

## 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>Integrated Sexual Health Service</b>
<b>Which borough (s) does the service/policy apply to</b>	Richmond
<b>Staff involved in developing this EINA</b>	Meroe Bleasdale, Interim Senior Sexual Health Commissioner Ineala Theophilus, Sexual Health Professionals Lead Kim Chilvers, Interim Sexual Health Commissioning Officer Dawn Patrick, Commissioning Officer – Policy and Projects Lea Siba, Senior Commissioning Manager, Prevention and Wellbeing – Universal Services
<b>Date approved by Policy and Review Manager</b> All EINAs must be signed off by the Policy and Review Manager	25 October 2023

### 1. Background

Local authorities continue to be mandated to commission comprehensive open access sexual health services, including free STI testing treatment; notification of sexual partners of infected persons; advice on, and reasonable access to, a broad and comprehensive range of contraceptives; and advice on preventing unplanned pregnancy.

The current joint contract between the London Boroughs of Richmond upon Thames, Wandsworth and Merton for the provision of Integrated Sexual Health (ISH) services has been in place with Central London Community Healthcare NHS Trust (CLCH) since 01 October 2017 and expires on 30 September 2024. The Councils have agreed to maintain their commissioning partnership and plan to procure a new contract for ISH services from 01 October 2024. The contract will be for an initial period of 3 years from 01 October 2024 until 30 September 2027, with the option of extension by two further periods of two years each.

The service will continue to be a part of a wider framework of sexual and reproductive health provision which includes but is not restricted to: emergency hormonal contraception (EHC) in pharmacies; the National Chlamydia Screening Programme (NCSP) for 15-24 year olds; routine and long acting reversible contraception (LARC) provided by GPs; London-wide online services for STI self-sampling; national online services for HIV and syphilis self-sampling; community based sexual health promotion and HIV prevention for vulnerable groups; free condom distribution schemes for young people and those at risk of HIV transmission; and support to schools and colleges with providing relationship and sex education.

## 2. Summary

The London Boroughs of Richmond Upon Thames, Wandsworth, and Merton are seeking to procure a new contract for the provision of open access Integrated ISH services. The new service will continue to offer comprehensive open access sexual health services, while aiming to improve the emphasis on reaching those at greatest risk of poor sexual health outcomes. As a sexual health service, best practice dictates that it will be delivered in recognition of gender identity, sexual orientation, pregnancy, maternity and marital/civil partnership status.

This EINA has found that particular consideration must be given to meeting the needs of people within the most high need age group (16-24 year olds) and gender (men), alongside people from Black, Asian and other minority ethnic groups, as well as people with learning disabilities, autism and those with physical and sensory disabilities.

Consultation with key partners highlighted a need for improved promotion and signposting of the service; additionally a need was identified for training of staff to better support people with learning disabilities.

The new service will:

- Continue to be fully accessible to all and provide a good quality and inclusive service.
- Continue to make all service users feel welcome and treat all service users with dignity and respect whilst addressing their clinical needs.
- Continue to ensure marketing and promotional activities are fully inclusive.
- Continue to provide an enhanced offer for young people, including bespoke young people's clinics.
- Continue to offer bespoke clinics for other priority groups in line with changing service user needs and trends.
- Include an enhanced offer of condoms to men.
- Continue to ensure staff are capable, competent and confident in delivering inclusive services for service users in the process of, contemplating, or who have undergone gender reassignment.
- Work closely with community-based sexual health outreach services and other local partners to target support at underserved communities, including people from Black, Asian and other minority ethnic groups and those from deprived areas.
- Continue to be aware, and have a comprehensive understanding, of how faith and culture can impact the choices of certain people, in order to adapt/change interventions to meet the needs of the service user.

To avoid any negative impacts, 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.
- Ensure that existing knowledge and resources are shared between the new and incumbent provider to streamline the transition and avoid any lengthy disruptions to services.
- Allow sufficient mobilisation time between the contract award and commencement.
- Ensure robust communication plans are in place for service users, residents and key stakeholders during any periods of change.

### 3. Evidence gathering and engagement



The source of evidence used throughout this EINA has been referenced throughout.

#### b. Who have you engaged and consulted with as part of your assessment?

Individuals/Groups	Consultation/Engagement results	Date	What changed as a result of the consultation
<b>Multicultural Richmond</b>	<p>Unlikely to use Sexual Health (SH) services but if had a need would go to GP and in these instances, it is important to speak to a gender specific GP.</p> <p>Sexual and reproductive health taboo subjects but noted that this had been the case with other health related issues such as Cancer but that this had been overcome. Discussions around bladder health may be a way into Sexual Health</p>	<b>18/09/2023</b>	The new service will be required to strengthen relationships with primary care providers of sexual health services and support with practitioner training in this area. Furthermore, the sexual health service will be required to develop appointment and referral booking systems between parties.
<b>Off The Record Richmond – LGBTQ+ Young People</b>	<p>Sexual health services not set up for LGBT Young people. They want:</p> <ul style="list-style-type: none"> <li>• a service and staff that are non-judgemental and empower young people</li> <li>• a service that is always accessible and open (sometimes opening and closing hours change causing confusion)</li> <li>• services in a non-hospital environment but within the community and led by peers who understand what 'we' are going through and understand 'us' and who have lived experience</li> <li>• More e-resources and information sharing in private spaces via QR codes</li> <li>• Provision of young people LGBT specific services</li> </ul> <p>Some young people may feel shame and embarrassment attending sexual health services</p>	<b>15/09/2023</b>	Please refer to the Impact section of this report.
<b>Resident Survey (Richmond and Wandsworth)</b>	<ul style="list-style-type: none"> <li>• GP's preference for addressing contraception &amp; STI testing</li> <li>• Lack of awareness on where and how to access local services</li> <li>• Barriers for LARC contraception methods related to long waiting times</li> <li>• Preference for general health services as well as specific SH - one stop shop</li> <li>• Services closer to home</li> </ul>	<b>11/01/2023</b>	

