem to support healthy choices



Empowering individuals in Buckinghamshire to manage their own sexual and reproductive health and to have healthy and fulfilling sexual lives is at the cornerstone of this strategy. To achieve this, we will use health education messaging and improvements in service access to support positive sexual health promoting behaviours by residents. Better information enables healthier choices and improved service access allows better prevention, testing and treatment coverage, all of which builds individual and community health resilience. High quality health education is particularly important to help young people to challenge and change the taboos that are sometimes associated with sex and sexual health.

#### We know

The Health Promotion for Sexual and Reproductive Health and HIV: Strategic Action Plan, 2016 - 2019 recommends that sexual health services should aim to promote an honest and open culture around sexual health by enhancing knowledge and awareness, signposting to appropriate services, providing appropriate clinical and nonclinical prevention services, and combating stigma and discrimination. Stigma and discrimination can prevent individuals from getting early diagnosis and treatment, disclosing to friends and family, and getting the support they need.

Two types of stigma can influence a person's behaviours:

- Perceived stigma, which includes an individual's fear of societal attitudes, discrimination, or isolation based on a specific trait and
- Self-stigma, also referred to as shame or the internalized response to activities or diagnoses which are thought to be discreditable.<sup>9</sup>

#### Key messages from the Buckinghamshire Sexual and Reproductive Health Needs Assessment 2022 include:

- Sexual health information to Buckinghamshire's sexually active population should be improved, including signposting, ensuring they inform all current and future service users of what sexual health services are available and how they can be accessed. The sexual health information should be age and ability appropriate, using different approaches such as social media to target all relevant demographic groups in Buckinghamshire.
- Outreach sexual health initiatives should target vulnerable groups who may face barriers to accessing sexual health services or are at higher risk of sexual ill health, for example sex workers, people living within an abusive relationship, and those living with HIV.
- Prevention and health promotion interventions should be optimised to maintain low STI rates.

## We will

- Ensure that accurate information is available and promoted to young people via the bSHaW website to support them to develop healthy, safe and consensual sexual relationships.
- Continue to support schools in their provision of relationship and sexuality education (RSE) by providing staff with access to high quality training and evidence-based resources.
- Increase professional knowledge and skills in sexual health and contraception across the system via a comprehensive training programme.
- Ensure information about where to access confidential sexual and reproductive health services is widely available, ensuring details of services are promoted via communications campaigns, websites and social media.
- Ensure sexual health information is embedded into existing training for professionals, adopting Making Every Contact Count (MECC) principles to enable the workforce to opportunistically promote sexual health and wellbeing.
- Promote honest and open conversations based on MECC so residents can make informed, responsible choices about relationships and sex to reduce stigma associated with sexual health and HIV.
- Promote the importance of healthy and non-coercive relationships through comms campaigns and for young people via appropriate curriculum resources.



## Priority Two

### Supporting people throughout their lives



Sexual health is relevant throughout a person's life, through adolescence and into older age, not only during their reproductive years. Young people are more likely to be diagnosed with an STI than people aged 25 and older, but although sexual and reproductive health needs are likely to change as people get older, they do not disappear.

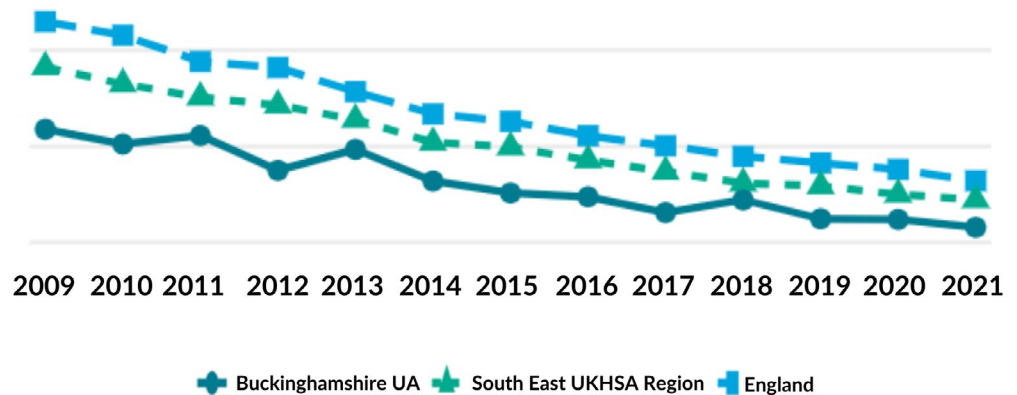
Traditionally, sexual and reproductive health services tend to focus on young people and those of reproductive age. There is often less focus on people aged 45 and older, despite the fact that people in this group often remain sexually active and still require relevant health services. By supporting people throughout their lives, this strategy will ensure these changing needs are met.

