

Women and Equalities Committee

The prevalence of sexually transmitted infections in young people and other high risk groups: Government Response

Second Special Report of Session 2024–25

HC 865

Women and Equalities Committee

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Second Special Report

The Women and Equalities Committee published its Fifth Report of Session 2023–24, [The prevalence of sexually transmitted infections in young people and other high risk groups](#) (HC 463) on 26 March 2024. The Government response was received on 10 April 2025 and is appended below.

Appendix: Government Response

Introduction

The government welcomes the publication of the report ‘The prevalence of sexually transmitted infections (STIs) in young people and other high-risk groups’ by the Women and Equalities Select Committee on 26 March 2024. The report has provided insightful commentary clarifying what more can be done to address rising STIs, particularly in young people. We have carefully considered the recommendations set out in the report which are addressed below.

This government is committed to being honest about the challenges facing the health service and is serious about tackling them. We published an [independent review](#), led by Lord Darzi, which laid bare the true extent of the challenges facing our health service, giving us the frank assessment necessary to face these problems honestly and properly and do the hard work required to fix them. After 15 years of underfunding, the NHS is broken and will take time to fix, but we have made it our mission to build an NHS fit for the future. Ensuring good health of the population, is a government priority and our core objective is to shorten the amount of time spent in ill health and prevent premature deaths.

Lord Darzi’s report highlighted that prevention is better and cheaper than cure and that is why our Health Mission sets out a plan to shift away from a model geared towards late diagnosis and treatment, to one which focuses

on prevention and more services being delivered in local communities. Together with key system partners, such as the UK Health Security Agency (UKHSA), NHS England (NHSE), local government, service providers and clinical colleagues, we are working to support the delivery of robust sexual health services (SHSs), improve knowledge and information on prevention and testing, and monitor and respond to STI outbreaks.

As set out in the government's manifesto, we are committed to ending new HIV transmissions within England by 2030. The Department for Health and Social Care (DHSC), UKHSA, NHSE and a broad range of system partners, including professional bodies, local government, providers, community and voluntary sector partners and people with lived experience, are working together to develop a new HIV Action Plan to meet the 2030 goal, which we aim to publish in 2025. In particular, the new HIV Action Plan will have a key objective to stabilise and support system enablers, including the wider sexual and reproductive health system.

Ensuring equitable access and uptake of HIV prevention programmes and scaling up testing continues to be a key ambition. As part of the [previous HIV Action Plan](#), DHSC invested £4.5 million in the National HIV Prevention Programme (HPE) from 2022/23 to 2024/25, which runs the annual National HIV Testing Week (NHTW) and a summer sexual health campaign. The aim of HPE is to raise awareness of ways to prevent the spread of HIV and other STIs among the most affected communities, with a particular focus on young people and other at-risk populations. The government has recently agreed to extend the HPE programme, including the NHTW for 2025/26, backed by £1.5m funding.

Additionally, the Prime Minister confirmed on 28 November 2024 that £27 million additional funding had been identified for 2025/26 to expand the successful emergency department opt-out HIV testing programme. The existing opt-out testing programme has already helped to find thousands of cases of untreated or undiagnosed blood borne viruses including HIV. The additional funding will extend the programme to include a further 9 emergency departments with high HIV prevalence and will offer funding to the existing ~80 sites to continue opt-out testing until March 2026. This highlights the government's strong commitment to end new HIV transmissions within England by 2030.

We recognise the work being done by our local authority partners, who have managed to continue delivering high quality SHSs to their local populations while under considerable pressures, in line with their legal responsibilities. Funding for local government's public health responsibilities is an essential element of our commitment to invest in preventing ill health, promoting healthier lives and addressing health inequalities. In 2025/26 we are increasing funding through the ringfenced Public Health Grant,

and the 100% retained business rate arrangement for local authorities in Greater Manchester, to £3.858 billion. This is a cash increase of £198 million compared to 24/25, providing local government with an average 5.4% cash increase and 3.0% real terms increase. This represents a significant turning point for local health services, marking the biggest real-terms increase after nearly a decade of reduced spending (between 2016 and 2024). We are also protecting in cash terms 2024/25 levels of DHSC funding to local government for drug treatment, start for life and smoking. Overall, DHSC's investment in local government public health services is increasing in real terms. Subject to the spending review, we will aim to issue multi-year allocations from 2026/27 onwards to provide greater certainty to our local partners.

We also continue to support the delivery of local SHSs, providing guidance and data to support local decision makers through UKHSA and DHSC. To help address the increase in STIs, UKHSA published the [STI Prioritisation Framework](#) on 10 October 2024. The framework, combined with ongoing support from UKHSA, will enable local systems to identify which combination of STI interventions to focus on for which populations, informed by the local situation.

