

SEXUAL AND REPRODUCTIVE HEALTH & HIV STRATEGY 2025-2030



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Foreword

As the senior responsible officer, I am pleased to introduce Lambeth, Southwark, Lewisham, Bexley and Bromley (LSLBB) Sexual and Reproductive Health and HIV Strategy 2025- 2030. This strategy is a commitment to improving the sexual and reproductive health and wellbeing of our residents across LSLBB.

Sexual and reproductive health is a fundamental aspect of overall health and wellbeing, impacting on individuals' physical, emotional, and social lives. It's important that sexual health is viewed positively and as a part of overall health, rather than focusing solely on risks like sexually transmitted infections (STIs).

The sexual health landscape has changed significantly in recent years. The COVID-19 pandemic accelerated an increase in online testing and treatment, whilst the availability of pre-exposure prophylaxis (PrEP) has made a big impact on preventing HIV. However, challenges remain. STI rates remain high in the region

and some communities continue to experience worse sexual and reproductive health outcomes than others.

This strategy sets out how we will respond to these challenges and build on the existing progress. It is guided by the principles of equity, inclusivity and empowerment. As the first joint strategy across our five-borough partnership, it reflects a commitment to work together to address the diverse needs of our communities, reduce health inequalities, and ensure that everyone has access to high-quality, comprehensive sexual and reproductive health services.

The development of this strategy has been a collaborative effort, drawing on extensive engagement with residents, stakeholders, and partners across the five boroughs. We have listened to the voices of our communities, and their insights have shaped our priorities and actions. This strategy is not just a document; it is a call to action for all of us to work together to create a healthier, more equitable future.

Executive summary

Lambeth, Southwark, Lewisham, Bexley and Bromley (LSLBB) continue to face some of the greatest sexual health challenges in England. Reducing sexual and reproductive health inequalities is our priority.

Sexual health can impact an individual's emotional, physical and mental health, their economic means and educational attainment, personal finances, and social relationships. The effects of poor sexual and reproductive health are far reaching, and the impacts are made worse by social stigma and fear.

This LSLBB Sexual and Reproductive Health and HIV Strategy 2025–2030 sets out our themes, priorities and the approach to meeting the sexual health needs of the five boroughs. This includes plans to respond to increasing rates of sexually transmitted infections (STIs), improve the reproductive health of our residents, and meet the London Mayor's vision of 0–0–0: zero

HIV-related stigma, zero HIV transmissions and zero HIV related deaths.

Since the publication of the previous **Lambeth, Southwark and Lewisham (LSL) strategy (2019–24)**, there have been some significant changes in the sexual health landscape. The financial climate for public services remains extremely challenging. Following the COVID-19 pandemic we also live, work and access services differently than before.

In 2024, Bexley and Bromley joined the LSL commissioning partnership to become the LSLBB Partnership, which is led by Lambeth Council. This strategy was developed in partnership by LSLBB's public health and commissioning teams. We have also incorporated public and stakeholder views on the strategy.

We acknowledge that the scope of this strategy is ambitious as sexual and reproductive health is complex. We need to take a joined-up approach with our partner organisations to improve sexual health outcomes. Because of this, each borough will develop detailed action plans, with

a cross-borough plan where the actions and developments needed are across the five boroughs.

This strategy and its action plans recognise that sexual health and wellbeing impact on and are affected by wider determinants of health. Social, economic and environmental factors – such as income, education, employment and cultural influences – shape daily life and affect people's health, so it is crucial that all relevant organisations nationally, regionally and locally work together. This is the reason that we are committed to working in partnership across South East London (SEL) and our system. This will also ensure that the right actions are carried out for the right people, in the right place and at the right time. With reductions in public funding, it is vital that we focus on providing accessible services to all, whilst prioritising those with the greatest need, or who face the biggest barriers.

Areas of focus

This strategy has been informed by strong evidence, which we have used to ensure our approach is tailored to the needs of LSLBB’s population. Its foundation is built around four main themes.

Theme one
 Healthy and fulfilling sexual relationships



Theme two
 Improving reproductive health



Theme three
 Reducing the rates of sexually transmitted infections



Theme four
 Preventing and living well with HIV



Our strategy targets groups most affected by poor sexual and reproductive health, such as young people, care-experienced youth, GBMSM, minority ethnic groups, sex workers, homeless individuals, those experiencing substance misuse, mental health issues or disabilities, migrants, and LGBTQ+ communities. We will deliver integrated care through partnerships with mental health, substance misuse, and inclusion services.

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Figure 1

LSLBB context

Current landscape

Local sexual health services are evolving to meet changing needs. Many clinics now offer online testing and contraception options, making it easier to access care discreetly and quickly.

Within LSLBB, there are some of the highest rates of HIV and STIs in England. The most diagnosed STIs in England are chlamydia, gonorrhoea, genital herpes and genital warts. Over the last 10 years gonorrhoea and syphilis have increased nationally, and rates of gonorrhoea have risen across all LSLBB boroughs. At the same time, HIV prevention has made significant progress, with new diagnoses falling by almost 40% since 2015 thanks to wider access to testing and the use of PrEPⁱ.

There is variation in need across the five boroughs which reflects the differences in our populations. Figure 2 (page 7) shows the South East London region with a description of our boroughs' populations.



