

LONDON BOROUGH OF CAMDEN	WARDS All
REPORT TITLE Camden Sexual Wellbeing and Reproductive Health System Review and Work Programme 2025-2030	
REPORT OF Director of Public Health	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 10 September 2025
SUMMARY OF REPORT <p>This report presents the draft Camden Sexual Wellbeing and Reproductive Health (SWRH) System Review and Work Programme 2025–2030. The SWRH sets out a partnership approach to improving sexual and reproductive health outcomes for all residents. The programme aims to ensure that everyone regardless of age, gender, sex, sexuality, ethnicity, disability, or background can access high-quality, culturally competent, and trauma-informed care.</p> <p>The review and work programme set out findings and actions in relation to four key domains; Healthy, Fulfilling and Safe Relationships; High Quality Sexually Transmitted Infection (STI) Testing and Treatment; Towards Zero HIV Transmission and Living Well with HIV; Good Reproductive Health Across the Life Course (this domain is particularly focussed on women and girls).</p> <p>The work programme is guided by insights from Camden's 2024 Sexual Health Needs Assessment, interviews, focus groups, and surveys with over 190 residents most likely to face poorer sexual and reproductive health outcomes or significant access barriers. It also draws on feedback from frontline staff, as well as relevant local and national research and reports.</p> <p>Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report:</p> <p>Contact Officer: James Fox Senior Policy and Projects Officer London Borough of Camden 5 Pancras Square, London N1C 4AG James.fox@camden.gov.uk</p>	
RECOMMENDATIONS <ul style="list-style-type: none"> That the Health and Wellbeing Board note the report. 	

Signed:

A handwritten signature in black ink, appearing to read 'K. Watters', with a horizontal line drawn through the middle of the signature.

Kirsten Watters

Director of Health & Wellbeing and Statutory Director of Public Health

Date: 1st September 2025

1. Purpose of Report

- 1.1. This report presents the draft Camden Sexual Wellbeing and Reproductive Health 2025-30 work programme for review by Camden's Health and Wellbeing Board. The work programme sets out key actions to improve sexual and reproductive health outcomes across the borough. Its development has been informed by a comprehensive needs assessment carried out by Camden's Public Health team in 2024, and through extensive engagement with local partners, residents, and service users to ensure it reflects the needs and lived experiences of Camden's diverse communities (see standalone engagement report at appendix C). The purpose of this report is to seek the Board's feedback on the work programme ahead of implementation.

2. Background

- 2.1. The Sexual Wellbeing and Reproductive Health (SWRH) work programme supports Camden's aim to be the best place for people to grow up, live well, and age with dignity, as set out in the We Make Camden strategy (March 2022). It also helps deliver the ambitions in Camden's Health and Wellbeing Strategy 2022–2030, which focuses on giving children the best start in life (Start Well), helping people live healthy and connected lives (Live Well), and supporting older people to stay independent for longer (Age Well). Sexual wellbeing, healthy relationships, and good access to sexual and reproductive health services are all key to achieving these goals. The SWRH work programme aims to reduce health inequalities and make sure everyone, no matter their age, background, or circumstances, can make informed choices and access the support they need to stay healthy.
- 2.2. This work programme takes a population health approach in line with Camden's Health and Wellbeing Strategy, providing recommendations and actions to guide improvement across four pillars; Healthy, Fulfilling and Safe Relationships; High Quality Sexually Transmitted Infection (STI) Testing and Treatment; Towards Zero HIV Transmission and Living Well with HIV; Good Reproductive Health Across the Life Course (this domain is particularly focussed on women and girls). Rather than focusing solely on statutory sexual health services or those commissioned by the NHS, the work programme looks more broadly at the wider offer of support available to residents. A key aim is to understand and address inequalities experienced by underserved populations in each of these areas. This includes, but is not limited to, women, LGBTQ+ communities, Black, Asian and other ethnic groups, disabled and neurodivergent people, and those facing multiple challenges such as homelessness, substance use, mental health issues, and/or domestic abuse.
- 2.3. Delivering sexual and reproductive health support in Camden requires strong partnership working between the Council, the NHS, and Voluntary and Community Sector (VCS) organisations. Responsibility for commissioning and delivering services is shared across these partners, reflecting the complexity of the system and the wide range of support residents may need. A

collaborative approach is essential to ensure services are joined-up, inclusive, and responsive to the diverse needs of Camden's population.