The [statutory relationships and sex education in all secondary schools](#) ensures that young people are educated on how STIs are transmitted and how risk can be reduced through safer sex (including condom use). The Department for Education (DfE) is currently reviewing the Relationships Sex and Health Education (RSHE) statutory guidance and will publish the analysis of the public consultation and the government's response to it in 2025.

We have carefully evaluated the committee's recommendations and have set out the government's response to each of them below. We thank you for your engagement in this important matter and will continue considering the suggested interventions as updated data becomes available.

SCREENING AND TREATMENT

Recommendation 1

The Government must radically increase the public health grant to local authorities to a level that allows sexual health services to operate effectively and meet local need. This must include the provision of face-to-face consultations to those who need them, within 48 hours, and universal access to free postal STI testing. Booking appointments and access to online testing should be made available via smartphone app. (Paragraph 30)

Response

Partially Accept

The government partially accepts this recommendation; we agree that there is a critical need to ensure sexual health services (SHS) operate effectively and meet local need.

The government recognises the pressures that local authorities are facing. Since 2010, the UK has experienced low productivity growth, rising debt levels and declining public service performance, which has contributed to the challenging fiscal and economic position that we have inherited. However, we understand the importance of ensuring we meet pressures on the local government Public Health funding. In 2025/26 we are increasing funding through the ringfenced Public Health Grant, and the 100% retained business rate arrangement for local authorities in Greater Manchester, to £3.858 billion. This is a cash increase of £198 million compared to 24/25, providing local government with an average 5.4% cash increase and 3.0% real terms increase. This represents a significant turning point for local health services, marking the biggest real-terms increase after nearly a decade of reduced spending (between 2016 and 2024). Subject to the spending review, we will aim to issue multi-year allocations from 2026/27 onwards to provide greater certainty to our local partners.

Local authorities are in the best position to understand the needs of the communities they serve, and are therefore responsible for commissioning comprehensive, open access SHSs to meet local demand. These include online and face to face provision of advice and interventions.

Overall, data indicates there was an increase in all attendances and consultations (face to face, telephone or online) at SHSs in England between 2022 and 2023 (up 5.0%, from 4.4m to 4.6m), with more face-to-face attendances (7.9% increase, from 2.1m in 2022 to 2.3m in 2023) and online consultations (7.5% increase, from 1.8m to 2.0m) accounting for the rise. However, these have still not recovered to pre pandemic levels and there is [evidence of inequality of use of online services](#).

The government is aware of the challenging broader sexual health landscape in which local services are operating and is committed to supporting them to deliver SHSs effectively. In March 2023, DHSC and UKHSA published the [Integrated Sexual Health Service Specification](#) to support local authorities in comprehensive commissioning of services and provide advice and guidance on managing STIs outbreaks. In response to the continued rise in STI diagnoses, UKHSA has led work to review our collective approach to controlling STIs with a focus on preventing adverse health outcomes and reducing health inequalities. As part of this work, UKHSA published the [STI Prioritisation Framework](#) on 10 October 2024. The framework, combined with ongoing support from UKHSA, will enable local systems to identify which combination of interventions to focus on

for which populations, informed by the local situation. We will continue working together with system partners to support local authorities in the delivery of SHSs.

Recommendation 2

Online providers of STI tests and treatment should be accredited by the relevant regulatory body, and regularly monitored on their performance against national clinical guidelines. In response to this Report, the Government should set out the steps it will take to ensure that all children who identify online as a safeguarding risk receive the support they need. (Paragraph 31)

Response

Partially accept

The government partially accepts this recommendation. We are committed to ensuring high quality, safe-to-use STI testing and as such, self-test online diagnostic STI tests that meet the definition of a medical device or In Vitro Diagnostic (IVD) must comply to the UK Medical Devices Regulations. They are therefore regulated by the relevant bodies who carefully monitor safeguarding risks for all users and ensure quality standards are met.

Whether sold online or in physical premises, licences for treatments for STIs are only granted by the Medicines and Healthcare products Regulatory Agency (MHRA) once applicable standards of safety, quality and efficacy (effectiveness) are met. As with any medicine, the MHRA keep the safety and effectiveness of medicines to treat STIs under close review. Although patient safeguarding is an absolute priority for MHRA, there is no separate process for child safeguarding. The market surveillance process through which MHRA regulates treatments, ensures that any safety concerns raised (whether by children or adults) will be picked up if they do arise.

The Care Quality Commission (CQC) is the regulator for health and social care services in England (there are different regulators for the other home nations). If an STI service (whether wholly online or with a face-to-face element) is based in England and is delivering one or more [regulated activity](#) to people in England, then the provider will need to register with CQC. For all services that they regulate, CQC can challenge poor care and drive improvement, including in the important area of safeguarding.

