# Camden Sexual Wellbeing and Reproductive Health work programme

## Summary of findings and recommendations

July 2025

Camden

# Camden's work programme - four key pillars

## Healthy, fulfilling and safe relationships

- Young people feel informed about how to avoid harmful relationships, maintain good sexual health and where to get help when they need it
- Disabled residents and/or neurodivergent young people and adults (whose intimate lives are sometimes overlooked) get the right advice and support
- Earlier intervention and prevention to reduce the risk of sexualised violence and harmful relationships

## Towards Zero HIV Transmission and Living Well with HIV

- Improve health education and better access to testing, treatment and support to reduce HIV transmission
- Reduce late diagnosis and inequalities in those more likely to be diagnosed late
- Tackle the stigma and discrimination faced by residents living with HIV
- Improve support for residents living with HIV as they get older

## High quality Sexually Transmitted Infection (STI) testing and treatment

- Improve health education and better access to testing, treatment and support to reduce the spread and impact of STIs
- Address inequalities in sexual health outcomes and access to testing and treatment between different populations

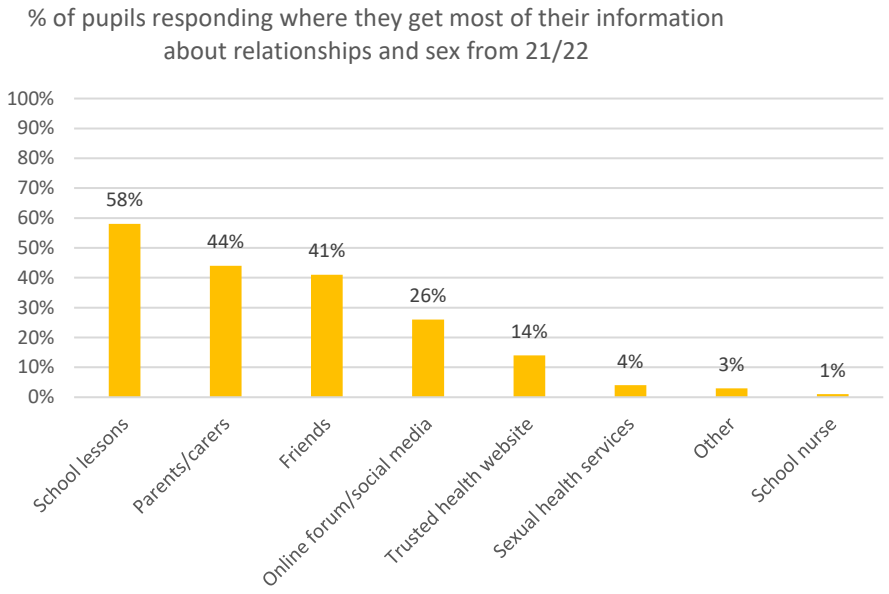
## Good reproductive health across the life course

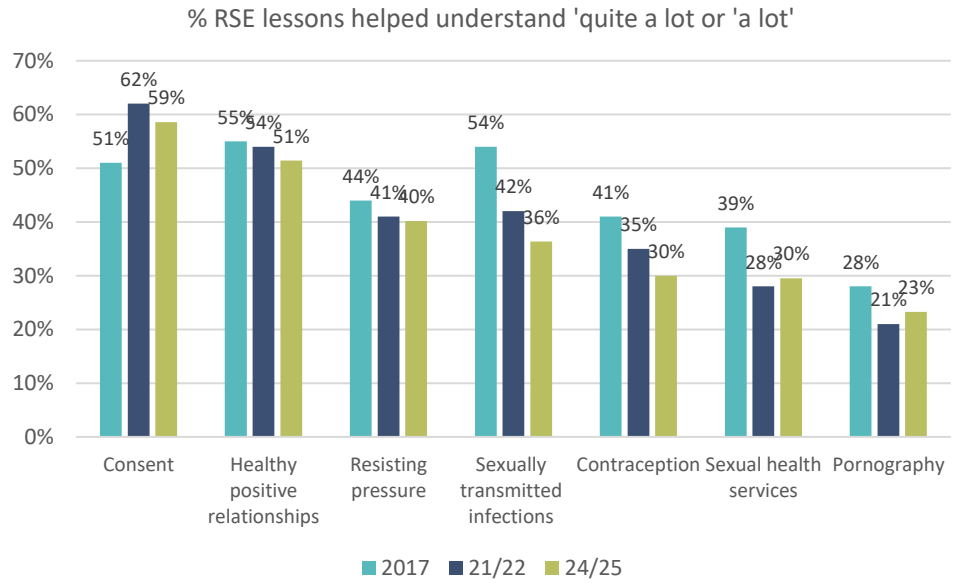
- Women, girls and others with reproductive health needs including trans, non-binary and intersex people know how to get reliable, culturally appropriate information about reproductive health and help when they need it
- More professionals feel confident supporting and signposting people around reproductive health
- Address inequalities in take up of breast and cervical cancer screening, HPV vaccinations and access to contraception
- Reduce fragmentation of care
- Healthcare is more trauma-sensitive, especially for survivors of abuse

# Headline findings – Healthy, fulfilling and safe relationships

- Young people want trusted adults – be they parents, teachers or youth workers - to help navigate the world of information in which they live. We need to grow the network of adults who feel equipped and confident to support children and young people around sex and relationships
- They value relevant, inclusive, and practical RSE (Relationships and Sex Education) that reflects their lived experiences, but said that sometimes lessons do not reflect real-life challenges or experiences.
- In particular, there is more work to do to ensure RSE in all schools meets the needs of LGBTQ+ young people, neurodivergent children, those with Special Educational Needs and Disabilities (SEND) and reflects considerations of faith and cultural norms and taboos.
- Online harms, pornography, and harmful sexual behaviours are growing concerns, with a need for nuanced, age-appropriate education to help children and young adults make informed and safe choices.
- Adults with disabilities and adults with autism said they often lack support for their intimate lives and can face stigma or infantilisation.