	<ul style="list-style-type: none"> <li>• Local services need improved signposting</li> <li>• Frustration at travelling out of Richmond - a need for a specialist in-borough service</li> <li>• Lack of flexible opening times</li> <li>• Preference for a specialist Sexual Health service for STI testing and treatment</li> <li>• Improved promotion of SH services across all 3 Boroughs</li> <li>• Consideration of a GP led SH service, especially for contraception</li> <li>• Better engagement with LGBTQ+ communities within boroughs</li> </ul>		
<b>Learning Disabilities Partnership Forums (Richmond and Wandsworth)</b>	<ul style="list-style-type: none"> <li>• More education and training for staff, parents/carers and people living with learning difficulties (LD) including understanding relationships, about their bodies and puberty, what they are entitled to)</li> <li>• More training and education for services directly working with and in contact with people living with learning difficulties.</li> <li>• More support for parents/cares of people with living with LD</li> <li>• Better access to appropriate resources for people living with LD and professionals</li> <li>• Service Provision for people with complex LD</li> </ul> <p>Service provision should be:</p> <ul style="list-style-type: none"> <li>• suitable for people with Autism e.g. the environment</li> <li>• provide specialist clinics</li> <li>• more services in Richmond other than YP services Improved accessibility for people with disabilities. Terminology/jargon can be confusing</li> <li>• Confidentiality - when others are involved in care</li> <li>• Some people with LD have been put on contraception out of 'need' of the perception of need rather than out of choice</li> <li>• A service that is cognizant of sexual health and mental capacity</li> <li>• Sexual health questions as part of annual health check</li> <li>• Improved data for LD specific sexual health needs</li> </ul>	<b>Richmond</b> <b>5/07/2023</b>  <b>Wandsworth</b> <b>24/07/2023</b>	

## 4. Analysis of need

Protected group	Findings										
Age	Data										
			Testing <sup>12</sup>			Diagnoses per 100,000 population <sup>3</sup>					
		Population <sup>4</sup>	New consultation	Of the consultations, Number including STI testing	Tests per 100,000 population	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total diagnoses <sup>5</sup>
	<15	37,100	10	6	16	NA	NA	NA	NA	NA	NA
	15	10,200	12	5	6,069	80	26	8	0	2	116
	16-19		1,090	611							
	20-24	8,200	3,792	2,304	27,995	171	69	22	2	36	300
	25-34	22,100	5,231	3,249	14,734	113	65	38	9	48	273
	35-44	30,700	2,766	1,811	5,899	65	50	18	7	21	161
	45-64	55,600	2,054	1,361	2,450	57	40	21	20	15	153
	65+	31,400	218	127	404	3	0	3	0	4	10
	Additional data										
	Young people screened for Chlamydia <sup>6</sup>				Under 18 conceptions <sup>7</sup>						
		Tests	Positives	Testing rate	Indicator		Trend	2021/22 statistics			
	15-19	732	93	7%	Percentage of Under 18 conceptions leading to abortion			69%			
	20-24	2475	177	30%	Under 18 conception rate per 1000			8.6			
	Total	3207	270	17%							
	Key points										
	<ul style="list-style-type: none"><li>In 2022/23, 24% of people accessing the local Integrated Sexual Health (ISH) service were aged 18 to 24 years, 47% were aged 25 to 34 years, and 17% were aged 35 to 44. This was reflected in Richmond activity across all ISH services, where Richmond’s 25 to 34 year old age group accessed ISH services the most.</li><li>In 2020, nationally 45.7% of diagnoses of new STIs made in Sexual Health Services (SHSs) and non-specialist SHSs were in young people aged 15-24 years. In Richmond, 41.4% of diagnoses were in this age group, consistent with the national figures<sup>8</sup>.</li></ul>										

<sup>1</sup> Health Security Agency HIV and STI portal, 2022<sup>2</sup> Health Security Agency HIV and STI portal, 2022<sup>3</sup> Ibid<sup>4</sup> Census 2021 (rounded to nearest 100)<sup>5</sup> This is the total number of diagnoses not the total number of people diagnosed with one or more STIs; i.e. if one person is diagnosed with 2 STIs, they will appear as 2 diagnoses<sup>6</sup> Chlamydia Activity Testing Dataset (CTAD), 2022<sup>7</sup> Office of Health Improvement and Disparities (OHID) Public Health Outcomes Framework<sup>8</sup> UKHSA 2022 SLASH Report on the HIV & STI Portal. Note 2020 figures are those cited in the report and most up to date.