#### We know

Babies born to mothers under 20 years consistently have a higher rate of stillbirth, infant mortality, and low birthweight compared to the population average. We know that contraceptive services need to be accessible and youth friendly to recognise and address any knowledge gaps and concerns and to support young people to choose and use their preferred method of contraception.

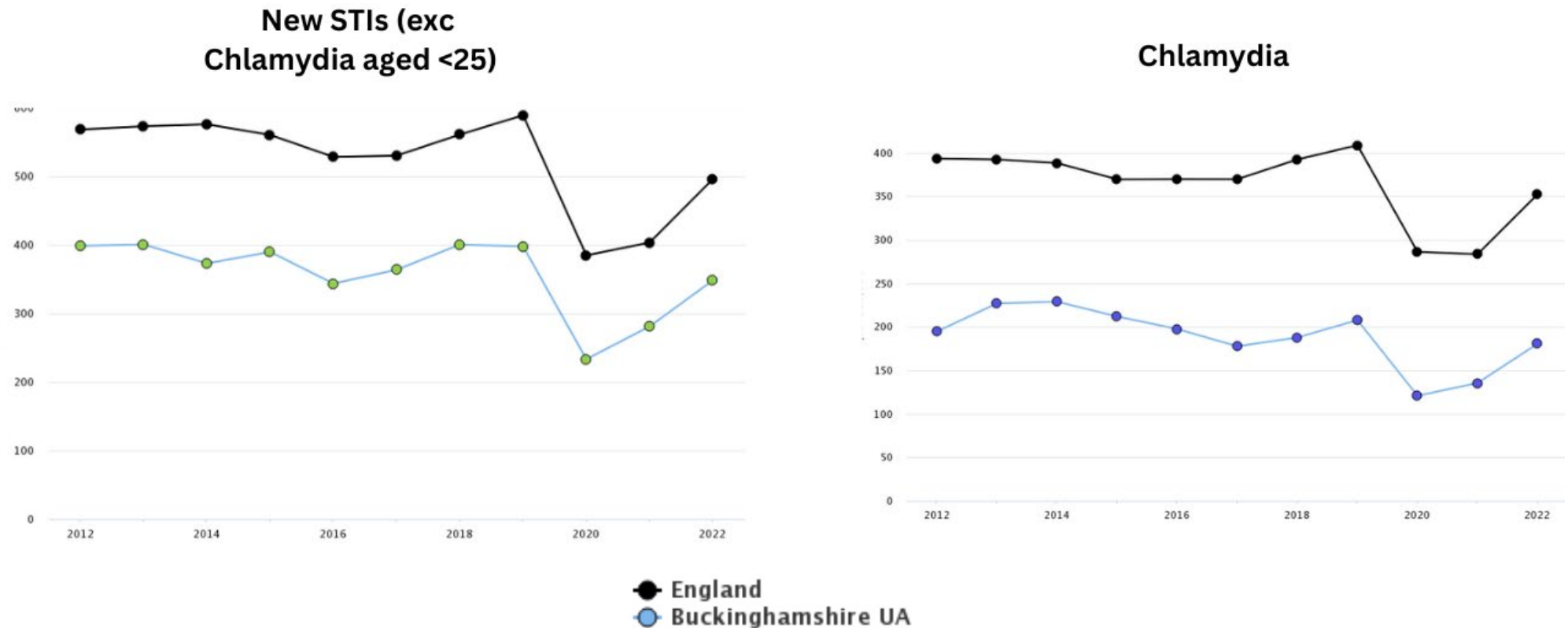
In 2021, the under-18s conception rate per 1,000 females aged 15 to 17 years in Buckinghamshire was 5.1, lower than the rate of 13.1 per 1,000 in England.

**Figure 1: Rates of under-18s conception and births over time in Buckinghamshire compared to the South East Region and England**