# Healthy, safe and fulfilling relationships, young people: key data

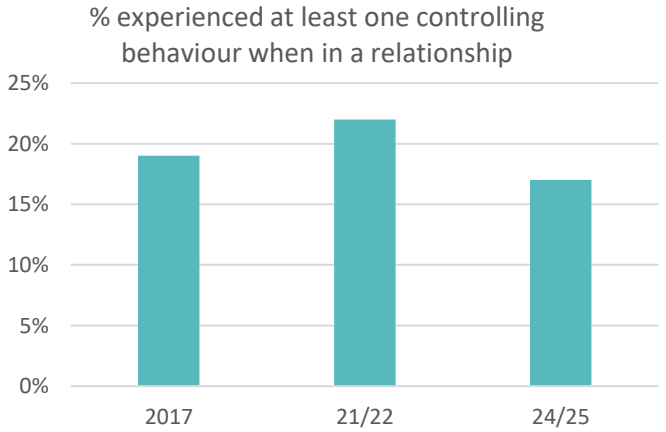



## *Health Related Behavioural Questionnaire 21/22 – LGBTQ+ responses*

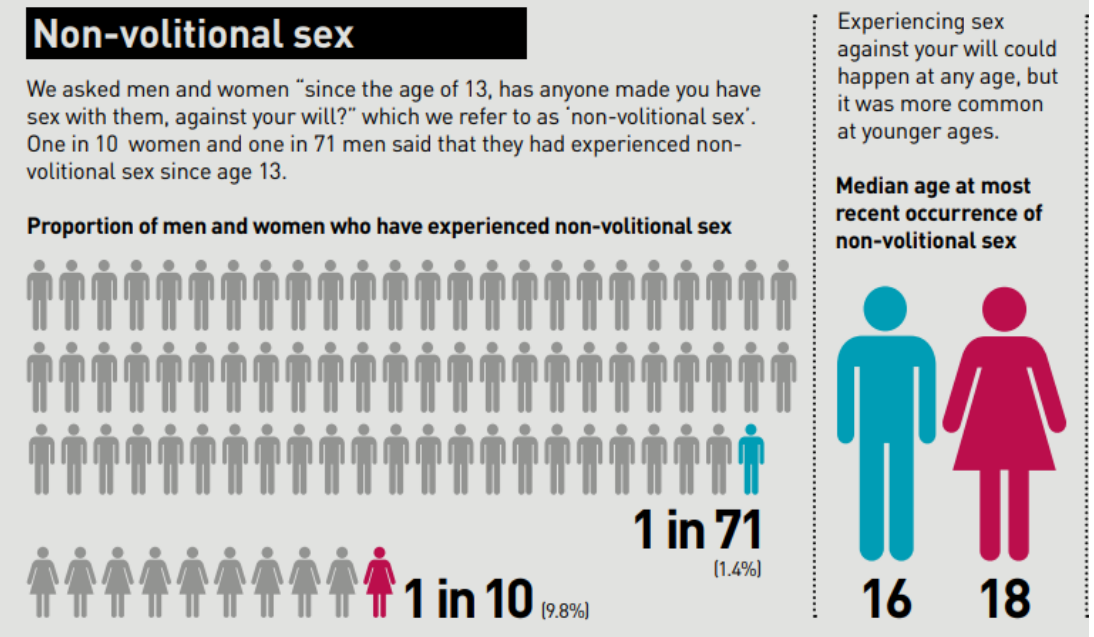
*LGBTQ pupils' results in orange*, non LGBTQ pupils results in blue***

**70%** (61%) of pupils responded that they understand consent 'quite a lot' or 'a lot'
**41%** (28%) of boys and **23%** (25%) of girls responded that they know where to get condoms free of charge
**39%** (24%) of pupils would like other young people to teach about relationships and sex education
**19%** (34%) of pupils said they don't want any relationship and sex education
**32%** (19%) had experienced at least one controlling behaviour when in a relationship
*(HRBQ, Camden Council, 2022)*




*Data source for all: Camden Health Related Behavioural Questionnaire 21/22 and 24/25*

# Healthy, safe and fulfilling relationships, adults




*Natsal 3: Infographics – NATSAL (survey 2010-2012)*

***Children's Commissioner report, 2023*.**

- The average age young people first viewed pornography was 13.
- 27% had viewed it by age 11.
- 79% had encountered violent pornography before the age of 18.
- 47% of all respondents aged 18-21 reported experience of a violent sex act

***End Violence Against Women, Jan 24*** – UK young adults aged 18-24 held some serious misconceptions about rape:

- Only half recognised that it can still be rape if a victim doesn't resist or fight back
- Less than half recognised that being in a relationship or marriage does not mean consent to sex can be assumed
- Only 40% of YP recognised that even if no physical force is involved a person might not be free and able to consent to sex, compared with 74% of over 65s.

**Sexualised Drug Use**: Prevalence ranges between 3–29% of men who have sex with men. (British Psychological Society, 2023).

Camden

# Insights from residents, staff and national surveys

*"Help me work more effectively with faith groups so a clear, safe and healthy message is given" (*Staff survey, 2025)

*"Give our parents the tools to talk with us. Some want to help, but don't know how" (Camden YP focus group, 2025)*

*"Tell people that LGBTQ+ people exist and teach kids properly so they feel the school system is working with them instead of against them, please" (SEF, 2024)*

*"I first saw pornography online when I was ten years old" (Camden young person, 2025)*

*"Help us think critically about what we see online, especially around influencers, porn, and unrealistic expectations" (Camden YP focus group)*

*"Offer advice and support in places we already go, like youth clubs or drop-in spaces" (Camden YP group)*

**About RSE***:*

*"There is no real-life experience involved or risks explained"*

*"It's not in-depth enough and I don't learn about different aspects of relationships.*

*"They are just teaching the curriculum rather than real life stuff"*
*(Healthwatch Camden 2024)*

"*Frequently, autistic people are infantilised by their neurotypical peers as well as the medical community... this isn't an accurate depiction of autistic people"* (Ambitious About Autism, 2024)

*"People with learning disabilities are seen as 'eternal children' and often excluded from sexual health education"*. (Camden staff survey respondent).