Providers of online STI services required to register with CQC must assure themselves and CQC that they have systems, processes, and adequate training to support staff in identifying and responding to child safeguarding risks and concerns. This must include a clear understanding of the legal framework pertaining to children of different ages and competence.

Safeguarding assessments, including the risks of sexual exploitation and abuse, must be completed before providers issue self-test kits to under-18s. Any risks identified should have a timely and appropriate safeguarding response, in line with internal policies, as well as those of the Local Safeguarding Children Partnership.

The CQC's single assessment framework has a specific quality statement around safeguarding, which describes what they can ask providers to demonstrate during regular assessments, for example:

- There is a strong understanding of safeguarding and how to take appropriate action.
- There are effective systems, processes and practices to make sure people are protected from abuse and neglect.
- There is a commitment to taking immediate action to keep people safe from abuse and neglect. This includes working with partners in a collaborative way.

For online services CQC pay particular attention to the way people who use services are identified online and to how issues of consent (for example, sharing information with other healthcare providers) are managed. Some online only providers of STI tests and treatments, however, may be out of scope of CQC regulation due to the way in which they are set up. For example, if they are not based in England and/or if they do not employ healthcare professionals currently listed as being in scope of TDDI.

The [National Institute for Health Care and Excellence's \(NICE\) guidance on Child Maltreatment](#) will be included as a link in the new internal CQC Safeguarding Guidance for CQC staff that is due to be published in February, alongside the updated Safeguarding Policy. However, the NICE guidance is not specifically referred to when evaluating safeguarding on inspection.

A European Conformity (CE) marking or UK Conformity Assessed (UKCA) marking is required to demonstrate conformity to current regulations. There are essential and regulatory requirements that must be met before self-test diagnostic tests are made available in the UK and a conformity assessment be undertaken by UK Approved Bodies or EU Notified Bodies.

Recommendation 3

The Government should make an assessment of the effect of repeated tendering of sexual health services on the adequacy of local SHS provision and its impact on the sexual health workforce. As part of that assessment the Government should consider whether public health grant settlements over a longer term would better support strategic service delivery. (Paragraph 35)

Response

Partially accept

The government partially accepts this recommendation. Subject to the upcoming Spending Review, we will aim to issue multi-year PHG allocations from 2026/27 to support strategic service delivery over the longer term. The Government is committed to supporting local areas to work in an integrated way to plan care across their communities. In 2025/26 we are increasing funding through the ringfenced Public Health Grant, and the 100% retained business rate arrangement for local authorities in Greater Manchester, to £3.858 billion. This is a cash increase of £198 million compared to 24/25, providing local government with an average 5.4% cash increase and 3.0% real terms increase. This represents a significant turning point for local health services, marking the biggest real-terms increase after nearly a decade of reduced spending (between 2016 and 2024).

There are already rules in place to improve tendering efficiency and reduce unnecessary competitive tendering for healthcare services at a local level, therefore no further assessment is planned at this stage.

On 1 January 2024, the Provider Selection Regime (PSR) was introduced, governing procurement of healthcare services and aimed at reducing unnecessary competitive tendering for healthcare services in England.

The PSR provides commissioners of healthcare services with greater flexibility to design and deliver well-coordinated systems to deliver more joined up care for patients and unlock opportunities to innovate through increased collaboration and integration of services. This includes continuing to promote the use of competitive tendering for healthcare services when this promotes efficiency and adds value for patients and the taxpayer.

As a relevant authority under the regime, local authorities have the discretion to consider applying the PSR for the procurement of healthcare services if they deem it appropriate. By giving commissioners greater flexibility with how to award or re-award a contract for healthcare services the PSR enables commissioners to give providers more certainty of their position in the system. This may enable longer-term investment in service improvement, improved staff retention (and morale), and unlock opportunities to enter effective partnerships and integrate services within the health and care system.

Having clarity over financial allocations is an important enabler of integrated working. In recent years, Public Health Grant allocations have been published in either February or March. To provide local government with greater certainty to plan ahead, subject to the upcoming spending review, we will aim to issue multi-year allocations from 2026/27.

