

# SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	<b>Adult Social Care and Public Health</b>
<b>Service Area</b>	<b>Commissioning</b>
<b>Service/policy/function being assessed</b>	<b>Sexual Health Community-based Aligned Services</b>
<b>Which borough (s) does the service/policy apply to</b>	<b>Richmond</b>
<b>Staff involved</b>	<b>Lea Siba- Senior Commissioning Manager Julien Hersh- Sexual Health Commissioning Officer</b>
<b>Date approved by Directorate Equality Group (if applicable)</b>	<b>N/A</b>
<b>Date approved by Policy and Review Manager</b> All EINAs must be signed off by the Policy and Review Manager	<b>21st December 2021</b>

## SUMMARY

The London Boroughs of Richmond upon Thames, Wandsworth, Merton, Sutton, Croydon and Royal Borough of Kingston upon Thames are proposing to jointly commission a South West London (SWL) Sexual Health and HIV Prevention Service for High-Risk Groups. The aim of this service is to achieve economies of scale and improve access to sexual health and HIV prevention services for high-risk groups sector wide.

This new service will incorporate existing Richmond services for young people and people living with HIV, as well as implementing a new service for sex workers. This EINA has found that, within the existing services, there are significant gaps in monitoring of the uptake of services by people with some protected characteristics, in particular people with disabilities and Trans\* people.

### Potential positive impacts are that the new contract will:

- Include a requirement to ensure robust data capture of equalities characteristics.
- Enable an enhanced service offer through more targeted interventions for high-risk groups.
- As the aim of this contract is to update and enhance the existing offer for high-risk groups, people within the most high need age group (15–24-year-olds), gender (men), sexual orientation (men who have sex with men), alongside people from Black, Asian and Minority Ethnic Groups, as well as people with learning disabilities, will all receive an improved service offer.
- As a sexual health and HIV prevention service, best practice dictates that it will be delivered in recognition of gender identity, sexual orientation, pregnancy, maternity and marital/civil partnership status being relevant components of good sexual and relationship wellbeing. As it includes objectives to educate stakeholders, it will also improve knowledge of gender identity and sexual orientation across the wider sector.

### There are concerns that:

- During the transition period, between the termination of the existing service and the start of the new contract, some services may be temporarily unavailable to service users which could negatively impact groups who rely on the service or support.
- The change in service model may temporarily act as a barrier to some service users, as they may be unable to navigate through the new system.
- Some high-risk groups may experience sexual health fatigue as they are frequently targeted for health improvement and behaviour change initiatives.

**Mitigations for the above are:**

- Commissioners will ensure that the incumbent provider shares existing knowledge and resources (established and pre-existing relationships with local organisations and key contact details) with the new provider(s) to streamline the transition and avoid any disruption to services.
- The service model will ensure that service users have a choice on how and where they receive/access to care (in person, online, outreach, hybrid model).
- The specification will include a requirement to test and implement innovative methods of reaching high risk groups and supporting them to improve/maintain good sexual and relationship wellbeing.

**1. Background**

Currently Richmond's sexual and reproductive health services are delivered through the Integrated Sexual Health (ISH) service which is co-commissioned across Wandsworth, Richmond and Merton. This includes a core clinical element, delivered by Central London Community Healthcare NHS Trust (CLCH), and aligned community-based services which provide targeted interventions for vulnerable groups, delivered by subcontractors Spectra and METRO as follows:

- National Chlamydia Screening Programme (NCSP) Delivery and Operational Leadership (Merton, Richmond, Wandsworth – a service for ages 15-24)
- Operational Management of the Condom Distribution Scheme (Richmond, Wandsworth – a service for ages 24 and under)
- Care and Support Services for People Living with HIV (Wandsworth)
- Sexual Health Outreach, Prevention and Management (Wandsworth – includes a bespoke service element for boys and young men)
- Young People Outreach Specific Services (Merton)

The Councils and CLCH have agreed that the aligned services will be removed from the ISH contract and re-commissioned separately from 1<sup>st</sup> October 2022. A separate contract for HIV Prevention and Support in Richmond is commissioned in partnership with Sutton, Merton and Kingston, with Kingston acting as contract lead. This contract co-terminates on 30<sup>th</sup> September 2022. Rather than procuring the aligned community-based outreach services and SWL HIV Prevention and Support services separately, SWL commissioners are seeking to bring these services together under one SWL-wide contract for high-risk groups.