	<ul style="list-style-type: none"><li>Across all ages chlamydia, followed by gonorrhoea were the most commonly diagnosed STIs in Richmond in 2022.</li><li>In 2022, 17% (3,207) of the young people population (aged 15 to 24) in Richmond were screened for chlamydia. Borough screening rates have exceeded national averages in the last two consecutive years. However, in the same period, the chlamydia detection rate per 100,000 young people aged 15 to 24 years in Richmond upon Thames was 1,155 in 2021/22, lower than the rate of 1,334 across England.<sup>9</sup></li><li>Reinfection with an STI is a marker of persistent high-risk behaviour. Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload.<ul style="list-style-type: none"><li>In Richmond, an estimated 11.4% of 15 to 19 year old females and 11.7% of 15 to 19 year old males presenting with a new STI at a sexual health services during the five year period from 2016 to 2020 became re-infected with a new STI within 12 months.</li><li>In England, 10.9 % of 15 to 19 year old females and 9.8% of 15 to 19 year old males became reinfected with a new STI within 12 months<sup>10</sup>.</li></ul></li><li>In 2021, there were 2,422 conceptions across females of all ages in Richmond.<ul style="list-style-type: none"><li>Over 23% of all conceptions led to abortions in Richmond</li><li>There were 29 under 18 conceptions in Richmond, of which 20 led to an abortion.</li><li>Under 18 conception and abortion rates appear to have been constant in the last three years and below national averages<sup>11</sup>.</li></ul></li></ul> <p><b>New service</b></p> <p>The newly commissioned ISH service in Richmond, Wandsworth and Merton will be an open access service accessible to people of all ages. However, as young people continue to carry the largest burden of poor sexual health, commissioners will ensure the new service:</p> <ul style="list-style-type: none"><li>Includes provision of specialist young people’s clinics across commissioning boroughs.</li><li>Applies You’re Welcome principles to their clinical practice so that every young person using the service feels welcomed, respected and upholds patient confidentiality.</li><li>Offers young people as part of their consultations the opportunity to register with the local condom distribution scheme and test for chlamydia as part of the National Chlamydia Screening Programme.</li></ul>																																							
Disability	<p><b>Data</b></p> <p><i>Disabilities under the Equalities Act by age<sup>12</sup></i></p> <table><tr><th></th><th>Population</th><th>Disabled under the equalities act</th><th>Percentage disabled</th><th>London percentage</th></tr><tr><td>0-14</td><td>37,100</td><td>1,600</td><td>4%</td><td>5%</td></tr><tr><td>15-24</td><td>17,500</td><td>1,900</td><td>11%</td><td>9%</td></tr><tr><td>25-34</td><td>21,900</td><td>2,000</td><td>9%</td><td>8%</td></tr><tr><td>35-44</td><td>30,600</td><td>2,200</td><td>7%</td><td>9%</td></tr><tr><td>45-54</td><td>31,600</td><td>3,100</td><td>10%</td><td>14%</td></tr></table> <p><i>Mental Illness<sup>13</sup></i></p> <table><tr><th></th><th>Number</th><th>Percentage</th></tr><tr><td>Estimated number of children and young people with mental disorders aged 5-17 years (2017/18)</td><td>3,849</td><td>-</td></tr><tr><td>Estimated prevalence of common mental disorders</td><td>20,430</td><td>13.20%</td></tr></table>		Population	Disabled under the equalities act	Percentage disabled	London percentage	0-14	37,100	1,600	4%	5%	15-24	17,500	1,900	11%	9%	25-34	21,900	2,000	9%	8%	35-44	30,600	2,200	7%	9%	45-54	31,600	3,100	10%	14%		Number	Percentage	Estimated number of children and young people with mental disorders aged 5-17 years (2017/18)	3,849	-	Estimated prevalence of common mental disorders	20,430	13.20%
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<sup>9</sup> CTAD, 2022<sup>10</sup> UKHSA 2022 SLASH report on the HIV and STI Portal<sup>11</sup> ONS Conceptions in England and Wales<sup>12</sup> Census 2021 (rounded to nearest 100)<sup>13</sup> OHID Public Health Outcomes Framework

55-64	23,800	3,400	14%	21%
65+	17,000	3,300	20%	27%
Total	193,400	22,500	12%	13%

**Disability type**

18+	Estimated population 2023 <sup>14</sup>
Learning Disability	3,661
Physical disability (personal care)	15,913
Physical disability (mobility)	13,383
Dementia	2,485

in population ages 16 years and over (2017)		
Depression: QOF prevalence in people aged 18 years and older (2021/22)	-	10%
Depression: QOF incidence in people aged 18 years and older - new diagnosis (2021/22)	2,478	1.30%
Severe Mental Illness: QOF Prevalence all ages (2021/22)	2,071	0.86%