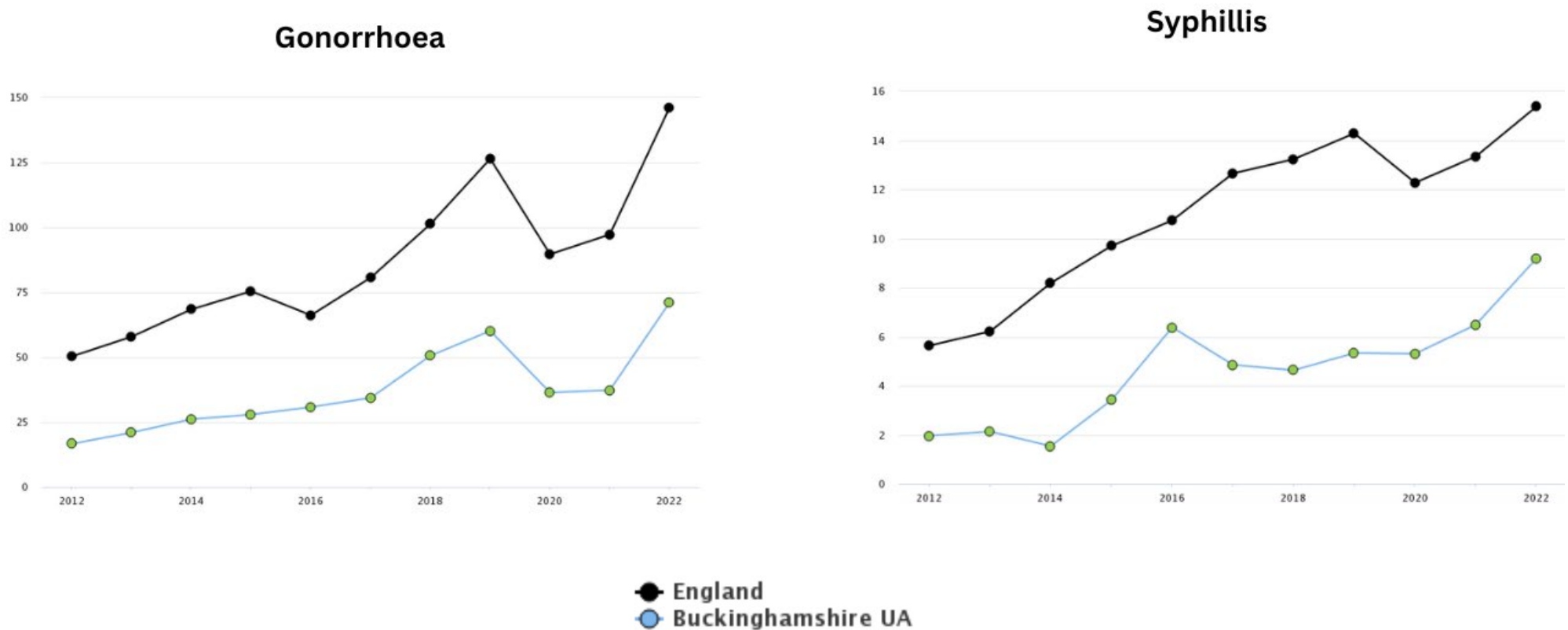
Early detection and treatment of STIs can reduce long-term health consequences, such as infertility and ectopic pregnancy. A total of 2,506 new STIs were diagnosed in residents of Buckinghamshire in 2022, a figure which is proportionally lower than the England average. The graphs below in Figure 2 illustrate the diagnosis rates of a range of STIs in Buckinghamshire compared to national rates over the last ten years.

**Figure 2: Rates per 100,000 population by diagnosis by year in Buckinghamshire compared to rates in England: 2012 to 2022 (please note the charts have different y axis scales).**



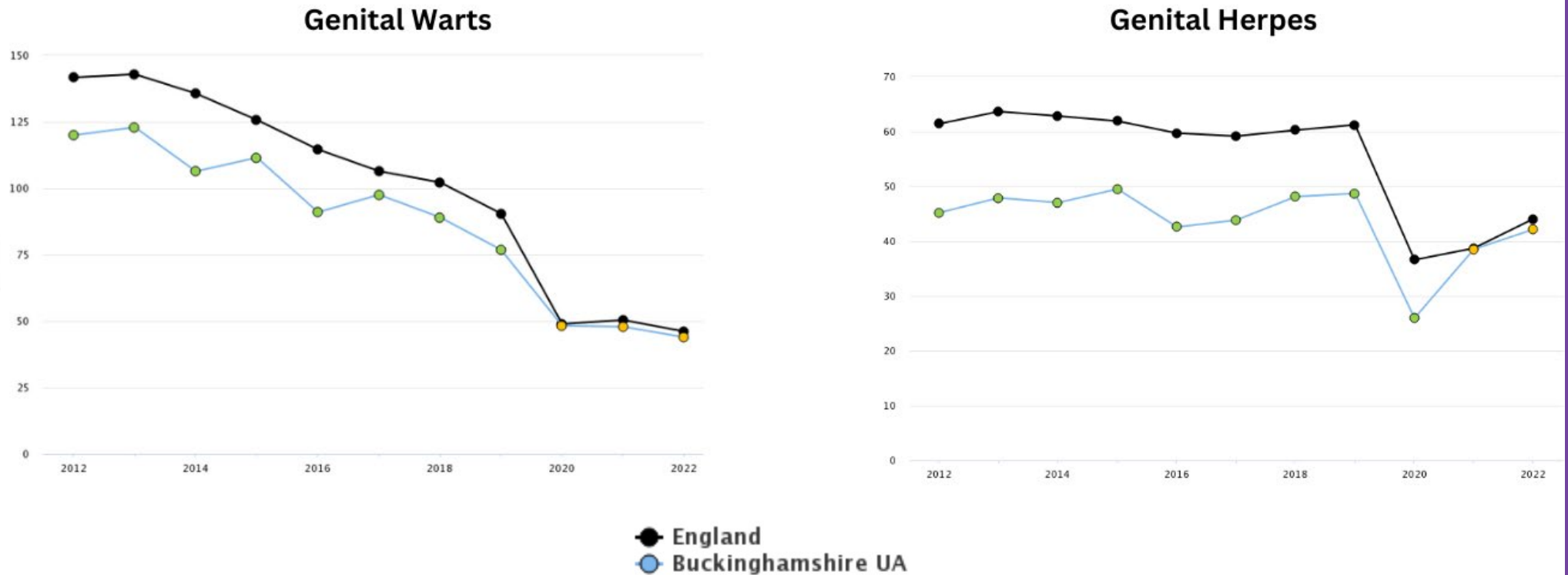
*As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.*