Recommendations 4 and 13

The provision of sexual health services is fragmented across the health system and can be complex to navigate. The Government should work with providers and commissioners to improve collaboration across reproductive and sexual healthcare to ensure effective cross-system support for young people and other groups at greatest risk of contracting an STI. These measures should be underpinned by a wider national strategy on sexual health. (Paragraph 36)

The Government must ensure that the sexual healthcare system works more efficiently and effectively to arrest and reverse the trend in sexually transmitted infections. This will require longer term work to carefully consider how the different parts of the system can work together to achieve this. The Government should work with the British Association for Sexual Health and HIV, the Faculty of Sexual and Reproductive Health, NHS leaders, the Local Government Association and education bodies to develop the coherent, cross-sector strategy on sexual health it committed to in 2019. It is unacceptable that five years on, no progress has been made. Young people are at the start of their sexual journey. Such a strategy should begin by meeting their needs. (Paragraph 70)

Response

Partially accept

The government partially accepts this recommendation. Whilst we have inherited a fragmented health system, we are taking active measures and working collaboratively with system partners to ensure that those in need, particularly young people and high-risk groups, are able to access the necessary services.

DHSC, UKHSA, NHSE together with local government, the voluntary and community sector, and patients with lived experience, are working together to develop a new HIV Action Plan, which we aim to publish in 2025. This will lay out the pathways to our 2030 goal of ending HIV transmissions and include an objective to stabilise and support SRH system enablers, including improving collaboration and integration in the wider sexual and reproductive health system. We will continue to work with the system as a whole to support the wider SRH system so it works more effectively and to continue tackling the issues identified by the report.

Collaboration is at the core of our new HIV Action Plan, and we are therefore engaging a wide range of system partners in its development. Since September 2024, Professor Kevin Fenton, the Government's Chief

Advisor on HIV, has been hosting a series of engagement workshops with system partners, which will run until end of March 2025. This will help to ensure that our action plan addresses the system's main challenges.

The HIV Prevention England Programme (HPE), funded by DHSC and delivered by the Terrence Higgins Trust, will also lead engagement with the voluntary and community sector (VCS) in spring 2025 to ensure patients, their families, communities', and charities' views are adequately reflected in the plan.

We are also working with NHSE, UKHSA, the VCS on aligning the plan to existing commitments on women's health, work to develop a men's health strategy, the government's Health, Opportunities and Growth Missions and the forthcoming 10 Year Health Plan.

Women's health hubs provide integrated services in the community that are centered on meeting women's needs across the life course. Hubs address fragmentation in commissioning and service delivery, and screening and treatment for STIs, and HIV screening are core services for women's health hubs. As of December 2024, 39 out of 42 ICBs reported to NHS England that they had at least one women's health hub. The government encourages ICBs to work with local authorities to collaboratively commission services as they continue to establish and expand women's health hubs.

DHSC is also planning to work closely with Department for Culture, Media and Sport colleagues on the upcoming new National Youth Strategy.

Local authorities are responsible for commissioning open access SHSs. Dedicated SHSs play a key public health role in diagnosis, early treatment, and management of STIs. Individual local authorities are responsible for making funding and commissioning decisions, working with local partners including the NHS via integrated care systems, about the SHSs that best meet the needs of their local populations, including online and in-person provision. The government, however, continues to work closely together with local services by providing guidance and data through UKHSA and DHSC to support service delivery. In March 2023, DHSC and UKHSA published the [Integrated Sexual Health Service Specification](#) to support local authorities in comprehensive commissioning of services and provide advice and guidance on managing STI outbreaks.

UKHSA is also undertaking work in conjunction with stakeholders to identify the best use of existing and emerging interventions to address the increase in STIs through its [STI Prioritisation Framework](#), which was published in October 2024. It has also published a [Syphilis Action Plan](#) to address the increase in syphilis diagnosis in England, focusing on key interventions such

as targeted testing, partner notification and awareness raising. Other work includes informing STI prevention programmes such as the [National Chlamydia Screening Programme](#) delivered by local authorities.

The adolescent HPV immunisation Programme (run by NHSE and UKHSA) which offers vaccination to school aged children has had a huge impact on reducing genital warts in young adults as well as reducing cases of cervical cancer.

UKHSA has supported the Joint Committee on Vaccination and Immunisation (JCVI) in the development of their statements on vaccination for gonorrhoea and mpox. UKHSA and British Association for Sexual Health and HIV (BASHH) published a joint Position Statement on doxycycline post-exposure prophylaxis (doxyPEP, an intervention that could reduce the risk of syphilis) and are working with BASHH on developing the UK's first national guideline for the use of doxyPEP for the prevention of syphilis. UKHSA convenes multi-agency (including DHSC, NHSE and MHRA) vaccination programme boards to implement new vaccination programmes to prevent STIs, and, as part of the 2022 mpox outbreak response.

Recommendation 5

It is worrying that we are seeing antibiotic resistance to some STIs—particularly gonorrhoea, where the rate of diagnoses has reached record levels, and for which young people and other communities at greatest risk are most likely to experience drug resistance. In response to this Report the Government should set out the steps it is taking to develop new antibiotics for the treatment of gonorrhoea, shigella and mycoplasma genitalia, and other relevant STIs, including the level of funding it is providing to support that research. (Paragraph 39)

Response

Accept

The government accepts this recommendation. We are fully committed to tackling the threat of antimicrobial resistance (AMR) and acknowledge that AMR is a complex issue that requires comprehensive and coordinated action across all sectors domestically and internationally.