# Healthy and safe relationships – Recommendations

| Recommendation | Recommended actions (tbc) |
|---|---|
| **Develop our RSE content, delivery and resources to:**<br>• **Better reflect Camden's diverse communities and LGBTQ+ young people**<br>• **Support more focus on helping children and young people navigate relationships and problem solve when they go wrong**<br>• **Strengthen the focus on addressing harmful sexual behaviours, and the harmful impact of pornography and sexualised online content on real life relationships** | 1. Review the Healthy Schools Programme<br>2. Map which teams and organisations are currently delivering RSE education in school / youth settings<br>3. Update the Primary Personal, Social & Health Education scheme of work in line with new national guidance: Relationships Education, Relationships and Sex Education and Health Education guidance<br>4. Involve young people in updating the Healthy Schools Programme, the scheme of work and in workforce development for those delivering in schools |
| **Ensure young people and professionals who work with them know about how to get help around sexual health, HPV vaccination, contraception, menstrual health and harmful relationship behaviours.** | 1. Run an annual youth-led awareness-raising campaign<br>2. Mapping local and national support for young people and parents and add to key directories such as North Central London (NCL) Waiting Room, Family Hubs, Schools website |
| **Enable foster carers and parents to feel more confident talking to their children about puberty, sex, relationships, consent and managing potential harms** | 1. Offer training and resources for our foster carers, tailored to reflect the diverse make up of our Children Looked After (CLA) population.<br>2. Train the trainer: Train our network of Parent Champions to be able to run sessions for parents/carers |
| **Develop a network of trained 'trusted adults' across the community, skilled and experienced in talking to young people about puberty and physical health, safe relationships and sexual health** | 1. Develop and run an annual training offer for VCS youth organisations,<br>2. Establish an ongoing community of practice, with identified 'Champions' in youth organisations identified<br>3. Explore the feasibility of developing a shame-sensitive training offer for frontline practitioners in our developing Centre for Relational Practice, |

# Healthy and safe relationships – Recommendations

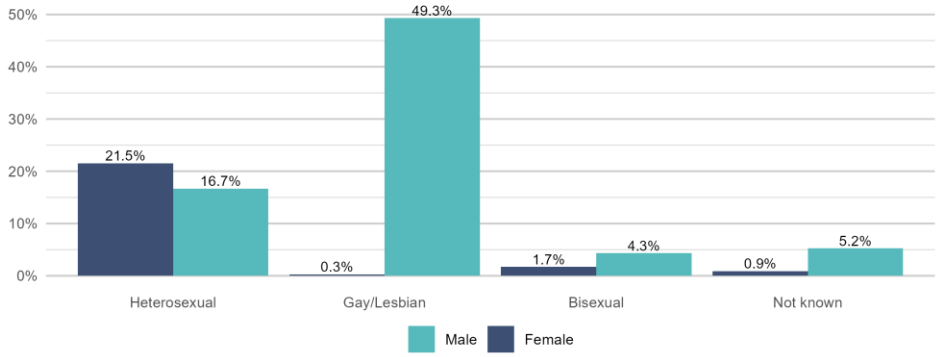
| Recommendation | Recommended actions (tbc) |
|---|---|
| **Increase access to high quality RSHE education in and outside of school for young people** | 1. Brook to review location / delivery of existing education outreach in community settings to identify any key community groups not already worked with<br>2. Review and address schools and education settings with low engagement of Brook offer<br>3. Assess how effectively RSE and/or PSHE reaches those young people who are not accessing education |
| **Ensure young adults can find support to navigate healthy and safe relationships, experience good sexual health and understand how to get help if they need it.** | Explore the feasibility of expanding our offer of RSHE in 16+ education and other settings |
| **Strengthen coproduction approaches to ensure a representative group of young people is trained to help us continually develop our sexual health education and clinical offer** | Work with Council comms and engagement leads to help recruit and sustain ongoing youth engagement in service development |
| **More strongly recognise the interdependence of sexual health, relationships and mental health in strategic planning and education, advice and guidance and support services for young people.** | 1. Ensure the new Violence Against Women and Girls strategy recognises healthy peer-to-peer relationships as a key preventative factor in protecting emotional resilience for young people.<br>2. Seek opportunities to increase access to 1:1 confidential advice, guidance and support to help young people experiencing potential harm in relationships. Avenues to explore include Kooth, Brook's MyLife programme, peer-to-peer support and/or our new Kailo research and design programme around preventative mental health strategies. |

# Headline findings – High quality STI testing and treatment

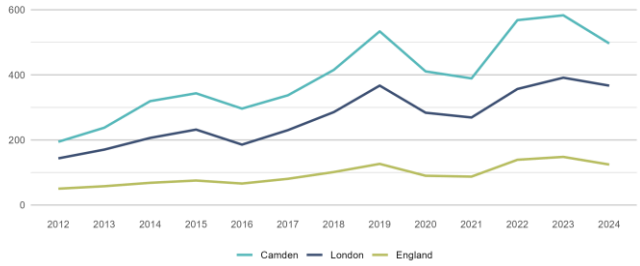
- Camden has some of the highest STI rates in London. This may partially reflect increased testing, but likely also indicates an increased burden of disease.
- Disparities exist by age, ethnicity, sexual orientation, and disability. Gay and Bisexual Men who have Sex with Men (GBMSM) continue to bear the greatest burden of sexual infections, but rates are rising faster amongst heterosexual populations.
- Young people report very low knowledge of how to access free condoms.
- Asian residents may be under-represented in STI diagnosis rates considering our population make-up; this may reflect lower prevalence and/or lower uptake of testing.
- We have limited data about disabled and/or neurodiverse residents and the same is true for our trans and non-binary populations.  These are clear gaps to address.
- Residents generally had positive experiences of sexual health services once they accessed them
- Barriers to care include knowledge of services and of STIs; stigma and discomfort visiting clinics; experiences of unwelcoming or non-inclusive physical environments or staff manner; and language barriers
- Outreach approaches helped residents make prior connections to feel confident and safe accessing care

# High quality STI prevention, testing and treatment: key data

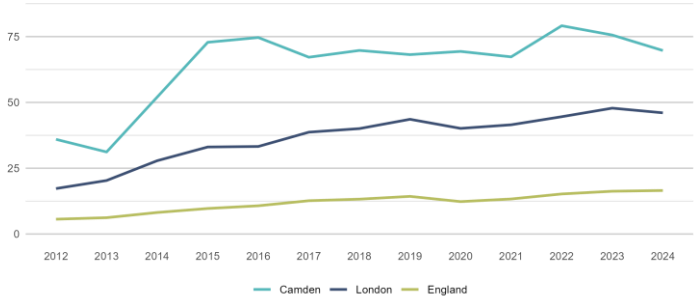
Proportion of new STI diagnoses by gender and sexual orientation, Camden, 2023/24*