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In 2022, focus groups were conducted by Buckinghamshire Sexual Health and Wellbeing services (bSHaW) with 81 young people from the three Buckinghamshire college sites (Amersham, Aylesbury, and High Wycombe).

**Key findings from the focus groups include:**

- Young people wanted more support and educational information from a wide range of places.
- They wanted more access in the form of drop-in clinics, evening and weekend access, and alternative ways to contact Sexual Health Services such as more phone line support, call back options, and evening and weekend calls.
- They wanted clinics to be more supportive and inclusive of different genders, race, religion, and sexualities. Young people saw inclusivity of race, gender, religion, and sexualities as an important issue in the provision of services.
- They wanted better and easier access to condoms, testing, and sexual health support, with suggestions on how to achieve this: drop boxes, working with the night time economy (pubs and clubs), and more public engagement.

The World Health Organisation (WHO) have recognised and advocated for the adoption of a life-course approach to sexual health, including the need for improved access to sexual health support for older adults.<sup>10</sup> The issues for over-45s are often quite different from those in other age groups, such as entering new sexual relationships after a period of monogamy, dealing with menopause or impotence as a result of ageing, and engaging in sexual intimacy after serious illness. Consequently, they require

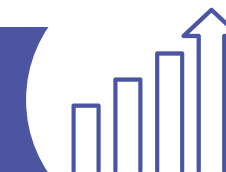
a targeted approach by health services for these specific issues. The SHIFT Project (Sexual Health and wellbeing of people aged 45 and older) was co-designed by partners in three European countries to address inequalities in sexual health and wellbeing in the over 45s and marginalised populations. This demographic has traditionally not been the focus of sexual health policies and campaigns, despite a backdrop of rising STI rates in older adults and changes in relationships and sexual activity.<sup>11</sup>

**We will**

- Address people's sexual health needs, risks and challenges as they pass through different stages of their life with a focus on prevention.
- Improve knowledge, develop skills and promote easy access for sexual and reproductive health in the population, with a specific focus on young people and the over 45s following recommendations from the SHIFT (sexual health and wellbeing of people aged 45 and older) report.
- Continuously review when and where services are offered to ensure that they meet the changing needs of residents through feedback surveys discussed at contract monitoring meetings.
- Evolve services with advances in digital technology.
- Ensure young people's services complete the self-assessment tool for *You're Welcome* standards<sup>12</sup> (OHID) which will help improve the quality of, and access to, health and wellbeing services for young people.

## Priority Three

### Improving sexual and reproductive health



Sexual and reproductive health is important for everyone. It is not only about physical wellbeing, but also includes the right to healthy and respectful relationships, and access to accurate information testing, treatment and timely support and services. STIs, unplanned pregnancies, terminations, and teenage conceptions can lead to many long-term emotional, health and social consequences.

#### We know

- In 2022, Buckinghamshire ranked 89<sup>th</sup> out of 147 Local Authorities<sup>d</sup> for new STI diagnoses with a rate of 348 per 100,000 residents, lower than the average rate of 496 per 100,000 residents for England as a whole.<sup>e</sup>
- The chlamydia detection rate per 100,000 females aged 15 to 24 years in Buckinghamshire was 1,302 in 2022, lower than the rate of 2,110 for England.
- Among specialist sexual health services, the percentage of eligible patients from Buckinghamshire tested for HIV in 2021 was 68.9%, better than the national figure of 45.8%.
- The number of new HIV diagnoses in Buckinghamshire was 14 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in the same year was 1.5, lower than the rate of 2.3 in England as a whole.