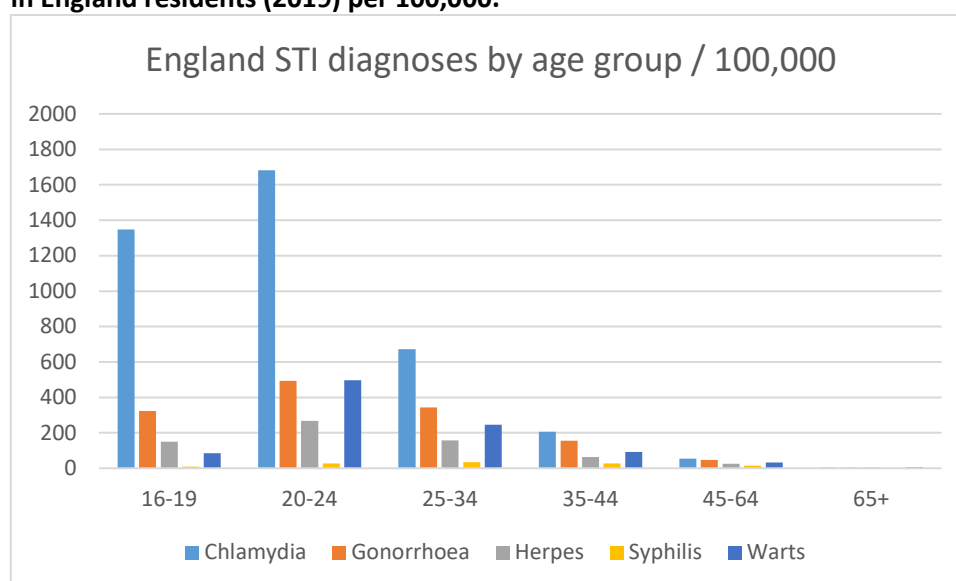
The Covid-19 pandemic has exacerbated issues around service access and, while its ongoing impact remains unknown, there is a need to understand high-risk population groups better, be reactive to their needs, and maximise opportunities to support them to achieve good sexual health. The new service will include the following service elements:

- Young People aged 24 and under (Richmond, Wandsworth, Merton, Kingston) – This will incorporate and update the existing ISH aligned services for young people.
- HIV Prevention and Support (Richmond, Wandsworth, Kingston, Sutton Merton) – This will continue the successful HIV prevention and support service offer.
- Sex Worker Support Service (Richmond, Wandsworth) – A new service in line with a Richmond and Wandsworth Needs Assessment currently underway.
- Sexual Health Outreach, Prevention and Engagement (Wandsworth, Kingston, Merton) – A service which focuses on partnership work with teams/organisations already working with other high-risk groups to maximise opportunities for access and engagement.