Gonorrhoea diagnostic rate per 100,000

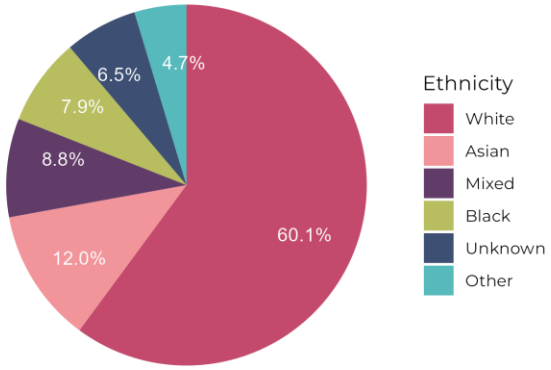



Syphilis diagnostic rate per 100,000




*PHE Fingertips*

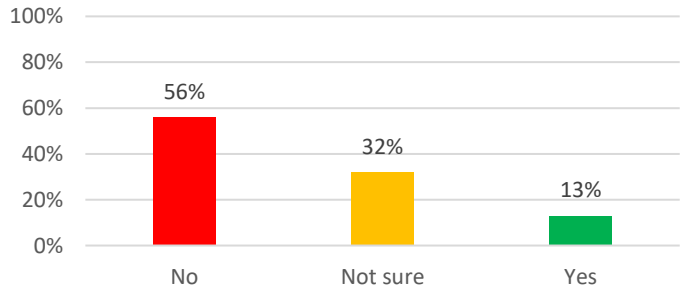
Proportion of selected STI diagnoses* by ethnicity among males and females, Camden, 2023/24*

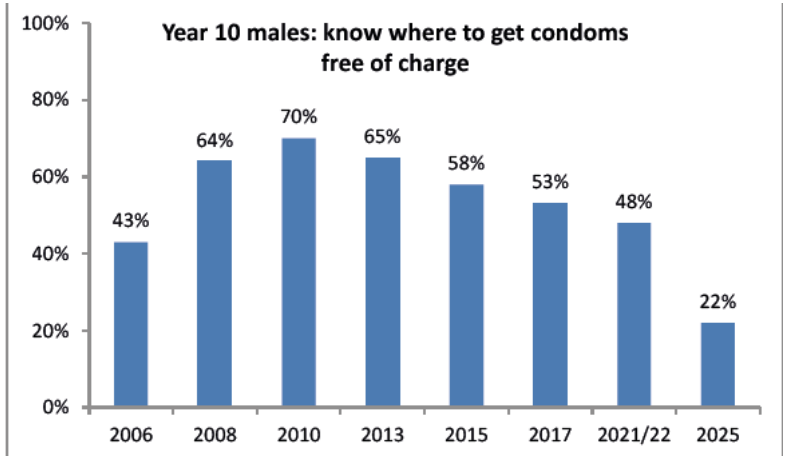



*GUMCAD STI Surveillance System*

* 2023/24: data is from 01/10/2023 to 30/09/2024

Qu 44. Do you know where to go for sexual health services?




*HRBQ 24/25*

For further sexual health and contraception data see Camden's 2024 needs assessment

# Insights from residents, staff and national surveys

*"Condoms just suck they don't feel good at all so no one uses them I definitely need to but I can also order an STI test and get results within a week so I don't think people worry too much."* (2023 Survey participant, aged 20) (Brook, 2024)

*"Information is not readily available outside of GPs and schools. If I suspected issues with sexual health, I would check the internet but not always a good source. You don't know what to trust"* (Woman who was homeless, aged 30, White British)

"*Being a Somali man, none of my family and friends know that I am gay… I fear I might bump into someone I know*." (LGBTQ+ Male, 28, African British)

*"When you don't understand what the doctor is saying, you feel scared and ashamed. Sometimes I pretend I understand when I don't, just so I can leave.* (Man who was homeless, Mixed Black African and Arab, aged 23).

"*The Easy Read and Accessible Information Standards are not being followed at all… Disability is so invisibilised, it's offensive!*" (Camden Insights 2025, LGBTQ+ Male, 56)

*"I have a great experience. At Clash and don't think they need to improve"* (Camden Insights 2025, women who was sex working).

*"..because I'm older, would they judge me and go ,'she's a bit old'. But we all have needs, and just 'cause you get older doesn't mean you give up on sex or you don't want it, you know?.... There's a stigma attached to ageing"* (Woman who was homeless, 60, British Indian)

# STI prevention, testing and treatment - Recommendations

| Recommendation | Recommended actions (tbc) |
|---|---|
| **Increase access to condoms** | 1. Review the C-Card scheme and explore feasibility of more anonymous access alternative<br>2. Ensure school nurses are C-Card trained<br>3. Further promote free condoms to sex workers |
| **Reduce the spread of STIs by continuing to implement new clinical guidelines as they emerge** | 1. Implement the Men B vaccine to help prevent gonorrhoea<br>2. Implement new guidelines on doxyPeP medication for those at highest risk of syphilis |
| **Improve access to information, advice, guidance and interventions for residents at greater risk of being underserved.** | 1. Expand clinical outreach capacity to vaccinate and offer contraception opportunistically, sustain PrEP promotion in newly arrived communities, expand health inclusion health promotion approaches with South Asian communities and/or Muslim communities, expand engagement approaches with women in communities less well served by services e.g. Black and Asian communities, older women.<br>2. Coproduce an STIs handbook with service users – to bring together information in one place for high risk/lower online literacy groups such as health inclusion populations (symptoms, what the current vaccination offer is and how to get it) |