<sup>d</sup> Including Upper Tier and Unitary Local Authorities.

<sup>e</sup> These figures exclude chlamydia in the under 25s.

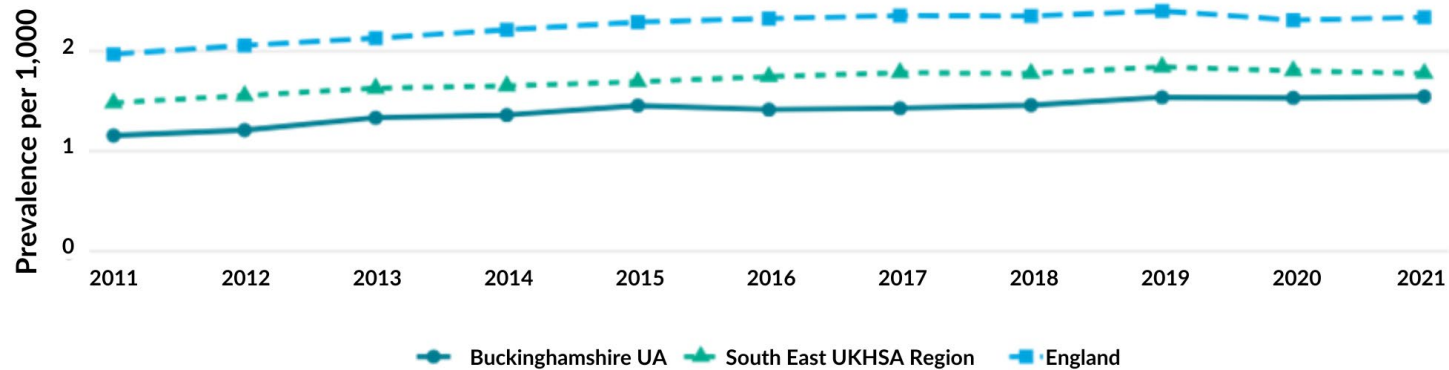
It is important to note that the increasing prevalence rate is affected not only by new diagnoses but also by the increasing longevity of people living with HIV and is therefore arguably a positive finding.

- In Buckinghamshire, in the three-year period between 2019-21, the percentage of HIV diagnoses made at a late stage of infection (amongst those first diagnosed in the UK)<sup>f</sup> was 50.0%, higher than the England figure of 43.4%.
- The total rate of long-acting reversible contraception (LARC)<sup>g</sup> prescribed in primary care or sexual health services per 1,000 Buckinghamshire women aged 15 to 44 years was 48.0 in 2021, higher than the rate of 41.8 per 1,000 women in England. Proportionately fewer of these (23.5/1,000) were prescribed in primary care than the equivalent figure for England in the same period (25.7/1,000).
- The abortion rate per 1,000 women aged 15 to 44 years in 2021 was 15.8 in Buckinghamshire, lower than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 29.6%, similar to 29.7% in England.

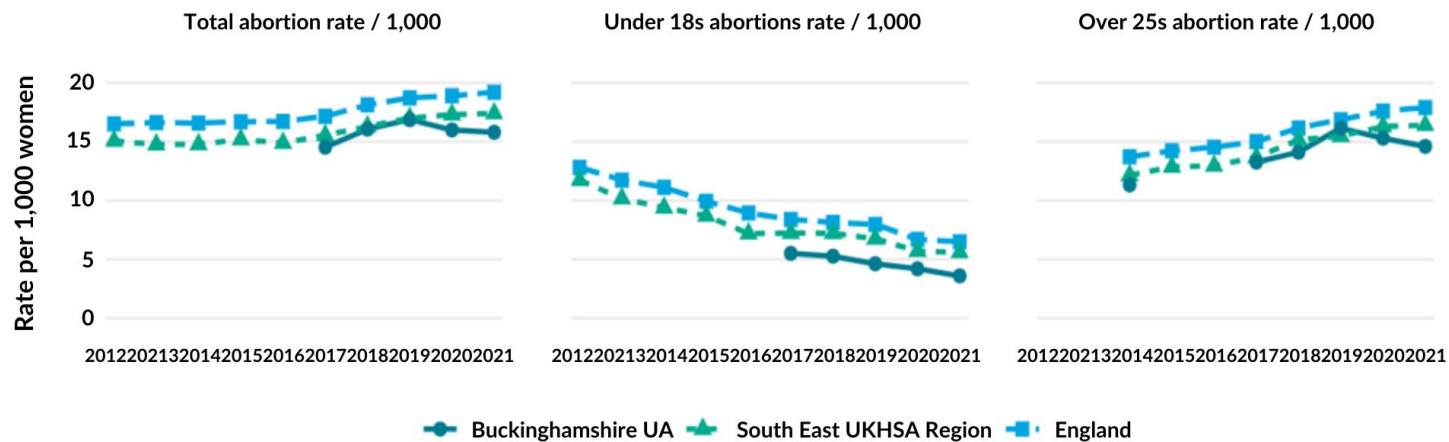
<sup>f</sup> All individuals with a CD4 count (a blood test which measures the health of the immune system) less than or equal to 350 cells/mm<sup>3</sup> within 3 months of diagnosis.