Lambeth

- Lambeth is home to approximately 320,000 residents and is the 4th most densely populated borough in London.
- Lambeth has a relatively young population – about 61 per cent of residents are under the age of 40.
- 43 per cent of Lambeth's population is Black, Asian, mixed or other ethnic background and Lambeth has the 3rd largest Black/Black British community in England.
- It is estimated that 10 per cent of the Lambeth population identifies as LGBTQ+.

Bexley

- Bexley has a population of 246,500. The population grew by approximately 6.2 per cent (14,500) between the 2011 and 2021 censuses.
- The median age of Bexley residents is 39 years. This is higher than the median age in London (35 years) but lower than the median age in England (40 years).
- One in four residents is from a Black, Asian, mixed or other ethnic background.
- Bexley is the 9th least deprived London borough although some neighbourhoods rank in the 20 per cent most deprived in England (IMD 19).

Southwark

- Southwark is home to approximately 312,000 residents and is the 7th most densely populated borough in London.
- Southwark has a comparatively young population, with 41 per cent of the population aged 20 to 39. The median age in the borough is 33.4, seven years younger than the national median age.
- 49 per cent of Southwark's population is from a Black, Asian, mixed or other ethnic background (compared with 51 per cent from a White ethnic background).
- It is estimated that eight per cent of the Southwark population identifies as LGBTQ+.

Bromley

- Bromley has a population of approx. 329,994.
- Bromley has an older population than the London average, with 18 per cent being post-retirement age (65+). The proportion of over 40s is also greater than the London average.
- Approximately 24 per cent of the population are from Black, Asian, mixed or other ethnic backgrounds. The largest and fastest growing group is Black African.
- An estimated 2.5 per cent of individuals identify as gay, lesbian or bisexual.

Lewisham

- Lewisham is home to approximately 300,600 residents and is the 13th most densely populated borough in London.
- Lewisham has a younger population that is projected to grow.
- 48.5 per cent of Lewisham's population is from a Black, Asian, mixed or other ethnic background (compared with 51.5 per cent from a White ethnic background).
- It is estimated that 6 per cent of the Lewisham population identifies as LGBTQ+.

Figure 2: All data is taken from the 2021 Census.

Changing landscape

Since the publication of the previous **LSL strategy (2019–24)**, there have been some significant changes in the sexual health landscape.

- The financial climate for public services has not improved.
- Residents have experienced changes to social and economic factors, such as increased levels of poverty, leading to more complex issues.
- Since the COVID-19 pandemic, the way sexual health services are provided has changed, along with people's expectations. There is now more demand for online services such as contraception and STI testing.
- There has been a strong movement recognising violence against women and girls (VAWG) and its link to unhealthy relationships. Women's health has also gained momentum with the publication of the Women's Health Strategy for Englandⁱⁱ.
- Changes in technology and social media have altered the way we access and receive information and have influenced social norms and sexual health behaviours, including exposure to misinformation.
- Chemsex, which refers to sexual activity whilst under the influence of drugs in the GBMSM community, is increasingly recognised as a public health issue. It can be associated with an increased risk of STIs and poorer mental health and has limited support services.

Commissioning responsibilities and local services

In England, the commissioning of sexual health services is a shared responsibility across several organisations. Figure 3 outlines the sexual and reproductive health commissioning responsibilities across the health system.

Good sexual and reproductive health is driven by multiple factors and many of these are outside the direct control of local authority commissioners.

In this strategy we have tried to focus on the elements that are within the control of local authorities and highlight where we

need to influence others. This collaborative approach aims to ensure that services are well-integrated, accessible and responsive to local needs.

Local Authorities

- Contraception, excluding contraception provided as part of GP contracts
- STI testing and treatment
- HIV testing and prevention
- Psychosexual support (sexual health)
- Specialist sexual health services
- Sexual health support for young people
- Sexual health outreach

NHS England

- Opt-out HIV testing in A&E departments
- GP contraception
- Sexual health in prisons
- Cervical screening
- Sexual assault referral centres (SARCs)

Integrated Care Boards (ICBs)

- Abortion services
- Vasectomy
- Gynaecology
- Psychosexual support (non-sexual health)
- HIV treatment and care (transfer from NHS April 2025)

Figure 3: Sexual and reproductive health commissioning responsibilities in the health care system.

Content and purpose of the strategy

Why a sexual and reproductive health and HIV strategy is important for LSLBB

The provision of sexual health services is a statutory responsibility, and local authorities are required to commission sexual health services that are available to everyone. The LSLBB partnership oversees services for sexual and reproductive health, HIV prevention, HIV care and support and abortion. By working collaboratively, we aim to deliver integrated, high-quality services while promoting innovation and ensuring cost-effectiveness across the South East London region.

Investing in sexual health

Investment in sexual health can lead to significant improvements in public health outcomes; it has demonstrated value for money and a substantial return on investment. For example, a national study has shown that every £1 spent on contraception services saves £9 across the public sectorⁱⁱⁱ. This strategy focuses on prevention and targeted interventions for specific groups, such as those under 25, GBMSM, and minority ethnic groups, and highlights the importance of innovation and technology. By bringing together our priorities, the strategy aims to improve sexual and reproductive health, remove barriers and ensure cost-effectiveness across the South East London region.

Why we need a joint strategy

Sexual Health services are open access, allowing residents to use them anywhere in England. A joint strategy will help provide integrated, high-quality services across the five boroughs. The collaborative approach allows for the sharing of resources, expertise, and best practices, leading to more effective and efficient service delivery. The strategy is designed to be complementary to other local policies and strategies, such as those addressing domestic abuse, substance use, education and women's health. By working together, the boroughs can create action plans that reflect their unique circumstances while achieving shared goals and objectives. Services in direct scope and funded by the public health grant to enable local authorities to meet their commissioning mandate are identified in figure 3 (page 9).