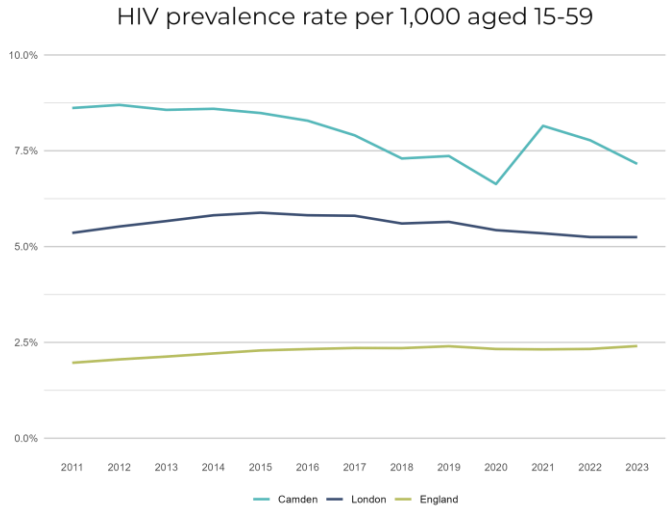
| Recommendation | Recommended actions (tbc) |
| --- | --- |
| **Improve use of equity data to inform how sexual health services and systems understand and address the needs of our communities** | CNWL to develop a clear equity minimum dataset to be collected through the move to SystmOne. To include as minimum: Physical disability, Learning disability, Neurodivergence, MH diagnosis, Gender and sex including trans and non-binary, sexual orientation, Ethnicity, language and faith and Age<br><br>At least annual whole system report by borough footprint bringing together access/uptake and equity data from Brook, CNWL, Primary Care, Pharmacies SHL linked to an emerging London-wide dashboard |
| **Develop staff skills and confidence in sexual health settings to improve the experience of residents more likely to face barriers accessing care** | 1. Review existing training for CNWL staff and if necessary develop a training programme:<br>• Working with neurodivergent adults<br>• Structural competence – understanding how wider social determinants and complex intersectionality impact on health behaviours<br>• Cultural competence<br>• Trauma-informed conversations<br><br>2. Explore the feasibility of a rotation/shadowing programme of CLASH/SHOC for Sexual Health clinic-based staff, to upskill staff in communication with inclusion health groups<br><br>3. CNWL to identify a professional lead for neurodivergence. Professional lead and/or other colleagues to join our emerging Neurodivergent champions scheme |
| **Develop staff skills and confidence in other community health settings more likely to face barriers accessing care** | Ensure ongoing practice development for GPs, nurses, reception staff and pharmacists in trauma informed practice/holding trauma-empathetic conversations. |
| **Increase the visibility of local sexual health sites e.g. Archway and Mortimer Market.** | Develop a promotional campaign both print and online. Targeted to key communities such as GBMSM, younger and older age adults. Materials to be developed with residents / current and future users of the services |

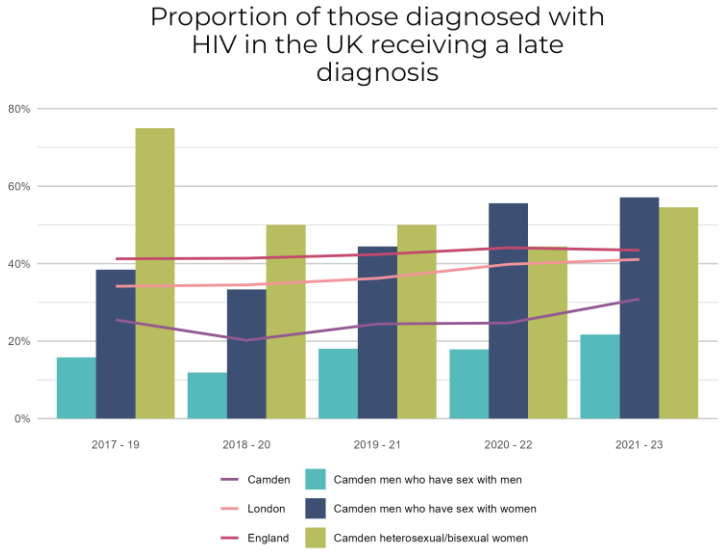
| Recommendation | Recommended actions (tbc) |
|---|---|
| **Address environmental barriers in Sexual Health services to improve the experience of residents more likely to face barriers accessing care** | 1. Undertake a 'through my eyes' resident-led exercise to review how welcoming waiting rooms, online booking processes, appointment letters etc are – learning from similar exercises in drug and alcohol services. Make adaptations as appropriate.<br>2. Embed routine (annual) 'mystery shopper' patient-led exercises, including using residents who do not have English as their first language, as part of routine audit processes.<br>3. Record and monitor access to interpreters<br>4. Consider feasibility of a specialist neurodivergent- friendly sexual health clinic and/or regular service walk- throughs for neurodivergent adults<br>5. Conduct accessibility reviews of SRH services with those experiencing barriers to accessing care |
| **Develop staff skills and confidence in non-healthcare settings, starting in our emerging neighbourhood models** | 1. Embed sexual health into neighbourhood structures and fora<br>2. Embed SRH questions or prompts in care assessment forms and practice guidance for social workers.<br>3. Assign an SRH Practice Development Lead for Adult Social Workers. |
| **Improve access to sexual health, cancer screening and HPV vaccination information, advice, testing and interventions for undergraduate and/or postgraduate university students** | Increase the number of university drop in clinics and co-deliver screening and sexual health opportunities for post-graduates over 25 |
| **Ensure carers of adults with a learning disability and/or complex autism needs feel confident supporting those they care for around their sexual health and to maintain safe healthy relationships** | Undertake needs analysis and develop shared care carer training on talking about sex, sexual health and relationships |