<sup>e</sup> Excluding injections.

**Figure 3: Diagnosed HIV prevalence per 1,000 population aged 15 to 59 years by year in Buckinghamshire compared to rates in the South East UKHSA Region and England: 2011 to 2021**



**Figure 4: Abortion rates per 1,000 women by age in Buckinghamshire compared to the South East UKHSA Region and England: 2012 to 2021**



*As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.*



## We will

- Ensure rapid access to STI testing and partner notification.
- Expand condom distribution to ensure provision is available in more education and youth settings and to identified groups who have limited or no access.
- Promote HIV testing opportunities through joint working with sexual health services, community pharmacy and other health settings.
- Continue to identify undiagnosed HIV cases and engage individuals in care and support.
- Promote PrEP via targeted social media campaigns to reduce HIV transmission rates, including heterosexual men and bisexual women cohort.
- Ensure that women can access the full range of contraception including Long-Acting Reversible Contraceptives (LARC).
- Continue to minimize unplanned pregnancies and reduce repeat abortions by ensuring contraception is offered at appointments.

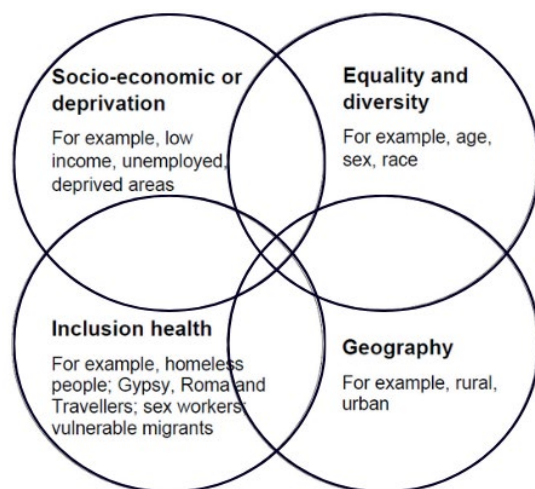
## Priority Four

### Addressing inequalities in sexual health



Health inequalities are avoidable, unfair, and systematic differences in health between different groups of people. Sexual ill health, as with most other forms of ill health, is not evenly distributed within the population. In most aspects of sexual and reproductive health, variations in outcomes are evident between and within local areas and populations or communities. Some of these differences have a clear relationship with social and health inequalities and may be impacted by differences in behaviour, social networks, and risk exposures. Others may indicate geographic variation in local population demographics or in access to and use of sexual and reproductive health services, or in the availability and provision of interventions.<sup>13</sup>

**Figure 5: Dimensions of health inequality**



Accessible source available at *Health Inequalities: [Place-based approaches for reducing inequalities](#)*. Public Health England, 2019

### We know

When considering socio-economic status, rates of new STI diagnosis are shown to be consistently higher in more deprived populations (as measured by the Index of Multiple Deprivation [IMD]). Termination of pregnancy rates also increase as levels of deprivation increase.<sup>14</sup>

Child poverty and unemployment are the two area deprivation indicators with the strongest influence on under-18 conception rates. At an individual level, the strongest associated risk factors for pregnancy before the age of 18 are free school meals eligibility, persistent school absence by age 14, poorer than expected academic progress between ages 11 to 14, and being looked after or a care leaver. Other associated risk factors include first sex before 16, experience of sexual abuse or exploitation, alcohol use, and experience of a previous pregnancy. As with Adverse Childhood Experiences, young people who have experienced a higher number of these factors will be at significantly higher risk.<sup>15</sup>

Similarly, HIV infection disproportionately affects Men who have Sex with Men (MSM) and Black Africans in the UK. Some groups at higher risk of poor sexual health also face stigma and discrimination, which can influence their access to services.

In 2022, an engagement exercise with Black African and Caribbean communities took place to gather feedback on their awareness of HIV testing and sexual health services.

### Key findings from the 50 participants include:

- 53% of survey participants were aware they could get free HIV tests at walk in sexual health centres. However, 70% did not know that HIV test kits could be posted to their home address.
- Almost none of the participants had heard of PrEP (Pre-Exposure Prophylaxis) or PEP (Post-Exposure Prophylaxis) – types of medicine used for HIV prevention.
- 58% of respondents had considered visiting a sexual health clinic in the past.
- Face-to-face and telephone appointments were the preferred methods for contacting sexual health services. Only one third of participants said they would prefer online contact.