2. Analysis of need and impact

Protected group	Findings																																																																						
Age	<p>The young people’s sexual health services in scope focus support on people aged 15 to 24, with support for 13 and 14 year olds available under additional safeguarding guidelines. All other services in scope are available to anyone aged 16+, with additional safeguarding guidelines in place for people aged 13-15.</p> <p><b>Table 1: Attendance of Richmond residents at sexual health services (2019/20).</b> N.B. People aged &lt;15 and &gt;64 form less than 1% of attendances.</p> <table><tr><th></th><th colspan="2">Richmond Population Estimate (2020)</th><th colspan="2">Richmond Service Users at Local Sexual Health Services</th></tr><tr><th>Age</th><th>No.</th><th>% of 15-64 yr old population</th><th>No.</th><th>%</th></tr><tr><td>15-24</td><td>18,731</td><td>14.5%</td><td>4,302</td><td>33%</td></tr><tr><td>25-64</td><td>110,629</td><td>85.5%</td><td>8,846</td><td>67%</td></tr></table> <p>Source: GUMCAD</p> <p><b>Table 2: Richmond Chlamydia Detection rate / 100,000 aged 15-24</b></p> <table><tr><th>Year</th><th>Richmond</th><th>London</th><th>England</th></tr><tr><td>2019</td><td>1,857</td><td>2,831</td><td>2,050</td></tr></table> <p>Source: GUMCAD</p> <p><b>Graph 1: The age distribution of all STI diagnoses (chlamydia, gonorrhoea, herpes, syphilis and warts) in Richmond residents (2019) per 100,000 population.</b></p> <div><p>Richmond STI diagnoses by age group / 100,000</p><table><caption>Richmond STI diagnoses by age group / 100,000 (Estimated Data)</caption><tr><th>Age Group</th><th>Chlamydia</th><th>Gonorrhoea</th><th>Herpes</th><th>Syphilis</th><th>Warts</th></tr><tr><td>16-19</td><td>1,000</td><td>200</td><td>150</td><td>50</td><td>150</td></tr><tr><td>20-24</td><td>2,000</td><td>500</td><td>550</td><td>50</td><td>950</td></tr><tr><td>25-34</td><td>650</td><td>350</td><td>250</td><td>50</td><td>350</td></tr><tr><td>35-44</td><td>200</td><td>150</td><td>100</td><td>50</td><td>100</td></tr><tr><td>45-64</td><td>100</td><td>100</td><td>50</td><td>50</td><td>50</td></tr><tr><td>65+</td><td>50</td><td>50</td><td>50</td><td>50</td><td>50</td></tr></table></div> <p>Source: GUMCAD</p>		Richmond Population Estimate (2020)		Richmond Service Users at Local Sexual Health Services		Age	No.	% of 15-64 yr old population	No.	%	15-24	18,731	14.5%	4,302	33%	25-64	110,629	85.5%	8,846	67%	Year	Richmond	London	England	2019	1,857	2,831	2,050	Age Group	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	16-19	1,000	200	150	50	150	20-24	2,000	500	550	50	950	25-34	650	350	250	50	350	35-44	200	150	100	50	100	45-64	100	100	50	50	50	65+	50	50	50	50	50
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**Graph 2: The age distribution of all STI diagnoses (chlamydia, gonorrhoea, herpes, syphilis and warts) in England residents (2019) per 100,000.**



Source: GUMCAD

### Analysis:

#### Young People

- Young people (YP) are a high-risk group and need targeted interventions. Table 1 highlights that roughly double the proportion of 15-24 year olds access services than the proportion of young people in the general population. This indicates a higher level of need for education around good sexual wellbeing and support with access to services and is in line with national data.
- As shown in Graph 2, chlamydia remains the most common STI in the under 25s which can be explained by the asymptomatic nature of the infection and the frequent changing of partners within this cohort.
- Table 2 shows that the chlamydia detection rate is lower in Richmond than in London and England, which has been consistent since the launch of the NCSP in 2008.
- Interventions that are specifically targeted at young people are likely to have eventual benefits for all population groups by promoting sustained improvements in sexual health awareness and behaviours.

#### STI Prevalence

- Graph 1 shows that the prevalence of most Sexually Transmitted Infections (STIs) peaks within the 20-24 age group and then declines with age, which is consistent with the national data (Graph 2).
- The sole exception to this pattern is syphilis, for which prevalence peaks in the 35-44 age range in Richmond (25-34 age range nationally), although overall numbers are small.

#### HIV Prevention & Support

- The age of people living with HIV is increasing due to antiretroviral medication enabling people to live longer healthier lives. More than two in five people accessing HIV care in the UK in 2019 were aged 50 or over (41,855 - 42.4%).<sup>1</sup> For the first time since 2010 the number of people living with HIV aged 50 and over matches that of the 35-49 years age group (41,832 - 42.4%).<sup>2</sup> The new service model is designed to be reactive to service user needs; this will include tailoring HIV support to older age groups who may experience complications due to age-related comorbidities.

<sup>1</sup> National AIDS Trust. HIV in the UK Statistics (2019)

<sup>2</sup> National AIDS Trust. HIV in the UK Statistics (2019)