What we want to achieve

This strategy and associated borough action plans recognise that sexual health and wellbeing impact on and are affected by social, economic and environmental issues, which shape daily life and affect people's health. Whilst this strategy focuses on priorities which are within the control of local authorities, we recognise the importance of working with a range of stakeholders, communities and the voluntary and community sector to address these wider factors. This is the reason that we are committed to working in partnership across South East London (SEL) and our system. This will also ensure that the right actions are carried out for the right people, in the right place and at the right time. With challenges around reductions in public funding, it is vital that we prioritise prevention, reducing sexual health inequalities and providing accessible services to everyone.

Our aim aligns with the vision outlined in the Local Government Association's 2024 report, **A Blueprint for the Future: Sexual and Reproductive Health and HIV Services in England**^{iv}. Together the five boroughs are committed to improving outcomes and reducing inequalities in sexual health, reproductive health and HIV for all our communities.

Key achievements 2019 – 2024

We have achieved a lot over the last five years but there is still much to do.

Since the last strategy was published there have been many changes and improvements in the sexual health services provided. Some were planned while others were in response to outbreaks, pandemics, new or changed guidance, or funding reductions and changes in commissioning responsibilities.

The following are some of the key changes, achievements and challenges that we have seen across our sexual health system, community services and in approaches to prevention.

System improvements



Relationships, Sex and Health Education (RSHE) has been statutory in all schools across England since September 2020, with local support in place through healthy schools leads and web-based platforms.



PrEP became freely available from NHS sexual health clinics in 2020. This has transformed HIV prevention and has likely contributed to a reduction in new diagnoses, particularly amongst GBMSM, and work is ongoing to increase awareness of PrEP and its uptake amongst groups at risk of HIV.



In 2022, the NHS rolled out opt-out testing of blood-borne viruses (HIV, hepatitis B, and hepatitis C) in Emergency Departments (ED) across England, identifying new cases of HIV.

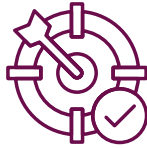


Safeguarding training has become mandatory for all providers of sexual and reproductive health services.

Local improvements



An online STI testing and treatment service became available across London through Sexual Health London (SHL), with the later addition of routine and emergency hormonal contraception in some boroughs.



Innovative and targeted prevention work has been delivered in some boroughs, such as Black heritage communities and young people.



The London HIV Prevention Programme delivered innovative campaigns, rapid HIV testing, and outreach for GBMSM.



Across LSLBB, over 600 staff from various clinical, community and voluntary sector organisations have been trained to promote sexual health.



Community programmes across LSLBB delivered information on STI prevention and how to access sexual health clinics.

Key challenges

Information and service awareness

Residents should have easy access to information about the variety of free services and how to access them. Lack of awareness can lead to missed opportunities for prevention and care.

Removing barriers to access

Certain groups face greater obstacles to accessing sexual health services. Barriers to testing, support, and treatment for specific groups should be removed.

Stigma and discrimination

This can discourage individuals from seeking testing, support, and treatment. Addressing stigma around sexual health and HIV in society and healthcare is crucial. Providing high-quality, regular training for healthcare professionals can help reduce stigma.

Quality of sexual health education

It's important to ensure that all young people have access to high quality RSHE and related services and to contraceptive options such as condoms, when needed.



What our communities and organisations say

The development of the strategy has drawn on a wide range of stakeholder and resident engagement across the five-borough partnership and a range of services.

This includes surveys and consultations, focus groups, interviews, outreach, mystery shopping and stakeholder engagement. Specific engagement with Black heritage communities, young people, people living with HIV (PLHIV), LGBTQ+ and marginalised communities has also taken place. The themes that have emerged across engagement exercises have been around access, information and the needs of specific communities.



Information and advice

Residents and stakeholders wanted:

- holistic sexual and reproductive health information and advice to be available throughout all stages of a person's life
- more information on contraceptive choices, reproductive and women's health
- more emphasis on broader sexual and reproductive wellbeing beyond 'bio-medical' care
- increased networking and connectivity



Accessibility of services

Common themes across all engagement included:

- more appointment flexibility with a range of appointment times
- the ability to book online



LGBTQ+

LGBTQ+ residents reported experience of stereotyping and stigma within a range of sexual health services and that education and information around services and STIs is heteronormative. There was an expressed need for:

- improvements in education and awareness of LGBTQ+ experiences and issues amongst services
- more supportive environments
- more information on sexual health risks



Black, Asian, mixed and other multi-ethnic groups and marginalised communities

A common theme has been that cultural and social stigma. Shame and mistrust impacts on accessing services and seeking help. Residents and stakeholders expressed a need for:

- more inclusive culturally competent, non-judgemental and trauma-informed services
- more trusted sources of information and evidence in a range of languages
- more training and upskilling of staff around language and cultural sensitivities
- work with community and positive representation

Commissioning appropriate, accessible and affordable services is essential. Collaboration with stakeholders should focus on improving sexual and reproductive health, emphasising prevention and addressing determinants of health. Additionally, the impact of commissioned services should be regularly evaluated to ensure they meet the needs of the community.

Actions to address these challenges are outlined in the following chapters and will be supported by each borough's local action plan.