3. How the work programme was developed

- 3.1. The work programme has been developed through a robust and inclusive process, drawing on a wide range of evidence, insight, and engagement to ensure it reflects the experiences of Camden's communities.
- 3.2. It is underpinned by findings from Camden's 2024 Sexual Health Needs Assessment, which provides up-to-date data and benchmarking across key indicators related to sexual health, HIV, and contraception. In-depth insight was also gathered through interviews, focus groups, and surveys conducted by the Council, Healthwatch Camden, and Central and North West London NHS Foundation Trust (CNWL), involving over 190 residents from groups known to experience poorer outcomes or greater barriers to accessing services. This included children and young people, women over 40 navigating perimenopause and menopause, Somali and Bangladeshi women, people experiencing homelessness, those accessing drug and alcohol services, LGBTQ+ residents, people living with HIV, and people with physical, learning, or neurodevelopmental disabilities.
- 3.3. Additional insight came from two recent Healthwatch Camden reports (Young People's Sexual Health (April 2024) and Living with Endometriosis (November 2024)), and the Health-Related Behaviour Questionnaire (HRBQ), conducted every 2–3 years in Camden primary and secondary schools.
- 3.4. Extensive stakeholder engagement was undertaken, including interviews and discussions with local and national voluntary sector organisations, NHS teams (including primary care, sexual health and gynaecology professionals), teachers, academic experts, and Council service leads. A dedicated stakeholder summit brought together over 40 professionals from across sectors to help shape the programme's priorities. This was further supported by a frontline staff survey completed by 27 respondents from education, health, social care, and the voluntary sector.
- 3.5. Finally, the programme has been informed by national and regional strategies, research, and evidence, ensuring alignment with broader health and equality goals.

4. Summary of the work programme

- 4.1. The SWRH programme sets out a partnership approach to improving sexual and reproductive health outcomes for all residents. The programme aims to ensure that everyone regardless of age, gender, sex, sexuality, ethnicity, disability, or background can access high-quality, culturally competent, and trauma-informed care.
- 4.2. The work programme is structured around four key pillars, each representing a priority area for partnership action. Below are summaries of what the review

found and some key actions that can improve outcomes and experiences. The full report and all actions are available at appendix A.

Pillar 1: Healthy, Fulfilling and Safe Relationships

4.3. Review findings

Young people consistently told us they want trusted adults, whether parents, teachers, or youth workers, to help them make sense of the information they encounter about sex and relationships. Many feel current Relationships and Sex Education (RSE) does not reflect their lived experiences or equip them with practical tools. Just 40% of Year 8/10 students said RSE helped them understand how to resist pressure in relationships, and only 30% said it helped with contraception or sexual health. Groups such as LGBTQ+ youth, neurodivergent pupils, and those with SEND often feel unrecognised. Online harms, pornography, and exposure to unhealthy sexual behaviours are growing concerns. Disabled adults and adults with autism also report a lack of support around intimate relationships, often facing stigma or being treated as asexual.

4.4. Key actions for improvement

- Updating PSHE curriculum to reflect Camden's diversity and the way young people live their lives
- Increase training for professionals and parents/carers to increase their confidence supporting those they care for, including both children and adults, around their sexual health and to maintain safe healthy relationships.
- Develop youth-led awareness campaigns and peer education around healthy, safe relationships, contraception and sexual health.

Pillar 2: High Quality STI Testing and Treatment

4.5. Review findings

Camden continues to have some of the highest STI rates in London, with Gonorrhoea diagnoses more than doubling since 2012. While GBMSM remain disproportionately affected, STI rates are also rising in heterosexual populations. Young people showed limited knowledge of where to access condoms (only 23% of Year 8/10 students said they knew), and certain groups, such as older adults, Asian residents, disabled and neurodivergent people, and trans or non-binary people, are underrepresented in diagnosis data, raising concerns about access and awareness. Residents often praised the care they received once inside services, but barriers such as stigma, inaccessible or unclear online information, language issues, and non-inclusive clinic environments made it harder to access help. Outreach services were seen as especially helpful in building trust and confidence.