Disability	<p><b>1) Disabilities and sexual health</b></p> <p>While our providers collect demographic information, we have limited data on people using the service who have physical and/or learning disabilities as often either service users choose not to record their status or it may be omitted by the provider during data gathering. The services are, nevertheless, fully accessible to people with disabilities and will continue to be under the new contract.</p> <p>It is assumed that the majority of the adult population in England are sexually active, which includes people with learning disabilities. It is well documented that people with learning disabilities have a more limited and incomplete understanding of sexual health compared to the general population,<sup>3</sup> which puts them at higher risk of acquiring STIs and unplanned pregnancies. Furthermore, it is believed that people with learning disabilities may have limited access to sexual and reproductive health clinics <sup>4</sup> which can severely impede their ability to access good quality sexual health information and services.</p> <p><b>2) People with mental health issues and sexual health</b></p> <p><b>Table 1: Estimated prevalence of common mental disorders: % of population aged 16 &amp; over</b></p> <table><tr><th>Year</th><th>Count</th><th>Richmond %</th><th>London%</th><th>England %</th></tr><tr><td>2017</td><td>20,430</td><td>13.2</td><td>19.3</td><td>16.9</td></tr></table> <p>Source: Fingertips</p> <p><b>Analysis:</b></p> <ul style="list-style-type: none"><li>• In 2017, the estimated prevalence of common mental health disorders (anxiety or depression) amongst Richmond residents aged 16 and over was 13.2% (see Table 2) which is lower than the rest of England and London. A recent UK study <sup>5</sup>has shown that individuals receiving treatment for mental health issues, such as depression, were significantly more likely to engage in risky sexual behaviors (condomless sex with multiple partners) compared with individuals with no symptoms or not undergoing treatment for depression or anxiety.</li><li>• Whilst our current sexual health providers collect demographic information on clients attending the services, we do not have robust data on clients with disabilities. A new coding system to capture more meaningful information on people with disabilities will be discussed with the new provider and embedded into the updated patient demographic recording template. We will use the new information to better support people with disabilities and facilitate their access to sexual health services.</li><li>• A review of sexual health service access for high-risk groups in Richmond and Wandsworth concluded that improved support for people with both learning disabilities and mental health issues could be best achieved through targeted work with specialist organisations directly supporting these residents.</li></ul>	Year	Count	Richmond %	London%	England %	2017	20,430	13.2	19.3	16.9										
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<sup>3</sup> Sexual Health Information (2010) Sexual Health and people with learning difficulties factsheet.

<sup>4</sup> Department of Health (2001). Valuing People: A New Strategy for Learning Disability for 21<sup>st</sup> century.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/250877/5086.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf)

<sup>5</sup> Coyle, RM et al. Association of depression and anxiety symptoms with sexual behaviours in women and heterosexual men attending sexual health clinics: a cross-sectional study. BMJ: 95:4 (2018)

**Table 2: STI diagnosed by gender (all ages) amongst Richmond Residents (2019)**

	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total
Male	277 (56%)	178 (82%)	44 (29%)	35 (95%)	127 (57%)	661 (59%)
Female	219 (44%)	38 (18%)	107 (71%)	2 (5%)	97 (43%)	463 (41%)
Total	496	216	151	37	224	1,124

Source: GUMCAD and DataRich

**Table 3: STI diagnosed by gender (all ages) amongst England Residents (2019)**

	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total
Male	84,055 (51%)	50,640 (73%)	11,842 (35%)	7,157 (91%)	28,984 (58%)	182,678 (56%)
Female	81,996 (49%)	18,784 (27%)	21,751 (65%)	668 (9%)	20,723 (42%)	143,922 (44%)
Total	166,051	69,424	33,593	7,825	49,707	326,600

Source: GUMCAD

**2) NCSP data from METRO charity:****Table 4: NCSP data by gender:**Richmond January 1<sup>st</sup> to December 31<sup>st</sup>, 2019

	Positives	Total Tests
Male	131 (10%)	1,299
Female	202 (6%)	3,401
Totals	<b>333</b>	<b>4,700</b>

Source: GUMCAD

**Analysis:****STI Prevalence**

- In 2019, the majority of STIs diagnosed in Richmond (59%) were in men which is similar to the percentage for England as whole (Table 1&2).
- Aside from herpes, men accounted for the majority of the most common STIs (chlamydia, gonorrhoea, syphilis, and warts).
- Looking specifically at the 16-24 age group, however, the majority of diagnosed STIs were found in females (57% in Richmond and 58% in England). <sup>6</sup>

**Service Use**

- The overall attendance figures (table 1) show that the majority of clients attending sexual health services are female. Considering STIs are more prevalent in men, this highlights a need for continued provision of community-based outreach which educates men about sexual wellbeing and signposting to services.
- The online STI service remains an important and popular tool for both male and female Richmond residents, which stresses the importance of providing service users with multiple testing platforms to choose from to encourage regular STI testing.