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Young people

Multiple engagements with young people, and the professionals who work with them, highlighted the following issues and needs:

- inadequate RSHE provision
- lack of awareness of services, outreach and contraceptive options such as condoms, when needed
- lack of support for young people with special educational needs and disabilities (SEND)
- the need for 'young people only' services and to share learning and experience with peers
- a desire for more use of social media and technology to speak to healthcare professionals



HIV

Common themes emerging from engagement with PLHIV in LSLBB:

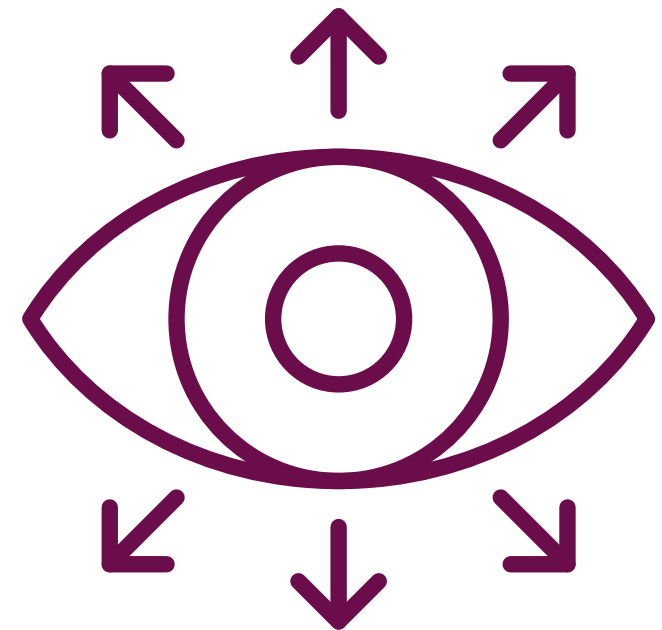
- some felt that HIV is still stigmatised, which made it hard for them to talk about it to their family, friends and clinicians
- many people reported that they needed advice on their health, wellbeing and housing. They wanted to meet other people in a similar situation to them
- many of those who accessed support felt well supported by current culturally appropriate HIV support and advice services

Realising a joint vision for LSLBB

Our key priorities for maximising sexual and reproductive health for all people in our boroughs remain the same as in the previous LSL strategy.

Throughout the strategy, prioritising those with the greatest need, or who face the biggest barriers, will be fundamental. For each action we will identify the groups with the highest needs and barriers to accessing services across our boroughs and ensure we target interventions towards these groups.

We will do this through holistic, integrated services that join-up care between services, such as mental health, substance misuse, and health inclusion teams.

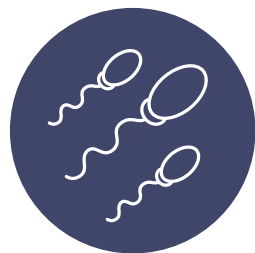


Our themes



Theme One: Healthy and fulfilling sexual relationships

VISION: People are empowered to make their sexual relationships healthy and fulfilling.



Theme Two: Improving reproductive health

VISION: People effectively manage their reproductive health, understand what impacts it and have knowledge of and access to contraception.



Theme 3: Reducing the rates of sexually transmitted infections

VISION: The local burden of STIs is reduced, especially amongst those who are disproportionately affected.



Theme Four: Preventing and living well with HIV

VISION: We move towards achievement of 0–0–0: zero HIV-related stigma, zero HIV transmissions and zero HIV-related deaths.

Underpinning each of the four themes that run throughout the strategy are five key principles.



Collaborating with partners across the system.



Listening to residents of all ages to shape services.



Embracing digital and technological innovations.



Developing an evidence-based resilient sexual health system.



A focus on fairness and equity.

Figure 4



Theme one: Healthy and fulfilling sexual relationships

Why this?

Sexual health is about overall wellbeing in relation to sexuality. It requires a positive and respectful approach to relationships, ensuring that people can have safe, consensual, and pleasurable experiences. It is important to frame sexual health positively, rather than focusing solely on sexual risks like STIs and abuse.

Healthy sexual relationships are influenced by many factors including personal ones such as knowledge, values and beliefs, and self-esteem, as well as social factors such as culture, stigma and discrimination. The rise of social media and new technologies is transforming how we interact with others, access information, and navigate sexual dynamics and behaviours.

Negative, harmful relationships have consequences to physical and emotional health and, in some cases, may lead to negative sexual health outcomes and drive a cycle of unhealthy behaviour, such as substance misuse, exploitation and risky behaviours. Some groups face higher risk for unhealthy relationships due to stigma, discrimination, and online threats like negative content and misinformation.

What works?

- Good quality RSHE delivered through schools leads to young people being more likely to practice safe consensual sex and have improved health outcomes. It also reduces sexual violence and can boost gender-equitable attitudes^v.
- Beyond the classroom, provision of high-quality and evidence-based education on sexual and reproductive health has been shown to deliver positive health outcomes.
 - This education should be culturally sensitive, sex positive, LGBTQ+ inclusive, with a focus on self-worth and empowerment and consent.
 - Educational interventions should adopt a multi-model approach, incorporating components from mental health,

- domestic violence, drug and alcohol services^{vi}.
- Community interventions and outreach services targeted at certain groups can help to build trust, address socio-cultural issues and increase knowledge and access to services.
 - Interventions should be co-produced with the communities they are intended for and delivered across a range of services to make every contact count.
 - Peer-facilitators have been shown to be effective.^{vii}
- The use of multi-media and online platforms can enhance sexual health promotion. Interactive digital interventions which involve user input, for example inputting personal data or making choices, to provide tailored feedback can lead to improved knowledge and behaviour change^{viii}.
 - Strategies that encourage high online engagement, such as individual interactions, multimedia content and celebrity involvement, are effective^{ix}.
 - However, digital exclusion must be considered, and promoting online safety is crucial to protect young people's sexual health, especially in the context of misinformation.