In January 2019, a [20-year Vision](#) stating that antimicrobial resistance will be contained, controlled, and mitigated by 2040 nationally and globally was published. In order to achieve this, it allocates specific global and national funding to progress research, innovation and partnerships.

Through the UK aid fund, Global Antimicrobial Resistance Innovation Fund (GAMRIF), the government supports research and development around the world to reduce the threat of antimicrobial resistance in low- and middle-

income countries; increase availability of AMR innovations; establish international research partnerships; and procure additional funding from other global donors. GAMRIF works to fight the growing threat of drug-resistant gonorrhoea, including having developed a novel first-in-class antibiotic, Zoliflodacin.

The government also funds research on antibiotics and AMR through the National Institute of Health and Care Research (NIHR), funded by DHSC, and UK Research and Innovation (UKRI), sponsored by the Department for Science Innovation and Technology (DSIT).

As the UK's largest public funder of research and innovation, UKRI has placed significant long-term investment into tackling the threat of antimicrobial resistance (AMR), as reflected in their strategy and individual council delivery plans for 2022–27. UKRI have provided continuous support for AMR programmes via individual councils' responsive mode funding schemes, targeted cross-council funding initiatives, and the Joint Programming Initiative on AMR (JPIAMR) through which UKRI has invested over £40m between 2015 and 2023.

UKRI continues to build new capability through an active £15m programme via their 'Tackling Infections' strategic theme, with eight [new AMR research networks](#) awarded £4.8m in 2024 addressing interdisciplinary AMR challenges and a £12m strategic call for programmatic investments in development for launch in 2025. We continue to support the PACE (Pathways to Antimicrobial Clinical Efficacy) initiative, a £30M, 5-year (2023–2028) UK-based programme funded by Innovate UK and LifeArc, delivered in partnership with the Medicines Discovery Catapult. PACE will support a new pipeline of high-quality antimicrobial drugs and associated diagnostics by providing innovative researchers in Academia and SMEs wrap-around support in the form of the funding, resources, partnerships, advice and expertise to accelerate early-stage antimicrobial drug and diagnostics.

Over the last five years, NIHR programme funding for AMR has totalled £88 million. The NIHR has recently launched a competition for a new round of Health Protection Research Units—partnerships between the UK Health Security Agency and academia—and will include multidisciplinary research to inform the prevention and control of AMR as well as blood borne and sexually transmitted infections. A total of up to £77 million is available for the NIHR HPRU scheme over a five-year period (starting 1st April 2025).

An overview of and NIHR and UKRI's investments, including total funding allocated, is in the public domain on their respective websites. Specific examples of UKRI-funded research relevant to the Inquiry can be found online via UKRI's [Gateway to Research](#) portal, for example underpinning research investments in [Shigella](#), [Gonorrhoea](#) and [Mycoplasma genitalium](#). NIHR funded projects can be found on the

[Funding and Awards website](#). For example, NIHR recently supported a randomised control trial of the antibiotic gentamicin as a [potential alternative to ceftriaxone in the treatment of gonorrhoea](#).

PREVENTION

Recommendation 6

Condomless sex is a key risk factor for STI acquisition, and changes in condom use have been widely reported. The Government must increase its promotion of the benefits of condom use, using a tailored approach to those groups at greatest risk of STI infection. There are innovative approaches being used to promote uptake in condom use such as the inclusion of condoms with STI testing kits. The Government should review the effectiveness of these schemes and consider the merits of supporting their rollout nationally. (Paragraph 43)

Response

Accept

The government accepts this recommendation. The government recognises the importance of condom usage. Work is being undertaken to highlight this as part of the development of the new HIV Action Plan and we are considering what more can be done to convey this important message.

UKHSA has provided subject matter expertise for the development of NICE's Reducing STIs Guideline; this guideline recommends [sex-positive approaches](#) to providing advice on the consistent and correct use of barrier methods, including providing external condoms in different sizes and textures, and internal condoms.

'Get Ready for a Hot Summer' is the summer campaign run by HPE, a cornerstone of the current [HIV Action Plan](#). The current version of HPE began in 2021 and has recently been extended for an additional year until March 2026 with £1.5m of funding. This multi-channel campaign focuses on raising awareness of why and how to prevent STIs including HIV. The campaign primarily targets key populations, such as gay and bisexual men and other men who have sex with men (GBMSM), heterosexuals of Black African ethnicity, young people and other populations at a higher risk of HIV and other STIs.