**HIV Prevention & Support**<sup>6</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

	<ul style="list-style-type: none"><li>Of the 10 new HIV diagnoses in Richmond in 2019, 9 occurred in men<sup>7</sup>, with over half happening in men who have sex with men (MSM)<sup>8</sup>. This reflects national data and forms the basis for existing HIV Prevention and Support services to emphasise support on this population group. However, 25% of Richmond residents accessing HIV-care in 2019 were women<sup>9</sup>, highlighting that women are also a priority group for HIV support A key component of HIV services is tackling stigma, which includes support for women who may not easily view HIV support services as accessible to them.</li></ul>																																																							
Gender reassignment	There is no relevant routine national monitoring data for gender reassignment status. Our sexual health providers only collect rudimentary data on clients’ sexual orientation. However, commissioners are aware that transgender people are at higher risk of contracting HIV and STIs compared to the general population and are subject to stigma and transphobia which may prevent them from accessing sexual health services. Therefore, a discussion will occur between commissioners and the new service provider(s) to establish the best way to gather meaningful data on this population and to facilitate their access to sexual health services. This will be implemented in regular data monitoring and service delivery.																																																							
Marriage and civil partnership	There is no relevant routine national monitoring data for marriage/civil partnership status. Commissioners are nevertheless aware that marriage and civil partnership statuses may influence people’s sexual behaviours and the new service specification will ensure that provider(s) are mindful of this whilst delivering the services.																																																							
Pregnancy and maternity	The services in scope are sensitive to the fact that pregnant women and those with young children may potentially experience more complex issues and require additional support. Any service users in this position will have access to counselling and peer support, and pathways will be in place for support with wider issues such as access to benefits.																																																							
Race/ethnicity	<table><tr><th colspan="5">Table 1: Sexual Health clinic attendance by ethnicity (2019)</th></tr><tr><th></th><th colspan="2">Richmond Population by Ethnicity (2020)</th><th colspan="2">Richmond Service Users at Local Sexual Health Services</th></tr><tr><th></th><th>No.</th><th>%</th><th>No.</th><th>%</th></tr><tr><td>White including White Other</td><td>169,104</td><td>83.8%</td><td>9,878</td><td>73.8%</td></tr><tr><td>Black African</td><td>1,964</td><td>1.0%</td><td>302</td><td>2.3%</td></tr><tr><td>Black Caribbean</td><td>1,112</td><td>0.6%</td><td>149</td><td>1.1%</td></tr><tr><td>Black Other</td><td>329</td><td>0.2%</td><td>89</td><td>0.7%</td></tr><tr><td>Asian</td><td>15,461</td><td>7.7%</td><td>589</td><td>4.4%</td></tr><tr><td>Mixed/Multiple ethnic group</td><td>8,129</td><td>4.0%</td><td>677</td><td>5.1%</td></tr><tr><td>Other ethnic groups</td><td>5,612</td><td>2.8%</td><td>1,705</td><td>12.7%</td></tr><tr><td>TOTAL</td><td>201,711</td><td>100%</td><td>13,389</td><td>100%</td></tr></table> <p>Source: GUMCAD</p>	Table 1: Sexual Health clinic attendance by ethnicity (2019)						Richmond Population by Ethnicity (2020)		Richmond Service Users at Local Sexual Health Services			No.	%	No.	%	White including White Other	169,104	83.8%	9,878	73.8%	Black African	1,964	1.0%	302	2.3%	Black Caribbean	1,112	0.6%	149	1.1%	Black Other	329	0.2%	89	0.7%	Asian	15,461	7.7%	589	4.4%	Mixed/Multiple ethnic group	8,129	4.0%	677	5.1%	Other ethnic groups	5,612	2.8%	1,705	12.7%	TOTAL	201,711	100%	13,389	100%
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<sup>7</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

<sup>8</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

<sup>9</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

**Analysis:****STIs**

- It is well documented that individuals from Black, Asian and Minority Ethnic groups experience significantly worse sexual health outcomes compared to the general population. Indeed, according to Public Health England (PHE), the rates of chlamydia and gonorrhoea are three times higher in people from these communities compared with the national average.<sup>10</sup>
- The barriers to sexual health services amongst Black, Asian and Ethnic Minority Groups are currently being studied by the Sexual Health Commissioning team in partnership with the Council's Public Health team and the findings will be included in the specification and guide future interventions.