**Key points**

- Whilst our provider collects service user demographic information under the current contract, we have limited data on the nature and level of disability service users experience. This is not routinely collected as part of national datasets and activity surveillance systems and it is not uncommon for people using local services to elect not to record their status. It is also plausible for this information to be omitted by the provider during patient consultations and registration.
- Across the entire local ISH service in 2022/23, the incumbent provider reported that of the clinic attendees that year, 108 people (0.3%) stated they have a disability.
- Learning Disabilities:
  - 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>15</sup> which puts them at higher risk of acquiring STIs and unplanned pregnancies.
  - It is believed that people with learning disabilities may have limited access to sexual and reproductive health clinics<sup>16</sup> which can severely impede their ability to access good quality sexual health information and services.
- Mental Illness:
  - Severe mental illness (SMI), such as schizophrenia and bipolar disorder, persist over time and can result in extensive disability leading to impairments in social and occupational functioning.
  - While some individuals have long periods during which they are well and are able to manage their illness, many individuals with SMI have difficulties in establishing stable social and sexual relationships.
  - Despite variability in sexual activity among people with SMI (for example, people with schizophrenia-spectrum disorder are less likely than those with other major psychiatric disorders to be sexually active)<sup>17</sup>, high-risk sexual behavior (e.g. unprotected intercourse, multiple partners, sex trade and illicit drug use) is common and rates of blood borne viruses, such as HIV and Hepatitis C, have been found to be higher among

<sup>14</sup> POPPI & PANSI, IPC & Oxford Brooks University (Extracted 9/10/23)

<sup>15</sup> Sexual Health Information (2010) Sexual Health and people with learning difficulties factsheet

<sup>16</sup> Department of Health (2001). Valuing People: A New Strategy for Learning Disability for 21st century

<sup>17</sup> Sexual health risk reduction interventions for people with severe mental illness: a systematic review Pandor et al 2015

	<p>people with SMI (including those who are homeless and/or have a substance misuse problem) than the general population<sup>18</sup>.</p> <p><b>New service</b></p> <p>The service is fully accessible to people with disabilities and will continue to be under the new contract tendered.</p> <p>Under the new ISH service specification commissioners will expect the provider to provide a good quality and inclusive service for people with Autism, learning, physical and sensory disabilities.</p> <p>Mental health conditions and disorders are not routinely collected at a national level through service datasets and surveillance systems and also not recorded by the incumbent provider during consultations and patient registrations. However, the service remains open all to people including people with mental health disorders and conditions. This will continue to be an expectation under the new contract tendered.</p>																																																																																
Sex	<p><b>Data</b></p> <table><tr><th></th><th></th><th colspan="3">Testing<sup>19</sup></th><th colspan="6">Diagnoses<sup>20</sup></th></tr><tr><th></th><th>Population<sup>21</sup></th><th>New consultation</th><th>Of the consultations, Number Including STI testing</th><th>Tests per 100,000 population</th><th>Chlamydia</th><th>Gonorrhoea</th><th>Herpes</th><th>Syphilis</th><th>Warts</th><th>Total diagnoses<sup>22</sup></th></tr><tr><td>Male</td><td>83,080</td><td>6,327</td><td>4,105</td><td>4,941</td><td>252</td><td>176</td><td>34</td><td>36</td><td>64</td><td>562</td></tr><tr><td>Female</td><td>74,981</td><td>15,174</td><td>9,474</td><td>12,635</td><td>234</td><td>70</td><td>71</td><td>&lt;5</td><td>52</td><td>427</td></tr></table> <p><b>Additional data</b></p> <p><i>Young people screened for Chlamydia</i></p> <table><tr><th></th><th colspan="4">Detections<sup>23</sup></th><th colspan="4">Screening<sup>24</sup></th></tr><tr><th></th><th>No.</th><th>Borough rate</th><th>Rate (London)</th><th>Rate (England)</th><th>Tests</th><th>Positive</th><th>Testing Rate (population)</th><th>% positive</th></tr><tr><td>Male</td><td>93</td><td>984</td><td>1,459</td><td>1,112</td><td>954</td><td>93</td><td>10%</td><td>10%</td></tr><tr><td>Female</td><td>173</td><td>1,847</td><td>2,137</td><td>2,110</td><td>2,180</td><td>173</td><td>24%</td><td>8%</td></tr></table> <p><b>Key points</b></p> <ul style="list-style-type: none"><li>• In 2022 consultation and testing rates were higher in Richmond for women but diagnoses were higher for men. In Richmond, 30% of tests carried out were on men but they received 57% of the diagnoses.</li><li>• Genital herpes was the only area where the diagnoses rate was higher for women than men</li></ul>			Testing <sup>19</sup>			Diagnoses <sup>20</sup>							Population <sup>21</sup>	New consultation	Of the consultations, Number Including STI testing	Tests per 100,000 population	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total diagnoses <sup>22</sup>	Male	83,080	6,327	4,105	4,941	252	176	34	36	64	562	Female	74,981	15,174	9,474	12,635	234	70	71	<5	52	427		Detections <sup>23</sup>				Screening <sup>24</sup>					No.	Borough rate	Rate (London)	Rate (England)	Tests	Positive	Testing Rate (population)	% positive	Male	93	984	1,459	1,112	954	93	10%	10%	Female	173	1,847	2,137	2,110	2,180	173	24%	8%
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	<ul style="list-style-type: none"><li>Reinfection with an STI is a marker of persistent high-risk behaviour.<ul style="list-style-type: none"><li>In Richmond, an estimated 5.0% of females and 9.6% of males presenting with a new STI at a SHS became re-infected with a new STI within 12 months</li><li>Nationally, 6.7% of females and 9.6% of males became re-infected with a new STI within 12 months<sup>25</sup></li></ul></li><li>In recent years testing proportions for HIV across all population groups has been on the decline however they remain above national averages. In Richmond, 69.9% of males using these services tested for HIV and 35.3% females tested in 2022.</li><li>Amongst young people (aged 15 to 24) tested for chlamydia in Richmond, 24% of young women tested compared to 10% of young men but the proportion of positive results was 10% for young men compared to 8% for young women</li><li>The local ISH service reported that in 2022/23 67% of SW London ISH attendees were female and 33% were male.</li></ul> <p><b>New service</b></p> <p>While more women access ISH services due to needs related to contraception, it will be important for the new service to have strong and inclusive marketing and promotional activities for all. Demographic data will also include an option for service users to identify as non-binary as well as male and female.</p> <p>Considering most STIs are more prevalent in males; an enhanced offer of condoms and the young people’s condom distribution scheme will be available to males who access the service.</p>																																																
<b>Gender reassignment</b>	<p>The Equality Act 2010 says that you must not be discriminated against because of gender reassignment. You can be at any stage in the transition process, from proposing to reassign your sex, undergoing a process of reassignment, or having completed it. It does not matter whether or not you have applied for or obtained a Gender Recognition Certificate, which is the document that confirms the change of a person's legal sex. However, some people identify as trans without falling under the legal definition of gender reassignment. This section looks at all those who identify as trans.</p> <p><b>Data</b></p> <table><tr><th></th><th>Richmond Population<sup>26</sup></th><th>% of total Richmond population</th><th>Outer London</th><th>London</th><th>England</th></tr><tr><td>Same as sex registered at birth</td><td>146,450</td><td>93.98%</td><td>91.48%</td><td>91.21%</td><td>93.47%</td></tr><tr><td>Different from birth (unspecified</td><td>230</td><td>0.15%</td><td>0.45%</td><td>0.46%</td><td>0.25%</td></tr><tr><td>Trans woman</td><td>140</td><td>0.09%</td><td>0.15%</td><td>0.16%</td><td>0.10%</td></tr><tr><td>Trans man</td><td>110</td><td>0.07%</td><td>0.17%</td><td>0.16%</td><td>0.10%</td></tr><tr><td>Non-binary</td><td>60</td><td>0.04%</td><td>0.05%</td><td>0.08%</td><td>0.06%</td></tr><tr><td>Other gender identity</td><td>70</td><td>0.05%</td><td>0.03%</td><td>0.05%</td><td>0.04%</td></tr><tr><td>Not answered</td><td>8,780</td><td>5.63%</td><td>7.67%</td><td>7.88%</td><td>5.98%</td></tr></table>		Richmond Population <sup>26</sup>	% of total Richmond population	Outer London	London	England	Same as sex registered at birth	146,450	93.98%	91.48%	91.21%	93.47%	Different from birth (unspecified	230	0.15%	0.45%	0.46%	0.25%	Trans woman	140	0.09%	0.15%	0.16%	0.10%	Trans man	110	0.07%	0.17%	0.16%	0.10%	Non-binary	60	0.04%	0.05%	0.08%	0.06%	Other gender identity	70	0.05%	0.03%	0.05%	0.04%	Not answered	8,780	5.63%	7.67%	7.88%	5.98%
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<sup>25</sup> UKHSA 2022 SPLASH report on the HIV and STI Portal