### We will

- Address the needs of the more vulnerable and at risk including joint approaches across both statutory, voluntary and community organisations, building on current practices for child sexual exploitation and safeguarding.
- For identified priority groups, who are most at risk of sexual ill health, provide:
  - Targeted health promotion.
  - Easy access to both face to face and digital services.
- Challenge stigma and discrimination by addressing misconceptions, busting myths, normalizing good sexual health, providing advocacy, and empowering communities.
- Target outreach activities in Opportunity Bucks areas.



## Priority Five

### Working together



Ensuring timely, open access to high quality sexual health services, together with improved choices for people's sexual and reproductive health, has a significant impact on individual and population health and wellbeing. Good sexual and reproductive health requires a whole systems approach. This process begins with a health needs assessment which reflects the landscape of the system, enabling joined-up approaches to commissioning with a commitment to collaboration across organisational responsibilities resulting in services working in an integrated way where the resident is at the centre.

Whilst recognising local authorities have a statutory duty to provide open access integrated sexual and reproductive health services, the Buckinghamshire Sexual Health Network includes partners who have responsibilities across the Sexual and Reproductive Health system. The partners come together and actively collaborate to ensure wider system working for the benefits of local residents.

#### We will

- All partners in the Sexual and Reproductive health system commit to working together and making our network and strategy a success.
- Publish a health needs assessment every five years to ensure the most up to date information is used when reviewing and planning services.
- Ensure that all commissioned services are evidence based, value for money, consider the views and needs of service users and informed by sexual and reproductive health needs.
- Enhance innovative digital solutions for service users including the use of social media.
- Develop a range of community engagement and insight gathering opportunities for residents to inform the sexual and reproductive health network.
- Strengthen joint working with other areas to share practice, address geographical boundaries and gaps in access to provision.
- Develop and implement a multi agency communications plan which maximises a broad range of social media opportunities to ensure both universal and targeted approaches.

# Delivering our strategy

The strategy is owned and overseen by the Buckinghamshire Sexual Health Network, a partnership of key agencies all involved with delivering our vision and actions. Addressing this issue is everyone's responsibility and business.

It is important to recognise this strategy builds on well-established and extensive work relating to sexual and reproductive health in Buckinghamshire. The key indicators to measure the success of our strategy are those reported in the UK Health Security Agency (UKHSA) and Office for Health Improvement and Disparities (OHID) Sexual and Reproductive Health profiles - as detailed in Appendix A. These key indicators will be included as part of the development of a local dashboard which will report on the outcomes detailed in the Sexual and Reproductive Health action plan. In addition, qualitative data via focus groups, case studies, and service user satisfaction surveys will be gathered on a regular basis. Recording and monitoring all these indicators will ensure we, as a partnership, celebrate our success and drive progress to achieve the most for our residents.

This is a five-year strategy and in the spirit of a person-centred approach, one of our guiding principles, we expect that these actions will evolve during the strategy's lifetime to stay relevant to our residents.





# Appendix A: Sexual Health and Reproductive Health Profiles<sup>16</sup>



Indicator	Period	Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate per 100,000	2022	➔	51	9.2	15.4	143.3		0.9
Gonorrhoea diagnostic rate per 100,000	2022	➔	394	71	146	1,220		29
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2022	↓	364	1,302	2,110	893		4,536
<span style="background-color: red; color: white; padding: 2px;">&lt;2,400</span> <span style="background-color: orange; color: white; padding: 2px;">2,400 to 3,250</span> <span style="background-color: green; color: white; padding: 2px;">≥3,250</span>								
Chlamydia proportion aged 15 to 24 screened	2022	↓	6,628	11.5%	15.2%	7.2%		36.8%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	-	348	496	3,155		161
HIV testing coverage, total	2021	➔	6,086	68.9%	45.8%	17.0%		82.9%
HIV late diagnosis in people first diagnosed with HIV in the UK	2019 - 21	-	16	50.0%	43.4%	100%		0.0%
<span style="background-color: green; color: white; padding: 2px;">&lt;25%</span> <span style="background-color: orange; color: white; padding: 2px;">25% to 50%</span> <span style="background-color: red; color: white; padding: 2px;">≥50%</span>								
New HIV diagnosis rate per 100,000	2021	➔	14	2.6	4.8	22.2		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	➔	471	1.55	2.34	12.67		0.55
<span style="background-color: green; color: white; padding: 2px;">&lt;2</span> <span style="background-color: orange; color: white; padding: 2px;">2 to 5</span> <span style="background-color: red; color: white; padding: 2px;">≥5</span>								
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2021/22	↓	2,958	83.0%	69.6%	34.3%		93.2%
<span style="background-color: red; color: white; padding: 2px;">&lt;80%</span> <span style="background-color: orange; color: white; padding: 2px;">80% to 90%</span> <span style="background-color: green; color: white; padding: 2px;">≥90%</span>								
Under 25s repeat abortions (%)	2021	➔	147	29.6%*	29.7%	39.8%		17.3%
Abortions under 10 weeks (%)	2021	↑	1,295	89.1%*	88.6%	79.9%		92.2%
Total prescribed LARC excluding injections rate / 1,000	2021	↓	-	48.0	41.8	4.4		75.1
Under 18s conception rate / 1,000	2021	-	52	5.1	13.1	31.5		2.7
Under 18s conceptions leading to abortion (%)	2021	➔	33	63.5%	53.4%	26.0%		87.5%
Violent crime - sexual offences per 1,000 population	2021/22	↑	1,094	2.0	3.0*	1.4		6.3