4.6. Key actions for improvement

- Expanding condom access and outreach.

- Promoting anonymous and online access to services.
- Improving equity data collection and analysis.
- Enhancing staff training in trauma-informed, culturally competent care.
- Increasing visibility and accessibility of services like Mortimer Market.

Pillar 3: Towards Zero HIV Transmission and Living Well with HIV

4.7. Review Findings

HIV prevalence in Camden remains high but is decreasing thanks to effective testing and treatment strategies such as the provision of PrEP (Pre-exposure Prophylaxis). Camden performs well on early diagnosis overall, but late diagnoses remain an issue, especially among heterosexual men and women. New diagnoses are more common among Black, mixed, and 'other' ethnic groups. Residents living with HIV highlighted ongoing stigma and inconsistent care experiences. Many raised concerns about lack of information, fragmented services, ageing with HIV, and feeling isolated or unsupported. As over 60% of people living with HIV in Camden are now over 50, both sexual health and other support services require greater awareness of the broader challenges of ageing and the impact of HIV in later life.

4.8. Key actions for improvement

- Expanding access to PrEP
- Addressing stigma through annual HIV awareness campaigns.
- Anti-discriminatory training for social care and healthcare professionals.
- Addressing social isolation and improving peer support networks.

Pillar 4: Good Reproductive Health Across the Life Course

4.9. Review findings

Women in Camden face some worse reproductive health outcomes than in other parts of London and England. Screening rates for cervical and breast cancer and HPV vaccinations are below average, especially among Asian and White Other communities. While abortion and LARC use are in line with London averages, some women, particularly younger ones, reported concerns about hormonal contraceptives and felt they lacked reliable, accessible information. Reproductive healthcare often feels fragmented, with long waits for gynaecology (44% waiting over 18 weeks across North Central London). Menopause support is a major gap. Women told us they feel dismissed or not listened to, especially when describing pain. Cultural stigma, racism, and trauma also prevent many, including Somali and Bangladeshi women, and trans or non-binary residents, from accessing care. Outreach approaches were seen as vital for women with complex needs, including those experiencing homelessness or substance use issues.

4.10. Key actions for improvement

- Developing a Women's Health Hub to provide holistic, joined-up care.

- Training GPs and sexual health staff in menopause, menstrual health, and trauma-informed care.
- Improving HPV vaccination and cancer screening uptake.
- Culturally tailored outreach and education for Somali, Bangladeshi, and other underrepresented communities.

5. Next Steps and Implementation

- Publish documents on Camden's website
- Produce an easy read version of the final work programme
- Socialise the plan with key stakeholders and responsible services
- Agree governance to provide oversight and delivery of the actions

6. Questions for the Board

- Can the Board recommend existing forums or partnership groups within Camden's health and wellbeing system that could provide oversight for the implementation of the work programme's recommendations?

7. Finance Comments of the Executive Director Corporate Services

- 7.1. The Executive Director of Corporate Services has been consulted on the contents of the report and has no comments to add to the report

8. Legal Comments of the Borough Solicitor

- 8.1. Under the Health and Social Care Act 2021 the Local Authority has a general duty to take such steps as it considers appropriate for improving the health of the people in its area. Regulations made under this Act require the provision of open access sexual health services in its area. This covers contraceptive services and functions in relation to STI's. Other services, such as HIV treatment, remain commissioned by the NHS.
- 8.2. ICB's, NHS trusts and foundation trusts have statutory duties to reduce health inequalities under the National Health Service Act 2006 (as amended by the Health and Care Act 2022)
- 8.3. All public bodies will need to have regard to the public sector equality duty under the Equality Act 2010 in relation to the relevant protected characteristics: - age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
- 8.4. The legal duties in relation to health inequalities are distinct from the duties under the Equality Act.

9. Environmental Implications

- 9.1. There are no identified environmental implications related to this report.

10. Appendices

- Appendix A: Camden Sexual Wellbeing and Reproductive Health System Review and Work Programme 2025-2030
- Appendix B: Summary of Findings and Recommendations
- Appendix C: Staff & Community Engagement report

REPORT ENDS