- Training professionals to identify those at risk of abuse and violence can help tackle sexual exploitation and other inequalities. Increased awareness and promotion services, such as assault services, can lead to higher reporting rates and better support for survivors.

What is the local need?

Stigma and discrimination

- 73 per cent of LGBTQ+ people reported having negative experiences with sexual health services when it came to their sexuality, gender, or LGBTQ+ status, with 100 per cent of those interviewed saying there needs to be more focus on creating a supportive environment^x.

Unhealthy behaviours

- Engagement with young people found some rely on evidence of a negative STI test, instead of using condoms^{xi}.
- Lambeth and Southwark have the joint highest users of the Antidote psychosocial service for chemsex support by borough, with Lambeth residents representing over 10 per cent of users in London^{xii}.
- The rate of sexual offences is higher in Lambeth, Southwark and Lewisham

compared to London. In Bexley and Bromley it's lower compared to London. The rate has increased in the LSLBB region over the last five years, except in Lambeth^{xiii}.

Support for professionals

- 73 per cent of teachers expressed a need for additional RSHE support such as training workshops, teaching resources, advice sessions, an RSHE network and a peer promotion programme^{xiv}.

Knowledge of sexual health

- Awareness of local sexual health services in young people is low. For instance, in Bromley, 24 per cent of 17/18-year-old pupils said they at least 'know how to use' a local sexual health service for young people, although 31 per cent of Year 13 pupils responded that they have had sex. In Bexley, 29 per cent of year 10 pupils knew where to get condoms free of charge.
- In Lambeth, 45 per cent of secondary school pupils said they have 'never heard of' chlamydia whilst a further 35 per cent said they had heard of it but 'know nothing about it.'^{xv}

Aims and outcomes

Our aim is to empower and enable individuals and communities to build safe, informed, healthy, consensual, and fulfilling sexual relationships.

We want to:

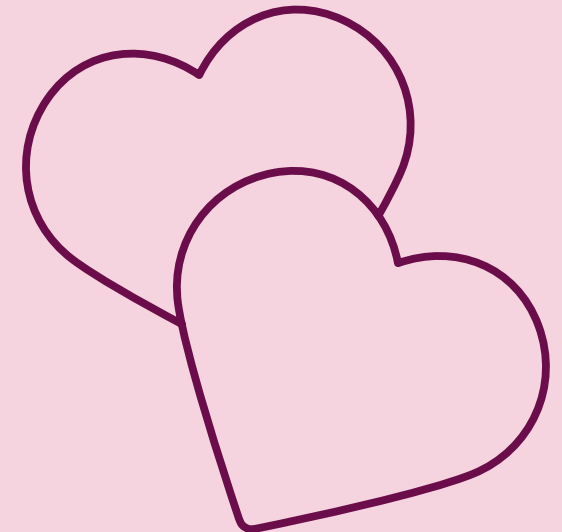
- increase confidence, skills and ability to build healthy sexual relationships in LSLBB residents
- make sure people in unhealthy or risky sexual relationships are supported appropriately
- increase knowledge and understanding of healthy sexual behaviours and SRH services in LSLBB residents
- deliver positively framed and inclusive sexual health education and information, ensuring services are trauma informed and access to services are considerate of diverse experiences, and needs
- reduce stigma and discrimination related to sexual health and sexual relationships

What are we going to do?

Our SRH services will aim to promote respect, reduce stigma, enhance communication skills, support informed decision-making and foster positive attitudes towards sexual health.

We will:

- work with other services to provide holistic support to people in unhealthy or risky sexual relationships.
- increase knowledge, awareness and confidence around building healthy relationships in our community.
- work with partners to improve the delivery, reach and quality of RSHE and aim to collect data on its coverage and effectiveness.





Theme two: Improving reproductive health

Why this?

Good reproductive health improves the health and wellbeing of people of reproductive age and any future children they may have.

Unplanned pregnancies have health impacts on parents and babies and can cause financial, housing, social and relationship pressures as well as impact on other children in the family.

Having easy access to a range of contraceptive methods is important as it allows people to make informed decisions about their reproductive health.

What works?

- Across LSLBB, residents can access contraceptive services at multiple places in the community including sexual and reproductive health clinics, general practice, SHL online service and local pharmacies.
- It is essential to ensure equitable access to information on contraception through the right internet and social media platforms, enabling informed choice.
- Increased access to abortion care as early as possible, for example through abortion pills taken at home, also helps improve reproductive health^{xvi}.
- Additionally, working in partnership with maternity, abortion and other women's health providers to enable quick and

easy access to a range of contraception will improve the outcomes for residents.

- Access to contraception should be inclusive of LGBTQ+ communities and advice and support offered should be tailored, recognising individuals' needs.

What is the local need?

Emergency Hormonal Contraception (EHC)^{xvii}

- EHC online was introduced in 2020 and has been increasingly ordered each year in LSL. In 2023–24 it was ordered 10,000 times across LSL.
- EHC was the most common form of contraception ordered online.