**HIV**

- In 2019, PHE reported that Black Africans were one of the three population groups disproportionately at risk of HIV. 18% of all new HIV diagnoses in 2019 were from Black African groups with 47% of all cases diagnosed at a late stage<sup>11</sup>. Richmond is now classed as a high prevalence area for HIV, with a rate of 2.45/1,000 people aged 15-59 years, compared to 5.65/1,000 in London and 2.40 in the rest of England.<sup>12</sup>
- The vast majority of people living with HIV in Richmond are from a white background<sup>13</sup>; however, the proportion (66%) is still lower than Richmond's overall white population (84%<sup>14</sup>), indicating a disproportionately higher prevalence amongst people from Black, Asian and Minority Ethnic Groups in line with the national picture.
- If we look specifically at minority groups, we can see that Black African and Black Caribbean groups are most affected by HIV. This is consistent with findings from PHE. Moreover, the number of people living with HIV in Richmond across different ethnic groups has remained fairly consistent between 2015 and 2019 which means that the groups highlighted above remain priority groups and will benefit from continuation of the successful existing HIV Prevention and Support services.

**Religion and belief, including non belief**

Information on faith is not systematically collected but all providers are required to operate within the Equalities Act 2010.

**Sexual orientation****Table 1: Number of STI diagnoses by sexual orientation**

	Richmond Service Users at Local Sexual Health Services			
	No.		%	
	Male	Female	Male	Female
Heterosexual	332	440	50.2%	95.0%
Homosexual	278	2	42.1%	0.4%
Bisexual	26	7	3.9%	1.5%
Not Given	25	14	3.8%	3.0%
Total	661	463	100%	100%

Source: GUMCAD

**Table 2: HIV diagnosed prevalence rate / 1,000 aged 15-59**

Year	Richmond	London	England
2019	2.45	5.60	2.39

<sup>10</sup> Sexually transmitted infections of chlamydia screening in England, 2015

<sup>11</sup> Public Health England (2019). Trends in HIV Testing, new diagnoses and people receiving HIV-related care in the United Kingdom: data to end of December 2019

<sup>12</sup> Public Health England (2019). Fingertips

<sup>13</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

<sup>14</sup> Richmond Borough Data (2019) Data



	<p>Source: Fingertips</p> <p><b>Analysis:</b></p> <p><b><u>STIs</u></b></p> <ul style="list-style-type: none"><li>• Table 1 shows that the majority of STI diagnoses occurred within heterosexual groups which is consistent with Richmond and national data.</li><li>• In men, 42.1<sup>15</sup>% of new STIs were among gay, bisexual and other men who have sex with men (MSM) which is slightly higher than the percentage in England (36.4%). The most common STIs among MSM in Richmond has been gonorrhoea which is consistent with the rest of England.<sup>16</sup></li></ul> <p><b><u>HIV</u></b></p> <ul style="list-style-type: none"><li>• Sex between men is the most common route for HIV transmission<sup>17</sup>.</li><li>• In 2019, PHE reported that gay and bisexual men, among other groups, were one of the three population groups disproportionately at risk of HIV.<sup>18</sup> The same year, there were approximately 4,139 people diagnosed with HIV in the UK, of which 41.4 % were MSM<sup>19</sup>. Recent figures bring the total number of people living with the virus to approximately 105,200 of which almost half are MSM.<sup>20</sup></li><li>• Late diagnosis is the most important predictor of HIV related morbidity and short-term mortality and is a key component of evaluating the success of HIV testing efforts. 37.5.% of MSM in Richmond were diagnosed at a late stage of infection which is slightly lower than the figure within heterosexual men (42.9%)<sup>21</sup>.</li></ul>								
<b>Across groups i.e older LGBT service users or bme young men</b>	<p><b><u>Older MSM</u></b></p> <p>Older MSM continue to be at risk of STIs/HIV and require equal access to sexual health services. Table 1 clearly shows that a small number of older MSM attended the main ISH clinic in 2019/2020 for various sexual health interventions. However, stigma and discrimination continue to be important barriers to sexual health services for this group and therefore commissioners will work with the new provider(s) to address and tackle these barriers to facilitate access to sexual health services for this group.</p> <p><b>Table 1: Richmond MSM Residents aged 65+ ISH Attendance 2019/2020</b></p> <table><tr><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>17</td><td>28</td><td>19</td><td>16</td></tr></table> <p>Source: ISH Quarterly report</p>	Q1	Q2	Q3	Q4	17	28	19	16
Q1	Q2	Q3	Q4						
17	28	19	16						