<sup>26</sup> Census 2021 (aged 16+, rounded to nearest 10)

**Key points**

- The proportion of people who identify as trans in Richmond is similar to the national and London averages.
- There is no relevant routine national monitoring data for gender reassignment status by local authority, nor is this information routinely collected by sexual health providers. Providers routinely collect information regarding patient gender identity and gender at birth; however, these categories cannot be used to make inferences about patient gender reassignment status.
- Trans people face discrimination, harassment, social exclusion, increased risk of facing violence or hate crimes, regular attacks by the media, greater health inequalities and, specifically are more at risk of poorer sexual and reproductive health.
- There is currently no data available on testing or diagnoses for people who identify as trans.

**New service**

Professionals working in the new service will be capable, competent and confident in delivering inclusive sexual and reproductive health services for service users in the process of, contemplating or who have undergone gender reassignment. They will make all service users feel welcome and the service will be required to treat all service users with dignity and respect whilst addressing their clinical needs.

**Marriage and civil partnership****Data**

	Richmond Population <sup>27</sup>	% of total Richmond	London
Married or in a registered civil partnership	77,000	50%	40%
Never married and never registered a civil partnership	54,700	36%	46%
Divorced or civil partnership dissolved	12,400	8%	7%
Widowed or surviving civil partnership partner	6,900	4%	2%
Separated but still legally married or still legally in a civil partnership	3,000	2%	4%

**Key points**

<sup>27</sup> Census 2021 (aged 16+, rounded to nearest 10)