# Headline findings, Towards zero HIV and living well with HIV

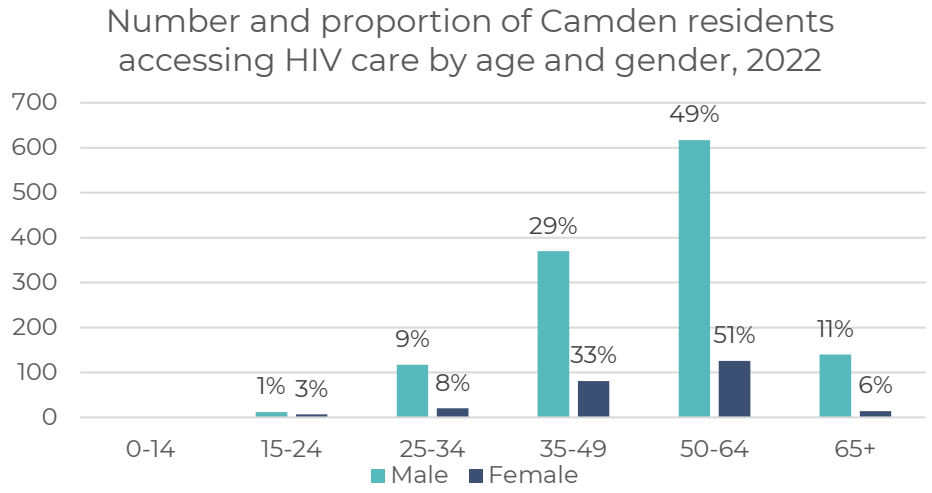
- Camden has decreasing, but still high HIV prevalence compared with London and England. We see ethnic disparities, with Black, mixed and 'other' ethnic groups more prevalent in new diagnosis rates.
- We have proactive testing resulting in lower late diagnosis than London or England. However late diagnosis remains a concern, especially among heterosexual men and women who are more likely to be diagnosed late.
- Over 60% of our residents living with HIV are over 50, so preventing and tackling stigma and discrimination in health services and adult social care will become increasingly crucial.
- Key issues residents living with HIV told us about included:
  - A desire for more information about available services
  - Variability in interactions with healthcare professionals that ranged from exceptional to unacceptable
  - Changing needs, lack of information/advocacy and worries about how ageing
  - The perpetuation of stigma and discrimination and its negative impact on our residents' daily lives

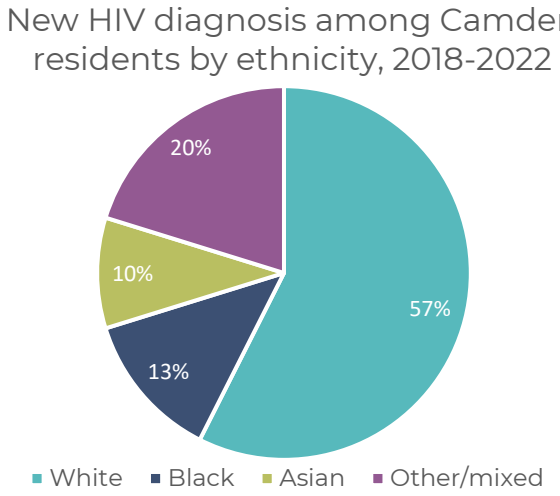
# Towards Zero HIV Transmission and Living Well with HIV: Key data




| Area | PrEP need 2023 | Coverage of those in need 2023 |
|---|---|---|
| Camden | 23% | 72% |
| London | 18% | 78% |
| England | 10% | 73% |




*Data source: Camden Sexual Health Needs Assessment 2024*



Camden

# Insights from residents, staff and national surveys

*"I would say this place has been magical to me [Mortimer Market]. I was diagnosed in 2023…at that point, I lost hope…. it was through this place that gave me hope. Especially Fernando [staff]"* (focus group, Mortimer Market)

*"My GP was incredible at that time (of crisis), he literally held my hands."* (Focus group, Positively UK)

*"Once I went to some healthcare service and the doctor or the nurse cut herself or something, but she hadn't touched me or anything. There was so much panic….and I was just left there on my own, left for over an hour"* (Focus group, Positively UK)

*"Run local campaigns that challenge outdated myths about HIV and promote the message that people with HIV can live long, healthy lives"* (Focus group, Positively UK

*"As a healthcare professional dealing with people with HIV, you need to be able to understand them, have empathy, have emotional skills, psychological skills, because you're dealing with very emotional people. And you need to be rooted in mental health as well" (*Focus group, Positively UK)

*"This is the point I am in, now as an older person living with HIV. The fear of being judged has made it difficult for me to speak on my condition" (*Focus group, Mortimer Market)

*"Because what I found out in my own little research that I've done is that my age group (50+) know nothing about the questions they need to ask. You've got to know what it is that you need to talk to your doctor about"* (Focus group, Positively UK)

# Towards Zero HIV Transmission and Living Well with HIV - Recommendations

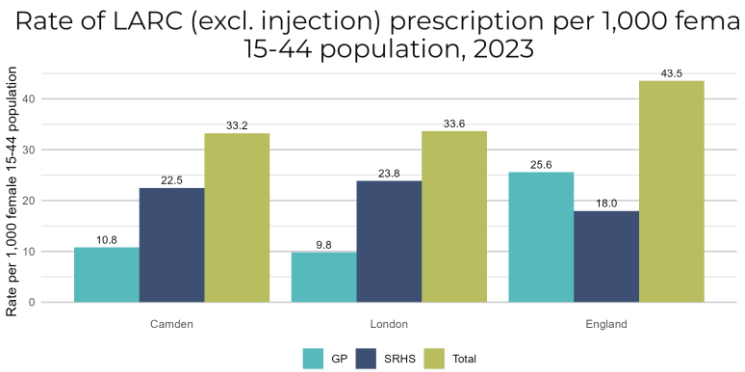
| Recommendation | Recommended actions (tbc) |
|---|---|
| **Ensure that adults (including older adults) living with HIV and accessing social care support feel confident to share their diagnosis and are treated with respect and without discrimination** | Run at least annual HIV awareness raising training for social care staff |
| **Address social isolation experienced by LGBTQ+ residents and/or people living with HIV, particular amongst older community members** | Ensure our 'Camden Together' campaign reflects LGBTQ+ residents and promote through the CANDI network<br><br>Deliver our Social Isolation support training package to professionals in CANDI network and CNWL<br><br>Signpost trusted national organisations and local peer support groups. |
| **Develop the availability of DPrEP – increase reach to heterosexual men and women and Under 21s** | Consider the financial viability of using the developing e-service offer and/or current CNWL DPREP<br><br>Cost and if possible, sustain the current PrEP awareness campaign with newly arrived residents and expand to other key at risk groups |
| **Help address stigma and discrimination around HIV by increasing understanding in the general population** | Annual HiV awareness programme co-produced with and reflecting residents |