Teenage conceptions^{xviii}

- Under 18 conceptions have reduced over time
- Bexley has a higher under 18s conception rate than the London average^{xix}

Long-Acting Reversible Contraception (LARC)

- All LSLBB boroughs are below the England average for LARC prescribed, however they are above, or similar to, the London average^{xx}.

Multiple abortions^{xxi}

- In the under 25s in LSLBB, the percentage of subsequent abortions is higher than subsequent abortions in the rest of England .

Aims and outcomes

Our aim is to ensure LSLBB residents can make informed reproductive health decisions, that they understand what impacts their reproductive health and have knowledge of and access to contraceptives. This will lead to healthier outcomes and improved well-being for all. We want to:

- increase knowledge and understanding of reproductive health and how to access services in LSLBB residents
- ensure that all LSLBB residents have access to visible, accessible, comprehensive contraceptive services including services for young people and LGBTQ+ people
- increase collection of reproductive health data to support evidence-based decision making
- reduce unintended pregnancies and subsequent abortions

What are we going to do?

Our SRH services will:

- increase access to the full range of contraception, including LARC and emergency contraception, in both primary care and SRH services.
- increase the types of settings and availability of appointments for accessing contraception.
- strengthen the offer of contraception post-pregnancy including easy booking of LARC.
- improve access to contraception and sexual health advice post-abortion.
- proactively offer ongoing contraception through existing services, including online, wherever emergency contraception is available.
- improve access to comprehensive information about contraception that is easy to understand.
- provide free condoms where appropriate, such as in sexual health clinics.



Theme three: Reducing the rate of sexually transmitted infections

Why this?

The most diagnosed STIs in England are chlamydia, gonorrhoea, genital herpes and genital warts. Over the last 10 years, rates of gonorrhoea and syphilis have increased. Reducing STIs improves sexual health and there are many effective ways to prevent them. People with STIs may not have symptoms and can therefore unknowingly spread the infection.

STIs can cause a range of symptoms such as genital sores, discharge, pain while urinating, rashes and flu-like symptoms. If untreated, some STIs can lead to serious, lasting health issues. Early access to STI testing and treatment reduces transmission and enables partner tracing and treatment, preventing reinfection.

Our ambition is to focus our STI prevention efforts towards reducing poor health, tackling stigma around testing and reducing inequalities across our communities.

What works?^{xxii}

- Focusing activities which prioritise reducing poor health outcomes and inequalities.
- Knowing which groups are experiencing the most harm and inequalities and targeting interventions towards them.
- Using published frameworks and tools, such as the UK Health Security Agency (UKHSA) STI Prioritisation Framework, to steer STI prevention and control with limited resources.

- Condom use remains a primary method of preventing STI acquisition and transmission.
- Quick and easy access to treatment for infection and ensuring partner notification.
- Vaccinations for infections such as Hepatitis A, B and HPV amongst others. Whilst local authorities don't fund vaccinations, working in partnership with our local health system should ensure that they are accessible within sexual health services and that access is promoted.
- Access to online testing.

What is the local need?

Geographical variation in STI diagnosis

- In 2024, Lambeth had the highest rates of new STI diagnosis in London and Bexley had the second lowest rate^{xxiii}.

Testing rates

- LSLBB boroughs conduct more STI tests than the national average, particularly LSL boroughs^{xxiv}.

Reinfection rates

- Most LSLBB boroughs have higher STI reinfection rates than the national average^{xxv}.

Pelvic Inflammatory Disease (PID)

- Southwark has a lower PID admission rate than the London average. The other LSLBB boroughs have a similar rate to the London average^{xxvi}. PID can indicate untreated STIs.

Gonorrhoea rates

- Gonorrhoea is rising across all LSLBB boroughs^{xxvii}. Gonorrhoea is treated with antibiotics but over time has developed resistance to certain antibiotics.

Syphilis rates

- Syphilis rates in Lambeth and Southwark are substantially higher than the national average^{xxviii}.
- Nationally, most diagnoses of syphilis are in GBMSM, however, there was a larger proportional increase in syphilis diagnoses amongst heterosexual women than amongst GBMSM between 2013–2023^{xxix}.

Sexually transmitted Shigella

- This infection has shown significant increases in LSL boroughs, though not in Bexley or Bromley^{xxx}. Shigella is considered a potential indicator of high-risk sexual behaviour, though overall case numbers remain low compared to other STIs.

GBMSM diagnoses^{xxxi}

- The proportion of new STIs in GBMSM increased from 2018–2022 across all boroughs.

Gender^{xxxii}

- Although men have lower engagement in SRH services than women, over half of those diagnosed with a new STI in 2022 in all boroughs were men (58 to 75 percent).

Young people 15 to 24 years old^{xxxiii}

- In LSLBB, 21 to 42 per cent of new STI diagnoses were in young people.

People of Black heritage^{xxxiv}

Most LSLBB boroughs see a higher proportion of new STIs in people of Black heritage.

Aims and outcomes

Our aim is to focus our STI prevention efforts on reducing adverse health outcomes and addressing inequalities.