To support action, 20,000 condom packs containing condoms, lubrication sachets and campaign leaflets with further information on the importance of correct and consistent use of condoms are created for distribution during the campaign. During the last campaign in 2024, 10,000 were distributed at events and 10,000 were available to order online. The packs distributed at

events contained regular condoms while people online could choose from a range of options that included smaller, larger, latex free and more sensitive condoms.

Dedicated SHSs play a key public health role in prevention, diagnosis, early treatment and management of STIs, Individual local authorities are responsible for funding and commissioning decisions about the SHSs that best meet the needs of their local populations, including prevention campaigns and condom usage.

Recommendation 7

The Government should make funding available for public awareness campaigns focused on STI prevention among young people and other groups at high risk of infection in areas with the highest rates of sexually transmitted infections and where rates of diagnosis are rising fastest. The campaigns should be co-designed by those communities, should normalise discussion of sexual behaviour and be promoted in the online spaces where young people are currently turning to for advice. (Paragraph 46)

Response

Accept

The government accepts this recommendation.

Individual local authorities are responsible for funding and commissioning decisions about the SHSs that best meet the needs of their local populations, including prevention campaigns. Dedicated SHSs play a key public health role in prevention, diagnosis, early treatment and management of STIs.

The government also supports action by local areas through a number of national campaigns focusing in particular on high-risk populations. As part of the [previous HIV Action Plan](#), £4.5m was invested in HPE to raise awareness of ways to prevent the spread of HIV and other sexually transmitted infections among the most affected communities, including young people and black African populations. The government has recently agreed an extension to HPE for 2025/26, backed by £1.5m funding. HPE delivers the NHTW and the HIV and STI prevention summer campaigns, aimed at increasing knowledge and awareness and reducing stigma.

NHTW 2024 took place from 5–11 February 2024 and over 25,000 kits were ordered. DHSC covered the costs of the self-sampling and self-test kits for the period of the campaign. Work has also taken place with local partners, such as barber shops and hair salons to improve access for Black African populations. In 2024, orders from women from an ethnic minority

background formed 49% of the total orders of self-testing kits placed by women and orders of self-testing HIV kits among Black African women nearly doubled when compared with 2023 (491 in 2023 vs 928 in 2024). Similarly, there has also been an increase in the number of heterosexual women, disproportionality affected by HIV, who ordered self-testing kits, with 3345 orders in 2024 versus 2407 orders in 2023. Plans for NHTW 2025, which will take place from 10–16 February 2025, are currently underway.

HPE also run the summer campaign ‘Get Ready for a Hot Summer’. To support action, 20,000 condom packs containing condoms, lube sachets and campaign leaflets with further information on the importance of correct and consistent use of condoms were distributed during the campaign. In 2024, 10,000 packs were distributed at events and 10,000 were available to order online. During the campaign, local activation community partners (LAPs) deliver information and advice as well as point of care testing, targeting the most at risk communities, GBMSM and Black African heterosexuals as well as some other key ‘at-risk’ audiences (non-binary, trans people, sex workers, drug users and people in prisons). The activities sought to reduce risk behaviours and increase access to community-based testing as a ‘top-up’ to support existing locally provided services. During 2023/24 LAPs delivered:

- 16,623 information and advice interventions
- 2,706 HIV POCT tests, broken down by;
 - 1342 GBMSM individuals
 - 1131 Black African ethnicity individuals
 - 336 other key populations

of these, 6 reactives were found

The roll-out of [statutory relationships and sex education in all secondary schools](#) in 2020 ensures that young people are educated on how STIs are transmitted and how risk can be reduced through safer sex (including condom use). The Department for Education is currently reviewing the RSHE statutory guidance and will publish the analysis of the public consultation and the government’s response to it in 2025.

We are currently working with stakeholders and key delivery partners in the development of a new HIV Action Plan, which we aim to publish in 2025. As part of its development, we are exploring the interventions needed to ensure we achieve no new HIV transmissions within England by 2030, including how to raise awareness with key groups by aligning activity across the system.

Recommendations 8 and 9

The Government, Oak National Academy—the public body established in 2020 to provide teachers with online lesson plans and other resources—headteachers and Ofsted must place greater priority on RSE and ensuring it delivers the information and guidance that children need. The Government also needs to do more to make the positive case for sex education in schools, to help parents to see that sexually transmitted infection information is a safeguard rather than a threat. (Paragraph 55)

The Government should work with the NHS and Oak National Academy to improve the teaching of sex education, and the materials available to support it, to ensure it provides an effective response to the troubling increases in the prevalence of STIs among young people. The benefits of condom use should be a key part of the curriculum. As we have previously recommended, RSE should be taught up to the age of 18. (Paragraph 56)

Response

Partially Accept

The government partially accepts this recommendation.