	<ul style="list-style-type: none"><li>Nationally in 2021, 36.5% of conceptions occurred within marriage or civil partnership across all age groups. This was 38.7% in the previous year<sup>28</sup>.</li><li>Marriage and civil partnership status are not routinely collected by sexual health providers.</li></ul> <p><b>New service</b></p> <p>Commissioners are aware that marriage and civil partnership status may influence people’s sexual behaviours and the new service specification will ensure that provider(s) are mindful of this whilst delivering the service.</p>																																																																						
Pregnancy and maternity	<p><b>Data</b></p> <p><i>Richmond residents accessing a sexual health services<sup>29</sup></i></p> <table><tr><td>Pregnant 1-12 weeks</td><td>0</td></tr><tr><td>Pregnant 13-28 weeks</td><td>&lt;5</td></tr><tr><td>Pregnant 29-40 weeks</td><td>&lt;5</td></tr></table> <p><i>Richmond conceptions and abortions<sup>30</sup></i></p> <table><tr><td>Conceptions</td><td>2,422</td></tr><tr><td>% leading to abortions</td><td>23%</td></tr></table> <p><b>Key points</b></p> <ul style="list-style-type: none"><li>Reason for attendance and nature of consultation in this cohort is not routinely accessible through national surveillance systems.</li></ul> <p><b>New service</b></p> <p>The services in scope of the new specification are sensitive to the fact that pregnant women and those with young children may potentially experience more complex issues and require additional support. The provider of the new integrated service specification will be required to provide routine/basic and complex sexual and reproductive health services to all people including those at any stage of their pregnancy (including antenatal and postnatal), provide pregnancy testing as part of a clinical care pathway and referral services for people choosing not to continue with a pregnancy.</p>	Pregnant 1-12 weeks	0	Pregnant 13-28 weeks	<5	Pregnant 29-40 weeks	<5	Conceptions	2,422	% leading to abortions	23%																																																												
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<sup>28</sup> Office of National Statistics

<sup>29</sup> UKHSA HIV & STI Portal, 2022

<sup>30</sup> ONS Conceptions in England and Wales statistics, 2021

<sup>31</sup> UKHSA HIV and STI Portal, 2022

<sup>32</sup> Census 2021 (rounded to nearest 100)

<sup>33</sup> UKHSA Chlamydia Testing Activity Dataset Portal, 2022

	Not specified			475	18	12	18	<5	13	6%																														
	<p><b>Key points</b></p> <ul style="list-style-type: none"><li>• In 2020, the rate of new STIs infections in Richmond by ethnic groups were similar to national averages.</li><li>• The numbers of people accessing SHSs for contraceptive reasons by ethnicity is not routinely collected nationally.</li><li>• In 2022/23, people of White British (12992), Any other White background (4838), Black African (1639) and Black Caribbean (1517) ethnicities appeared to have used the local service the most</li><li>• In 2022, more young people (aged 15 to 24) of unknown and White ethnicity tested for chlamydia as part of the National Chlamydia Screening Programme in Richmond. Whilst the number of young people tested in all other ethnic groups were small in number, positivity was highest amongst young people of Asian (11.8% positivity), Black African (20.3% positivity) and Black Caribbean (11.6% positivity) ethnicities<sup>34</sup>.</li></ul> <p><b>New service</b></p> <p>The data in this report highlights a need for close work with community-based sexual health outreach services and other local partners to target support at, and deliver clinical outreach to, underserved communities. It also identifies the need for an enhanced offer of condoms and the young people’s condom distribution scheme to all who access the service, as well as strong and inclusive marketing and promotional activities for the service. It also highlights that the service workforce needs to be reflective of (as much as possible) each commissioning borough’s ethnic profile and communities disproportionately affected by poor sexual health outcomes.</p>																																							
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<sup>34</sup> UKHSA CTAD Portal 2022

<sup>35</sup> Census 2021 (rounded to nearest 100)

**New service**

Some service users may choose to decline some interventions if they go against their cultural/religious beliefs. Professionals delivering the services will 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 service user.

**Sexual orientation****Data**

	Population <sup>38</sup>	Testing <sup>36</sup>			Total number of diagnoses <sup>37</sup>						
		New consultation	Of the consultations, Number Including STI testing	Tests per 100,000 population	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total diagnoses <sup>39</sup>	All diagnoses per 100,000 population
Heterosexual or Straight	138,800	11,396	7,022	5,059	330	105	93	5	106	639	460
Gay/Lesbian	2,900	2,335	1,591	54,862	119	116	10	30	8	283	9,759
Bisexual	1800	920	584	32,444	32	19	<5	<5	<5	60	3,333
Other	500	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Not known	11,800	523	277	2,347	8	10	5	<5	8	31	263

**Additional data***Percentage of population who identify as LGB+*

	Richmond	Outer London	London	England
Heterosexual or Straight	89.0%	88.0%	86.2%	89.4%
Gay/Lesbian	1.9%	1.3%	2.2%	1.5%
Bisexual	1.2%	1.1%	1.5%	1.3%
Other	0.3%	0.4%	0.5%	0.3%
Not known	7.6%	9.1%	9.5%	7.5%

*PrEP*

	No.
PrEP Eligibility: Trans or GBMSM	10
PrEP Eligibility: Other	<5
PrEP Decline of Offer	<5
PrEP sourced elsewhere	<5

*% diagnoses transmitted through male/male sex*

	MSM transmission
Chlamydia	23.3%
Genital herpes	5.3%
Genital warts	12.0%
Gonorrhoea	52.6%
Syphilis	71.4%
HIV	62.0%

<sup>36</sup> UKHSA HIV & STI Portal

<sup>37</sup> Ibid

<sup>38</sup> Census 2021 (aged 16+, rounded to nearest 100)

<sup>39</sup> This is the total number of diagnoses not the total number of people diagnosed with one or more STIs; i.e. if one person is diagnosed with 2 STIs, they will appear as 2 diagnoses