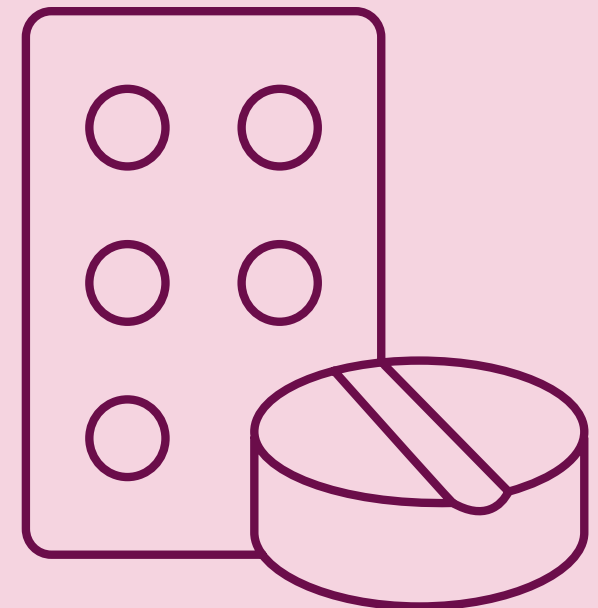
We want to:

- ensure poor sexual health is reduced in LSLBB residents who are disproportionately affected by poor sexual health
- reduce transmission of STIs and repeat infections
- reduce stigma associated with testing
- promote prompt, equitable, accessible and high-quality
 - testing
 - treatment
 - vaccination
 - partner notification

What are we going to do?

Our SRH services will:

- work together to deliver a range of interventions to achieve our ambitions. Some of the programmes will be delivered together as LSLBB and some will be delivered by individual boroughs based on local need.
 - target STI education and testing services to people with the highest need by providing services in the community.
 - provide access to free condoms to those that need them.
 - strengthen partner notification for STIs.
 - offer everyone who needs it access to timely testing and medicines to prevent or treat STIs from multiple access points, including online.
- promote and monitor uptake of preventative interventions, such as vaccinations and other biomedical innovations to those who need it.
 - offer accurate information on STI prevention to those who need it, when they need it, where they need it and increase trust in services.





Theme four: Preventing and living well with HIV

Why this?

Over the past 40 years, we have made significant progress in reducing new HIV infections and supporting people living with HIV (PLHIV) to rapidly access treatment and to live well^{xxxv}. With increased knowledge, reduced stigma, financial investments and innovations, there have been real advances in HIV treatment and prevention. HIV is no longer the fatal infection that it used to be, with early diagnosis and effective treatment, most people with HIV can live healthy and normal lives.

Ending HIV-related deaths, new HIV infections, and HIV-related stigma and discrimination by 2030 is a global, national and local ambition, supported by initiatives including Fast-Track Cities. England and

London are working towards ending new HIV transmissions by 2030. London was the first city in the world to exceed UNAIDS targets of people with HIV knowing their status, being on treatment and having suppressed viral loads.

Despite these advances, HIV still disproportionately impacts marginalised groups, including GBMSM, Black heritage people, Latin American people and other populations who find it difficult to access services and health care^{xxxvi}. The population of PLHIV is ageing, with more than half of PLHIV in London aged over 50 years old. This cohort may have two or more medical conditions related to their age and require services addressing this^{xxxvii}. Late diagnosis

or untreated HIV increases the likelihood of developing serious life-threatening illnesses or death.

We know there is still considerable stigma associated with HIV in all parts of society, which can prevent people from accessing treatment, testing for HIV, using condoms or taking PrEP to prevent HIV.

What works?

- Developing training, with the input of PLHIV, for healthcare professionals is effective at increasing HIV testing, providing dignified care and reducing HIV stigma^{xxxviii}.
- Targeted community-based interventions for people who are at risk of HIV infection can raise awareness of HIV, reduce HIV stigma, increase testing and support individuals to manage their HIV risk through prevention methods^{xxxix}.
- Peer support services for PLHIV that are culturally appropriate can reduce stigma, support people to access services and provide advice, counselling and practical support^{xl}.
- Increasing HIV testing in multiple locations, including online and in community settings, such as emergency departments, GP practices and pharmacies^{xli}. Antiretroviral therapy (ART) for people living with HIV suppresses HIV and stops its progression^{xlii}. If taken as directed, HIV cannot be passed on and supports people to live normal healthy lives.
- Correct and consistent use of condoms prevents transmission of HIV^{xliii}. Free condom distribution schemes remove financial barriers.
- Pre-exposure prophylaxis (PrEP) is a drug that reduces the risk of getting HIV^{xliv}.
- Post-exposure prophylaxis (PEP) is a treatment that can stop an HIV infection if taken quickly after a possible exposure to HIV^{xlv}.
- Social marketing campaigns, such as the **Do It London campaign**, have been effective at increasing HIV testing, increasing awareness of HIV prevention methods and reducing HIV stigma.

What is the local need?

People living with HIV (PLHIV)^{xlvi}

- Lambeth and Southwark have the highest number of people living with HIV in England.
- New HIV diagnoses are significantly higher in Lambeth and Southwark than the London average. In Bexley and Bromley the rate is significantly lower than the London average.

Late diagnoses of HIV

- Late diagnoses of HIV is a significant issue across LSLBB, with 34–48.3 per cent of diagnoses being made late. There are significant inequalities in heterosexual and Black African populations being more likely to be diagnosed late^{xlvii}.

PrEP uptake^{xlviii}

- Lambeth, Southwark and Lewisham have a higher proportion of HIV-negative individuals with estimated PrEP need who started or continued PrEP compared to England. Bexley and Bromley have a similar proportion to England.

Aims and outcomes

Our aim is to achieve zero new diagnoses, zero HIV-related stigma and zero deaths related to HIV. This means focusing on preventing HIV transmission, achieving early HIV diagnosis and ensuring that PLHIV can access local support to enable them to live healthy and fulfilling lives.