DfE published teacher training modules in 2020 to support teachers to deliver the statutory curriculum, which are freely available on [GOV.UK](https://www.gov.uk). DfE is also currently reviewing the RSHE statutory guidance. It will analyse responses to the public consultation and engage with key stakeholders to look at the content on sexual relationships and sexual health. DfE will publish the analysis of the public consultation and the government's response to it in 2025. Oak National Academy provides adaptable, optional, and free support for schools, reducing teacher workload and enabling pupils to access a high-quality curriculum. The free support for schools includes lesson plans and resources across the full curriculum, including history, geography and citizenship. Some resources also include RSHE and the resources are available online at [Free, time-saving teacher resources | Oak National Academy](#). Oak National Academy is collaborating with Life Lessons Education, an independent body that supports schools to deliver RSHE, to develop the new primary relationships and health education and secondary relationships, sex and health curriculum. The materials will be available in full by Autumn 2025.

The quality of education provision in individual schools is looked at by Ofsted. RSHE provision is considered in context of the personal development judgement, which focuses on the development of pupils' character, confidence, resilience, independence, and knowledge. Inspectors make a

professional judgement on whether the school is providing appropriate and effective teaching in RSHE, including whether they adhere to the statutory guidance.

RSHE is currently taught to pupils registered in secondary education, including school 6th forms. It encourages post-16 settings to offer RSHE subjects, as appropriate, without a national curriculum. Instead, all 16–19 year olds in post-16 institutions follow study programmes that combine qualifications with other activities to help prepare them for adult life. RSHE is usually delivered by colleges as part of their personal development teaching; this is supported by non-qualification hours funding that covers a range of employment, enrichment and pastoral activities and is inspected by Ofsted.

The [16 to 19 study programmes guidance: 2024 to 2025 academic year](https://www.gov.uk/government/guidance/16-to-19-study-programmes-guidance-2024-to-2025-academic-year) - GOV.UK (www.gov.uk) encourages post-16 providers to support pupils to understand what healthy relationships look like, including sexual and reproductive health.

In early 2024, DfE looked into the Women and Equalities Select Committee's recommendation that compulsory RSHE is extended to young people across all post-16 educational settings. After talking to colleges and training providers they gained a good understanding of what is already being delivered and what making Relationships and Sex Education classes mandatory would involve for Further Education (FE) providers. Officials are working with the department's FE Student Support Champion, Polly Harrow, to develop effective practice tools that will enable every college to make a lasting impact with 16–18 year olds in RSHE sessions.

Recommendations 10

School nurses are a valuable resource. They are a trusted adult who children can turn to, they can pick up on safeguarding concerns, and trends in problems such as STI prevalence in a community. They can also direct children to sexual health services, reducing potential demand on hospital services and risks to long term health. In response to this Report the Government should set out plans to reverse the recent substantial and damaging reductions in the number of school nurses. (Paragraph 57)

Response

Partially accept

The government partially accepts this recommendation.

The school nursing workforce is fundamental to improving the health and wellbeing of families throughout the school years. School Nurses work with local stakeholders to help develop local care pathways and promote joined up working to support children aged 5–19. They utilise their clinical judgement and public health expertise to identify health needs early, determining potential risk, and providing early intervention to prevent issues escalating. A central part of the 10 Year Health Plan will be our workforce and how we ensure we train and provide the staff, technology and infrastructure the NHS needs to care for patients across our communities. ensure we have the staff we need, so that children, their carers, and their families are cared for by the right professional, including school nurses, when and where they need it.

Recommendation 11

The HPV vaccine is a remarkable step forwards in preventing HPV infection and the serious consequences that can result from it. It is a tragedy that not all children are receiving this vaccine. The Government must step up its efforts to increase take up of the HPV vaccine, including as a first step, by targeting the cohort of children who may have missed out on vaccination during the Covid-19 pandemic. Given the significant proportion of children who have not received the vaccine and the potential benefits the vaccine can have in treating HPV, we recommend that sexual health services be able to deliver the vaccine to all those who would benefit from receiving it. (Paragraph 62)

Response

Partially Accept

The Government partially accepts this recommendation, in so far as it relates to unvaccinated, eligible individuals who attend SHSs for other services.

Our ground-breaking Human Papillomavirus (HPV) vaccination programme is ensuring all young people across the country are better protected from a range of cancers including cervical cancer, regardless of where they live. To achieve our ambition to eliminate cervical cancer by 2040, the NHS needs to ensure as many people as possible are being vaccinated against HPV, which causes up to 99% of cervical cancers. To achieve this, the NHS is supporting health and care professionals to identify those who most need the vaccine, through targeted outreach and offering vaccinations in more convenient settings.