	<p><b>Key points</b></p> <ul style="list-style-type: none"> <li>• Overall, London (4.2%) has a higher proportion of residents who identify as LGB+ than England (2.9%) as a whole. Richmond (3.4%) has a higher proportion of LGB+ residents than Outer London (2.8%) but lower than the London average. The largest proportion<sup>40</sup> of people reporting they were LGB+ in the borough were aged 25-34 years old.</li> <li>• Where sexual orientation was recorded by the incumbent provider, 79% of all service users identified as heterosexual, 14% homosexual and 5% as bisexual in 2022/23.</li> <li>• Identifying which groups contribute to a particular STI can help target control interventions. In 2020, where sexual orientation was known for Richmond residents, 26.2% of new STIs were among Men who have Sex with Men (MSM<sup>41</sup>).</li> <li>• Whilst more people identifying as heterosexual accessed sexual health services in 2022, the proportion of residents accessing testing for STIs was higher amongst people identifying as gay or lesbian.</li> <li>• Chlamydia, herpes and warts are more commonly diagnosed in heterosexual people whereas gonorrhoea and syphilis are more commonly diagnosed in gay or lesbian people accessing services.</li> <li>• Late diagnosis of HIV is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis, compared to those diagnosed promptly. Between 2020 and 2022, in Richmond, late diagnoses of HIV amongst Gay, Bisexual and other Men who have Sex with Men (GBMSM) (33.3%), heterosexual males (0%) as well as heterosexual and bisexual females (0%) were better than national averages<sup>42</sup>.</li> <li>• NICE testing guidelines recommend that gay and bisexual men should be tested for HIV at least once a year and every 3 months if they are having unprotected sex with new or casual partners. Repeat testing facilitates prompt diagnosis of HIV and this indicator complements other HIV indicators presented on the Sexual and Reproductive Health Profiles such as late diagnosis rate and new HIV diagnosis rate. In Richmond 80.6% of GBMSM received an HIV test when they attended a sexual health service in 2021, and in a figure similar to the national average, 43.4% of GBMSM tested for HIV again in accordance with repeat testing guidelines.</li> <li>• Pre-Exposure Prophylaxis (PrEP) is used to reduce the risk of getting HIV. In Richmond, 258 Trans or GBMSM residents were eligible for PrEP medication in 2022. Less than 5 people were eligible for PrEP but were not placed in any other group. Of all the people eligible, 24 people declined the offer of PrEP while 6 sourced it from other sources.</li> </ul> <p><b>New service</b></p> <p>The new service will continue to be fully accessible and inclusive. This will include bespoke clinics for priority groups in line with service user needs and trends, such as bespoke clinics for GBMSM. The service will also work in partnership with SHL.uk to enable STI testing for PrEP to be undertaken online if desired.</p>
<p><b>Across groups i.e older LGBT service users or Black, Asian &amp; Minority Ethnic young men.</b></p>	<p>Refer to other sections in this document</p>

<sup>40</sup> Census 2021

<sup>41</sup> UKHSA 2022 SLASH Report

<sup>42</sup> Public Health Outcomes Framework

<b>Socio-economic status</b> <b>(to be treated as a protected characteristic under Section 1 of the Equality Act 2010)</b> <b>Include the following groups:</b> <ul style="list-style-type: none"><li>• <b>Deprivation (measured by the 2019 English Indices of Deprivation)</b></li><li>• <b>Low-income groups &amp; employment</b></li><li>• <b>Carers</b></li><li>• <b>Care experienced people</b></li><li>• <b>Single parents</b></li><li>• <b>Health inequalities</b></li><li>• <b>Refugee status</b></li></ul>	<b>Richmond</b>
	<b>Data</b>

<sup>43</sup> IMD

<sup>44</sup> UKHSA SPLASH report

<sup>45</sup> OHID Public Health Outcomes Framework

<sup>46</sup> UKHSA 2022 SPLASH Report

<sup>47</sup> Department of Health: Teenage Pregnancy National Support Team: Effective Public Health Practice

## Data gaps

Data gap(s)	How will this be addressed?
Service attendees for contraceptive reasons by: <ul style="list-style-type: none"> <li>Ethnicity</li> <li>Ward of residence and deprivation quintile</li> </ul>	It will be a requirement under the new service specification to report these data points to commissioners on a quarterly basis alongside other information and key performance indicators
All local service attendees whether they have a disability as well as nature of their disability	

## 5. Impact

Protected group	Positive	Negative
<b>Age</b>	<p>The newly commissioned ISH service will be an open access service accessible to people of all ages. However, as young people continue to carry the largest burden of poor sexual health, commissioners will ensure the new service:</p> <p>Includes provision of specialist young people's clinics across commissioning boroughs.</p> <p>Applies You're Welcome principles to their clinical practice so that every young person using the service feels welcomed, respected and upholds patient confidentiality.</p> <p>Offers young people as part of their consultations the opportunity to register with the local condom distribution scheme and test for chlamydia as part of the National Chlamydia Screening Programme.</p> <p>Furthermore, all services and interventions provided shall operate across the commissioning boroughs at a variety of times and locations to meet the demands, needs and lifestyles of service users, including daytime, evenings and weekends.</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. To mitigate the risk, commissioners will ensure that existing knowledge and resources are shared between the new and incumbent provider to streamline the transition and avoid any lengthy disruptions to services.</p> <p>Furthermore parties will be expected to develop robust communication plans for service users, residents and key stakeholders during any periods of change. Commissioners will also allow sufficient mobilisation time between the contract award and commencement.</p>
<b>Disability</b>	Under the new ISH service specification commissioners will expect the provider to provide a good quality and inclusive service for people with, mental health conditions,	While the shift in the way services are delivered may benefit some people with disabilities, others may struggle with new ways of accessing care and