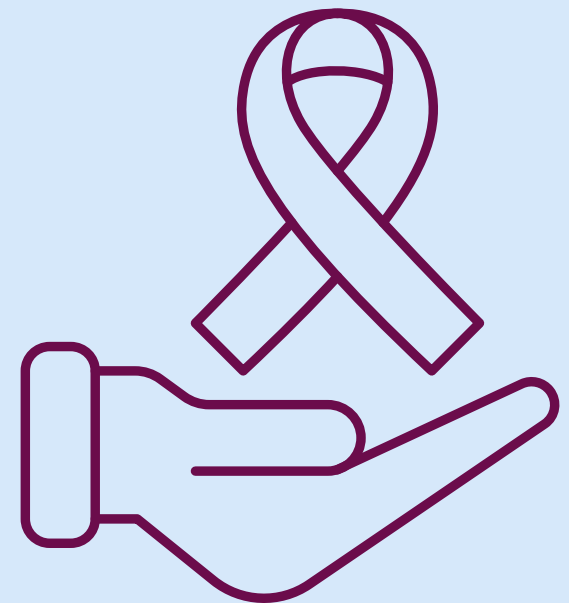
We want to:

- increase the number of people taking PrEP to reduce HIV transmissions
- increase the number of people using condoms to reduce HIV transmission
- improve people's knowledge of HIV so they can manage their HIV risk
- increase the number of people being regularly tested for HIV in a range of settings to identify PLHIV, reduce late diagnosis and prevent HIV transmission
- ensure people living with HIV are supported to access prompt HIV treatment
- reduce HIV stigma amongst residents and healthcare staff
- maintain the availability of STI and HIV online tests

What are we going to do?

With our SRH services, we will:

- work with our partners to reduce HIV stigma across different settings, including primary care, community settings and sexual health clinics.
- work with partners to reduce inequalities by increasing HIV testing and improving knowledge and access of PrEP amongst groups with a higher risk of HIV.
- work with our residents at a higher risk of HIV to deliver targeted HIV testing and prevention services.
- gain a better understanding of barriers to testing to reduce late HIV diagnosis.
- improve HIV knowledge and increase training for health care professionals.
- continue to support PLHIV to live well.



Governance

How the strategy will be managed

The South East London Sexual Health Improvement and Innovation Steering Group (SHIISG) will oversee the delivery of this strategy. This group includes representatives from the five local councils, sexual health service providers, primary care and community organisations.

The SHIISG will track progress, identify risks and challenges and report to the LSLBB Commissioning Board. The Board includes commissioners and public health team members from the five councils, a representative from the South East London Integrated Care Board (ICB) and a finance manager.

Action plan and local adoption

A clear action plan will guide the delivery of the strategy. Each borough will have its own version to reflect local needs, ensuring tailored approaches where necessary.

The SHIISG will regularly review progress using agreed measures and work with existing groups like the Clinical Advisory Group. When needed, smaller task and finish groups will be set up to focus on specific areas of the strategy.

Monitoring and accountability

We will use several different measures to understand our progress. Examples of indicators we will look at to measure progress against each of the four themes are outlined below. The monitoring and accountability for the strategy will follow each borough’s governance processes. This structure ensures clear oversight, local flexibility and transparency in delivering high-quality sexual health services across South East London.

Healthy relationships	Good reproductive health	Reducing the rate of sexually transmitted infections	Preventing and living well with HIV
Awareness of local sexual health services	Rate of prescribed LARC	Rates of gonorrhoea and other sexually transmitted infections	Uptake of PrEP
Number of referrals to support services	Percentage of subsequent abortions in under 25s	STI testing rates	HIV testing rates in non-typical settings

Glossary

ART | Antiretroviral therapy

BASHH | British Association for Sexual Health and HIV

Chemsex | Sex that occurs under the influence of particular drugs and specifically within the GBMSM community

EHC/EC | Emergency hormonal contraception / emergency contraception

FTC | HIV Fast-Track Cities initiative

GBMSM | Gay and bisexual men, and other men who have sex with men

GP | General practice

HIV | Human immunodeficiency virus

HPV | Human papillomavirus

HSV | Herpes simplex virus

LARC | Long-acting reversible contraception

LGBTQ+ | Lesbian, gay, bisexual, transgender and queer/questioning people

LSL | Lambeth, Southwark and Lewisham

LSLBB | Lambeth, Southwark, Lewisham, Bromley and Bexley

NHS | National Health Service

OC | Oral contraception

PID | Pelvic inflammatory disease

PEP | Post-exposure prophylaxis (for HIV)

PLHIV | People living with HIV

PrEP | Pre-exposure prophylaxis (for HIV)

PSHE | Personal, social, health and economic education

RSHE | Relationships, sex and health education

Sexual health | used interchangeably with sexual and reproductive health

SHISG | Sexual Health Improvement and Innovation Steering Group

SHL | London's sexual health e-service, 'Sexual Health London'

SRH | Sexual and reproductive health

STI | Sexually transmitted infection

TOP | Termination of pregnancy; abortion

UDM | User-dependent method (of contraception)

UK | United Kingdom

UKHSA | UK Health Security Agency

UNAIDS | Joint United Nations Programme on HIV and AIDS

U=U | Undetectable = untransmittable

VAWG | Violence Against Women and Girls

Women | In this strategy, the term 'women' encompasses both cis women and other people with uteri (e.g. trans men) that have sex with men.

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- South East London Sexual Health Improvement and Innovation Steering Group.
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