### 3) Data gaps.

Data gap(s)	How will this be addressed?
People with disabilities. Clearer information is needed regarding the number of people with disabilities attending sexual health services in the borough.	The new service provider(s) will be asked to evidence in the tender how they will record, collect and code patient demographic information accurately, including minimising instances of 'unknowns' and, e.g., providing more granular options to avoid the catch-all category of 'other'.
Gender reassignment. Clearer and more accurate information is needed regarding the number of Trans* clients utilising the sexual health services in the borough.	

<sup>15</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

<sup>16</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

<sup>17</sup> UK Health Security Agency. HIV/STI Data Exchange Portal (2019)

<sup>18</sup> Public Health England (2019). Trends in HIV Testing, new diagnoses and people receiving HIV-related care in the United Kingdom: data to end of December 2019

<sup>19</sup> National AIDS Trust. HIV in the UK Statistics (2019)

<sup>20</sup> National AIDS Trust. HIV in the UK Statistics (2019)

<sup>21</sup> Public Health England(2019) Fingertips

#### 4. Impact

Protected group	Positive	Negative
<b>Age</b>	<p>The new service will supersede traditional condom distribution and chlamydia screening services in order to provide more holistic sexual health support for YP and a greater focus on high-risk YP. Moreover, the service is expected to revolutionise the way young people receive support and information on good sexual health and relationships, through best use of digital technology, working in close partnership with youth teams/organisations, and using innovative methods to effectively reach the most high-risk YP.</p> <p>The HIV prevention and support service will be better tailored to older age groups who may experience complications due to age-related comorbidities.</p>	<p>There may be a transition period between the termination of the existing service and the start of the new one. During this time, there could be a temporary suspension of services, which could negatively impact people who rely on the service for support.</p> <p>To mitigate the risk, commissioners will ensure that existing knowledge and resources (established and pre-existing relationships with local organisations and key contact details) are shared between the new and incumbent provider to streamline the transition and avoid any lengthy disruptions to services. Furthermore, commissioners will allow sufficient mobilisation time between the contract award and commencement.</p>
<b>Disability</b>	<p>The new enhanced service will centre around joint working with teams/organisations already working with different groups through collaborative outreach and upskilling of staff. For example, specialist sexual health professionals will go out to colleges/supported housing/centres to provide sexual and reproductive health support/education to people who otherwise would have trouble accessing the services. Discussions with commissioners of mental health and learning disability support services have already commenced in anticipation of enhanced partnership work being built into the new service where appropriate.</p>	<p>While the shift in the way services are delivered may benefit some people with disabilities, others may struggle with the new ways of accessing care and therefore may temporarily not receive the care and support they require.</p> <p>Commissioners will ensure that clients have a choice in how they receive/access care, and that feedback is regularly sought both from service users and target groups yet to access support, in order to inform future provision. The service will offer a mix of online and in-person services with a view to enabling people with disabilities to access services in a way which is convenient to them.</p>
<b>Sex</b>	<p>Entry into services are based on needs not gender. All people, regardless of gender, will receive the appropriate level of sexual and reproductive health care and support.</p> <p>The recommissioning of the service provides the opportunity to ensure that any gender specific needs are addressed within the specification. This will include tackling stigma related to women accessing HIV prevention services.</p> <p>The updated YP service will include upskilling of professionals around gender identity.</p>	<p>There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender.</p>