## Notes for Appendix A: Sexual Health and Reproductive Health Profiles

*Diagnosis rates are affected both by population prevalence and testing rates. For syphilis, HIV, gonorrhoea and chlamydia (excluding chlamydia age <25), Buckinghamshire has a high overall testing rate, low diagnosis rates and low testing positivity rates. This suggests the true prevalence of these infections may be relatively low within Buckinghamshire, and that low diagnosis rates are therefore unlikely to reflect inadequate sexual health service provision (as they would do in the context of high population prevalence). Despite this, the Buckinghamshire Sexual Health Network continues to strongly promote STI testing and is working to mitigate inequalities in access to prevention and treatment services.*

*The Network is also committed to reducing the percentage of HIV diagnoses which are made at a late stage in Buckinghamshire. The interpretation of this metric is complicated by the fact that successful prevention and early detection efforts will tend to increase the proportion of HIV infections which are detected late (even though the absolute numbers of infections will be smaller). Our local Sexual and Reproduction Health action plan has further details of the work which is ongoing across the system to improve sexual and reproductive health for people who live, work and study in Buckinghamshire.*

## References

- <sup>1</sup> Public Health England (2021). Variation in outcomes in sexual and reproductive health in England A toolkit to explore inequalities at a local level. Retrieved from the [government website](#).
- <sup>2</sup> Buckinghamshire Council (2023) - available from the [council website](#).
- <sup>3</sup> Faculty of Sexual and Reproductive Healthcare. (2018, 3 Aug) PHE tool estimates that every £1 spent of contraceptive services saves £9 across the public sector. Available from the [FSRH website](#) [Accessed 22nd March 23].
- <sup>4</sup> Contraception return on investment tool - maternity and primary care settings. Retrieved from the [government website](#).
- <sup>5</sup> Projected Lifetime Healthcare Costs Associated with HIV Infection. Retrieved from the [PubMed website](#).
- <sup>6</sup> Health matters: reproductive health and pregnancy planning. Retrieved from the [government website](#).
- <sup>7</sup> Public Health England (2017). Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England.
- <sup>8</sup> NICE. (2011). Costing report - Implementing NICE guidance. NICE.
- <sup>9</sup> Cunningham, S. D., Kerrigan, D. L., Jennings, J. M., & Ellen, J. M. (2009). Relationships between perceived STD-related Stigma, STD-related Shame and STD screening among a household sample of adolescents. *Perspectives on Sexual and Reproductive Health*, 41(4), 225–230.
- <sup>10</sup> World Health Organisation (2023). Sexual and Reproductive Health and Research (SRH). World Health Organisation. Retrieved from the [WHO website](#).
- <sup>11</sup> Kent Community Health NHS Foundation Trust. Shift project. Sexual Health and wellbeing of people aged 45 and older. Available on the [SHIFT website](#).
- <sup>12</sup> Office for Health Improvement & Disparities (2023). Establishing youth-friendly health and care services. Retrieved from the [government website](#).
- <sup>13</sup> Public Health England (2021). Variation in outcomes in sexual and reproductive health in England A toolkit to explore inequalities at a local level. Retrieved from the [government website](#).
- <sup>14</sup> Public Health England (2021). Variation in outcomes in sexual and reproductive health in England A toolkit to explore inequalities at a local level. Retrieved from the [government website](#).
- <sup>15</sup> Public Health England (2021). Variation in outcomes in sexual and reproductive health in England A toolkit to explore inequalities at a local level. Retrieved from the [government website](#).
- <sup>16</sup> Office for Health Improvement & Disparities (2023). Retrieved from [Public Health England's website](#) on 13th September 2023.