The priority for the HPV programme is to vaccinate adolescents before sexual debut. There is good evidence to support the effectiveness of this approach. By 2020, the prevalence of infection with HPV16/18 (the main

cancer-causing types) in 16–18 year old females who were offered vaccination at the age 12–13 had reduced to less than 1%, from around 17% before the vaccination programme was introduced. In 2023, the rate of genital warts diagnoses among 15–17-year-old girls was 50% lower compared to 2019 and a decline of 68% was seen in heterosexual boys of the same age over the same period.

There have been important changes to the HPV vaccination programme in recent years to maximise opportunities for children and young people to benefit from the vaccine. The extension of the programme to adolescent boys in 2019 has added more resilience to the programme against any short-term fluctuations in vaccine uptake, as occurred during Covid-19 pandemic. A range of activities have been undertaken since the pandemic to recover school aged vaccination services. School aged vaccination teams are working in line with their service specification to offer various catch-up initiatives to target unvaccinated individuals.

Following the latest advice from the Joint Committee on Vaccination and Immunisation (JCVI), the NHS recently updated its HPV vaccination programme to single dose instead of two doses for under 25s, except those who are immunosuppressed.

Currently, one dose of the vaccine is offered to all those in year 8 (aged 12 or 13 years) via the school aged immunisation service (the universal programme) with catch up opportunities until school leaving age in schools and in community clinic settings. Anyone eligible who has not received their one dose HPV vaccine can catch up until their 25th birthday via their GP practice. SHSs also offer an HPV vaccination programme for at-risk groups including gay, bisexual and other men who have sex with men.

In addition, although not a formally commissioned service, clinicians in specialist SHS clinics may use their clinical discretion to vaccinate eligible, unvaccinated individuals using national vaccine stock. This was confirmed in a letter to sexual health clinicians on 5th December 2024 and is in addition to existing routes through which the HPV vaccine is offered. This can help mitigate inequalities in vaccine uptake.

Further, NHSE has developed an HPV improvement plan to support regions and their commissioned providers to improve vaccine uptake. The plan will focus on ensuring equitable access, raising professional and public awareness, and enhanced digital capabilities via the implementation of an NHSE-owned digital tool to ensure an equitable offer of HPV vaccination as a school aged vaccination programme, a consistent approach across regions to improve the consent-gaining process, ease of contemporaneous recording, timely data capture and reporting.

NHSE's commitment and ambition to eliminating cervical cancer by 2040 strengthens collective efforts to improve HPV vaccine uptake to reach WHO recommended levels. The expectation is for all regions to achieve 90% HPV vaccine coverage for both males and females and this is supported by the quality standards and requirements of the school age service specification. The NHSE vaccine strategy also sets out initiatives and considerations to improve the way vaccination services are delivered. Digital enhancements are key to support the way people can book appointments, access vaccination services and view their immunisation history via the NHS App. There will also be further developments made by local systems to manage the delivery of vaccination programmes including HPV, focusing on commissioning services to meet the needs of the local population, addressing inequalities and improving access to services.

The HPV vaccination programme has so far led to a substantially reduced incidence in cervical cancers for those vaccinated when compared to previous generations.

Recommendation 12

In light of the increases in chlamydia diagnoses, the Government should review whether the shift in focus of the National Chlamydia Screening Programme to restricting the offer of opportunistic screening to young women has been effective. (Paragraph 65)

Response

Accept

The Government accepts this recommendation. UKHSA is monitoring the reproductive harms of untreated chlamydia in order to assess the effectiveness of the National Chlamydia Screening Programme (NCSP). However, at the time of writing this response, insufficient time has elapsed since the change in policy to evaluate any impact of this change on the effectiveness of the NCSP.

The change to the NCSP was the result of an external expert review of the evidence for chlamydia control, that commenced in 2017. Reviewing the evidence informing public health programmes is good practice and this change will mean the programme is better able to maximise health benefits. As a result, the aim of the programme changed to focus on reducing the harms from untreated chlamydia in 2021. The harmful effects of chlamydia occur predominantly in women so the offer of opportunistic screening for asymptomatic chlamydia is only for young women under the revised programme policy; combined with improved time to treatment, partner notification and retesting of those who test positive.

The change to the screening programme did not change the offer of STI testing from SHSs. All young people, irrespective of gender, are still able to access chlamydia tests at SHSs. The change in programme policy underwent a detailed Public Sector Equality Duty Assessment. The recent increases in chlamydia diagnoses following the lifting of Covid-19 restrictions, are likely unrelated to the policy change regarding opportunistic asymptomatic screening; other STIs have also increased in young people.

UKHSA is monitoring the reproductive harms of chlamydia in order to assess the effectiveness of the NCSP.