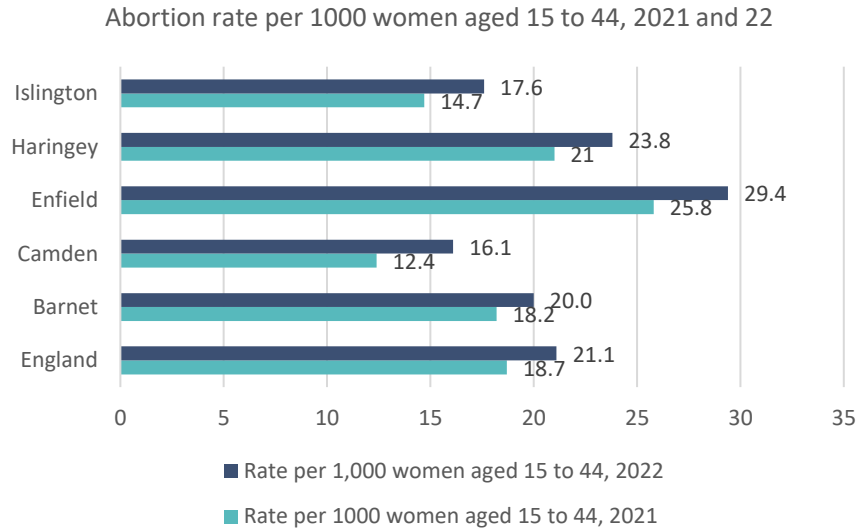
# Headline findings, good reproductive health

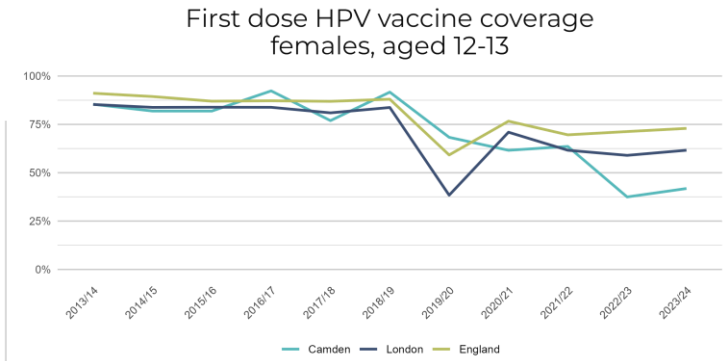
- Our cervical and breast cancer screening and HPV vaccination uptake rates fall below the North Central London and England averages. Only around half of Camden's women aged 25-49 had undertaken cervical screening in 23/24. Coverage is lower amongst Asian and White Other groups (NCL Cancer Alliance, 2024)
- However, abortion rates are low compared with our neighbours, as are repeat abortion rates. But abortion rates rose between 21/22 and 22/23 in Camden as in all boroughs.
- Overall take-up of long-acting reversible contraception (LARC) is in line with London, though below England. Clinician reports echo national evidence that some women may be turning away from hormonal contraception options.
- 44% of women in NCL waited more than 18 weeks for gynaecology services at March 2025.
- Women told us reproductive and sexual healthcare felt fragmented and hard to navigate
- Menopause information and advice is a gap. Many women said the explosion in available online information made identifying accurate sources of information a challenge.
- Many women talked of not feeling listened to when describing symptoms and/or pain to healthcare professionals.
- Cultural stigma, racism, and trauma all affect access to and experience of care.
- More carefully tailored care would help overcome barriers for trans and non-binary people, disabled people and survivors of trauma.
- For some women such as those who were homeless or with other needs such as drug or alcohol use, outreach approaches were highly valued.

*In this report, we mostly use the terms women and girls. However, we recognise that people who do not identify as women – such as trans, non-binary and/or intersex people - may also experience menstrual difficulties, pregnancy, menopause and other reproductive health needs, and benefit from improved care from services. Recommendations in this work programme apply to all those needing support with their reproductive health

# Good reproductive health: key data

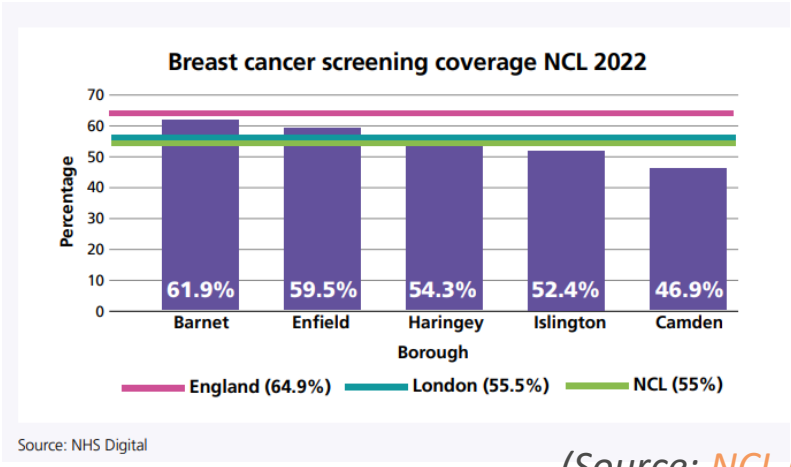


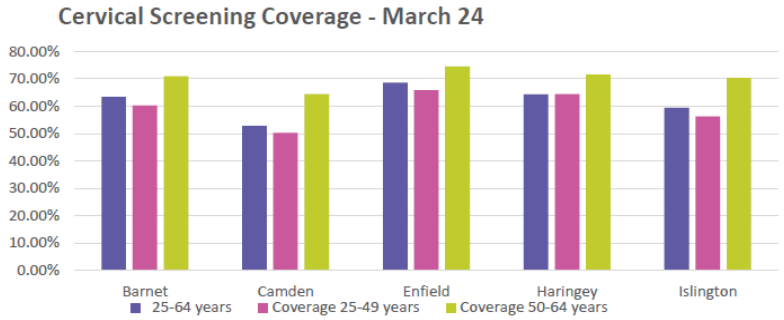



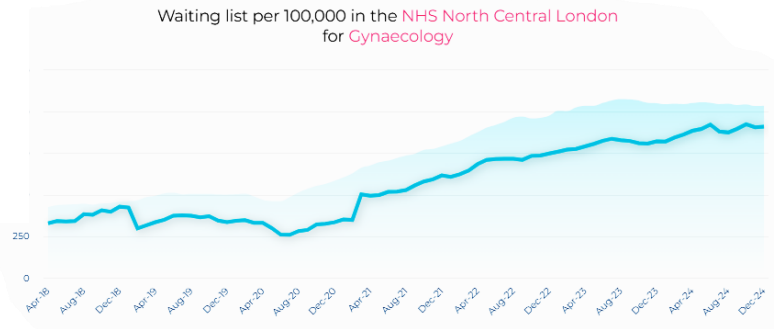

*(source: Camden Sexual Health Needs Assessment, 2024)*

**Female Genital Mutilation** – In 2024, around 30 new FGM cases were recorded in Camden and around 125 distinct patients attended an FGM-related appointment. (*NHS Digital, 2024*)