<b>Gender reassignment</b>	The new service will aim to continue to meet the needs of Trans* people, and reduce the health inequalities they face, through provision of services which are sensitive to their needs and ensuring robust pathways for tailored support are in place.	Some services/interventions (Trans* workshops, group counselling) which have been delivered to date by the incumbent provider as added value may cease with a change of provider, or to allow for other more focused interventions if capacity under the new specification is more limited.  Commissioners will ensure that if any services/interventions are terminated, pathways will be put in place to refer service users into equivalent support.
<b>Marriage and civil partnership</b>	No positive or negative impacts of the proposed changes have been noted in relation to marriage and civil partnership status.	
<b>Pregnancy and maternity</b>	The new sex worker support service and overall greater focus on high-risk groups, alongside the HIV support service, will provide increased opportunities for pregnant women and people with young children who may have complex needs to access support.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone in this category.
<b>Race/ethnicity</b>	Continued provision of targeted community-based support will enable the Council to maintain and improve its support for people from Black, Asian and Minority Ethnic groups.  The service will build on existing partnerships with Council teams, community organisations and stakeholders to deliver a flexible offer which is reactive to, and appropriate for, the differing needs of the variety of service user groups.	Some minority groups may find it difficult to access certain services based on cultural and religious beliefs or negative stigma attached to sexual health.  In order to facilitate equal access to sexual health services for all groups, especially Black, Asian and Minority Ethnic communities, we have been working with Public Health colleagues to engage with minority groups to better understand the barriers they face. This knowledge will inform the service specification and guide service delivery. All services will be required to have access to interpreters for anyone who does not have English as their first language.
<b>Religion and belief, including non belief</b>	The service is open to all Richmond residents regardless of belief. However, commissioners are aware that religious and cultural views can influence attitudes towards abortion, contraception and sexual relationships. Therefore, service providers will be required to be sensitive to users' religious beliefs/faith whilst delivering interventions.	Some clients may choose to decline the interventions as it goes against their cultural/religious beliefs.  To mitigate this risk, professionals delivering the services must be aware and have a comprehensive understanding of how faith and culture can impact the choices of certain people. The provider should also be able to adapt/change their interventions to meet the needs of the clients.
<b>Sexual orientation</b>	MSM will continue to be offered dedicated services/ interventions to meet their higher sexual health needs. This will include outreach sessions at a time and in a place appropriate to MSM, one-to-one counselling for MSM living with HIV, behaviour change interventions and signposting to support services within the borough.	MSM may experience sexual health fatigue as they are frequently targeted for health improvement and behaviour change initiatives.  The provider(s) will be expected to employ innovative methods of service delivery to maximise engagement.

	The updated YP service will include upskilling of professionals around sexual orientation.	
<b>Older MSM</b>	Commissioners will work with the new provider(s) to address and tackle stigma which impacts on older MSM accessing sexual health support.	There is no evidence to suggest this proposal will have a disproportionately negative impact on anyone in this category.

### 3. Actions

Action	Lead Officer	Deadline
Ensure that users have a choice in how they receive their care. Commissioners to include a hybrid model of care (in person, online, in-clinic, outreach) in specification.	Lea Siba & Julien Hersh	30/09/2022
Commissioners will ensure that if any existing services/interventions provided as added value are terminated, robust pathways will be put in place for equivalent services during the mobilisation period.	Lea Siba & Julien Hersh	30/09/2022
Data collection on the new service will include robust monitoring of disability status and gender reassignment. To be included in the service specification	Lea Siba & Julien Hersh	30/03/2022
Discuss with appointed provider the best way to gather meaningful data on the trans* population and to how to facilitate their access to sexual health services.	Lea Siba & Julien Hersh	30/09/22
The service specification will include targeted work with organisations who directly support YP, people with disabilities, men, women at a high risk of HIV or living with HIV, trans* people, people from Black Asian and minority Ethnic groups and older MSM. This will include training and upskilling staff.	Lea Siba & Julien Hersh	30/09/2022
The specification will include targeted outreach and promotion of services to YP, people with disabilities, men, women at a high risk of HIV or living with HIV, trans* people, people from Black Asian and minority Ethnic groups and older MSM .	Lea Siba & Julien Hersh	30/09/2022
Recommendations and actions to ensure that older MSM groups have equal access to sexual health services/interventions will be developed in partnership with the Provider.	Lea Siba & Julien Hersh & Provider(s)	31/12/2022

### 4. Consultation

- Consultation with key stakeholders delivering support to high-risk groups was undertaken as part of the Sexual Health Vulnerable Groups Review 2020/21 which lists key recommendations. These have been built into the service model for this new contract.
- Additional consultation took place with Achieving for Children to help shape the direction of travel for a more holistic service offer for YP based on strong working partnerships with specialist teams/organisations.
- The new service model has been developed in partnership with SWL sexual health commissioners.
- The Richmond and Wandsworth sex worker needs assessment currently underway has already provided an indicative outline for the new sex worker support service and will further shape the specification once completed in early 2022.