*(Source: NCL Cancer Alliance, 2024)*



# Insights from residents

*"Listen to women! Take seriously what is going for us" (over 40s focus group)*

*"Bloods over there, operations cancelled and not rearranged - absolute mess and chaos"* (woman in over 40s focus group)

"*In five years, no one asked me, how do you feel? Do you need any support for this?"* (Somali woman, 35)

"*I don't think there is enough information out there to prepare me [for menopause]. Everyone's different, but I should know*." (women over 40 focus group)

"*sexual and reproductive health in this borough not accessible for many… Was refused the checks I needed. Was not offered up properly appropriate advice…. Poor patient profiling and speaking to me like I was a child"* (survey respondent, learning disability)

*"My mum didn't like it because I had pads on display. She was like, 'what is this nonsense?' I said, 'I've got a house full of girls, people need to know.'"* (KBCNA focus group)

"*I felt uncomfortable in the waiting room. In my hijab, I felt uncomfortable. I was the only one there."* (KBCNA focus group)

"*I think first the whole point is that we want to check up on sexual health. So, I think that should be the main focus. Because if you start going on about the partner too much, it might put off the person from going. It's just a bit traumatising and it might make them to leave early*." (female, 25, homeless, British Indian)

# Reproductive health – recommendations

| Recommendation | Recommended actions (tbc) |
|---|---|
| **Improve access to reproductive health information, advice and guidance, particularly for residents facing greater inequity of access e.g. Black and South Asian communities, older women.** | 1. Expand engagement approaches connecting women in communities less well served by services e.g. Black and South Asian communities, older women to health services by:<br>• Running or commissioning women's health drop in cafés in community settings (VCS, Family Hub etc) to provide information, advice and guidance around fertility planning and contraception, HPV and other vaccinations, cancer screening, menopause help and discreet relationships advice led by clinicians or other appropriately trained experts<br>• Running (or commissioning from culturally competent experts eg Somali GPs etc) menopause specific sessions tailored to specific communities<br>2. Grow the number of professionals able to provide perimenopause and menopause advice by collating national and /or developing local menopause resources to signpost women to support<br>3. Ensure existing network of Community Champions and Community Bus outreach teams receive menopause training to be able to share basic information with women at community events<br>4. Run an annual women's health information campaign covering different aspects of women's health<br>5. Work with UCL to establish Camden as a research site for a trial menopause intervention education and peer support programme |

| Recommendation | Recommended actions (tbc) |
|---|---|
| **Improve women's experience of accessing healthcare for menstrual challenges, menopause or other reproductive health needs by increasing knowledge and skills in the Primary Care and Sexual Health workforce** | 1. Carry out an audit of training and skills around aspects of women's health (screening, contraception, menopause, common menstrual health conditions etc) in Primary Care (through appointment of a fixed term GP Clinical lead for women's health and officer support)<br>2. Map women's health pathways and services across Primary Care, Secondary Care, Sexual Health services and the VCS to identify any gaps and to support GPs to know where to signpost women. |
| **Cancer screening priorities for 25/26 (cervical and breast)** | Cervical<br>• Work with lower achieving practices to improve screening uptake<br>• Support projects to increase HPV vaccination uptake in catch up cohorts<br>• Provide advice to practices around changes to the screening programme<br>• Support implementation of HPV self-sampling roll out<br>• Develop primary care toolkit to support cervical cancer elimination ambition<br>• Support and deliver targeted health promotion activity<br>Breast<br>• Support implementation of the call and recall administration system to improve uptake.<br>• Develop a network of champions to target population cohorts with lower screening uptake<br>• Create a paper light breast screening pathway through regional collaboration |
| **Increase HPV vaccination rates** | 1. Vaccination UK, school nursing team and NHSE to monitor HPV progress and target schools with low uptake.<br>2. Promote catch-up for our young people using co-produced materials.<br>3. Increase training for staff in settings where young people attend<br>4. Develop more targeted health promotion –including parents/carers ahead of vaccines, home-educated families, those w/out English as first language |
| **Explore opportunities to increase access to contraception** | 1. Delivering specific interventions opportunistically where possible e.g. via clinical outreach<br>2. Work with London-wide and local partners to promote delivery of postnatal contraception |

| Recommendation | Recommended actions (tbc) |
| --- | --- |
| **Address the variability of experience that women told us about regarding menopause and menstrual health in Primary care and other healthcare settings** | 1. Explore opportunities for neighbourhood-based menopause group sessions for women with more complex menopause symptoms not requiring gynaecology referral? (Cf other group clinics eg CYP asthma)<br>2. Map existing Primary Care women's reproductive health specialists and if applicable consider a designated lead in each PCN or neighbourhood, to provide advice and guidance to colleagues, minimising the need for onward referral<br>3. Explore direct referral to gynaecology services between Brook and UCLH/Royal Free |
| **Join up services catering to different aspects of women's health so women and other people with reproductive health needs get holistic advice, guidance and care about their reproductive health** | Scope, design and implement a Women's Health Hub model in Camden, by undertaking:<br>1. Activity modelling to understand demand<br>2. Tariff formulation and cross-charging mechanisms between NHS and LA commissioned services<br>3. Designing a triage function<br>4. Considering co-location of different services vs virtual opportunities and identifying an appropriate location if necessary<br>5. Co-design with residents including women from minoritised ethnic communities, trans and non-binary people, disabled and neurodivergent and other underserved communities to ensure the hub is inclusive and trauma informed<br>6. Establish appropriate local governance arrangements for women's health oversight.<br>7. Ensure the model maintains strong links with domestic abuse and sexual violence support organisations, with pathways to specialist support for survivors |