	Autism, learning, physical and sensory disabilities; various levels of literacy, languages and varying levels of IT/digital literacy.	therefore may temporarily not receive the care and support they require.  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.
<b>Sex</b>	<p>Entry into services will continue to be based on needs not gender identity. 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 females accessing HIV prevention services. The updated service will require upskilling of professionals around gender identity.</p> <p>Furthermore, 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.</p> <p>Considering most STIs are more prevalent in males, an enhanced offer of condoms and the young people's condom distribution scheme will be available to males who access the service.</p>	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender identity.
<b>Gender reassignment</b>	The new service will aim to continue to meet the needs of people who have or will be undergoing gender reassignment, and reduce the health inequalities they face, through provision of services which are sensitive to their needs and ensuring	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their gender reassignment status.

	robust pathways for tailored support are in place.	
<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 services in scope of the new specification are sensitive to the fact that pregnant women and those with young children may potentially experience more complex issues and require additional support. The provider of the new integrated service specification will be required to provide routine/basic and complex sexual and reproductive health services to all people including those at any stage of their pregnancy (including antenatal and postnatal), provide pregnancy testing as part of a clinical care pathway and referral services for people choosing not to continue with a pregnancy.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone in this cohort.
<b>Race/ethnicity</b>	Provision of outreach and peripatetic clinical services in underserved communities as well as strong and inclusive marketing and promotional activities for the service will also be stipulated in the service specification. The service workforce will also need to be reflective of (as much as possible) the commissioning boroughs' ethnic profile and communities disproportionately affected by poor sexual health outcomes.	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 Other 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 provider will be required to be sensitive to users' religious beliefs/faiths whilst delivering interventions.	Some service users may choose to decline some interventions if they go against their cultural/religious beliefs. To mitigate this, 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 service user.
<b>Sexual orientation</b>	GBMSM will continue to be offered dedicated services/ interventions to meet their higher sexual health needs. This will include clinics at times and in a place(s) appropriate for GBMSM service users, behaviour change interventions and signposting to support services within the borough.	<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. To mitigate the risk, commissioners will ensure that existing knowledge and resources are shared between the new and incumbent provider to streamline the transition and avoid any lengthy disruptions to services.</p> <p>Furthermore parties will be expected to develop robust communication plans for service users, residents and key stakeholders during any periods of change. Commissioners will also allow sufficient mobilisation time between the contract award and commencement.</p>
<b>Socio-economic status (to be treated as a protected characteristic under Section 1 of the Equality Act 2010)</b> <b>Include the following groups:</b> <ul style="list-style-type: none"> <li>• <b>Deprivation (measured by the 2019 English Indices of Deprivation)</b></li> <li>• <b>Low-income groups &amp; employment</b></li> <li>• <b>Carers</b></li> <li>• <b>Care experienced people</b></li> <li>• <b>Single parents</b></li> <li>• <b>Health inequalities</b></li> <li>• <b>Refugee status</b></li> </ul>	<p>The ISH service delivery model is to be comprised of, as a minimum, the management and maintenance of: A level 1-3 clinical hub located in the borough of Wandsworth with good transport links, located in a venue that is accessible for residents across the Commissioned Area. Additional level 1-2 clinical spokes in Richmond and Merton, including a specific clinic for young people in Richmond.</p> <p>To encourage equitable access for residents, Commissioners also require the model to be further complemented with roaming or peripatetic and/or non-permanent venue based models of provision of clinical services in locations and venues accessible to communities underserved in the current service</p>	There is no evidence to suggest this proposal will have a disproportionately negative impact on anyone in this category.

	<p>delivery model. This will include areas with higher deprivation.</p> <p>Furthermore, the provider will be expected to deliver services sensitive to and inclusive of the needs of carers, care experience people, single parents and refugees.</p> <p>Under the new service specification a breakdown of service user demographics by service channel, venue and location will be required.</p>	
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## 6. Actions to advance equality, diversity and inclusion

Action	Lead Officer	Deadline
Ensure that the new specification encourages service user choice in how they receive their care. Commissioners to include a hybrid model of care (in person, online, in-clinic, outreach).	Meroe Bleasdille Lea Siba	27 October 2023
The service specification will include targeted work with organisations and services who directly support young people, people with disabilities, people from Black, Asian and other minority Ethnic groups and local LGBTQ+ groups. This will include training and upskilling staff.	Meroe Bleasdille Lea Siba	27 October 2023
Service performance monitoring framework requirements will include enhanced equalities reporting of service users accessing contraceptive care as well as outcomes, demographic breakdown of service users by service channel or venue and where applicable nature of a learning disabilities.	Meroe Bleasdille	27 October 2023
Commissioners will ensure that if any existing services/interventions provided as added value under the current contract are terminated, robust pathways and communications plans will be put in place for equivalent services during the mobilisation period.	Lea Siba	1 October 2024

## 7. Further Consultation

Consultation planned	Date of consultation
Young people Richmond and Wandsworth Coproduction Group Members People living with disabilities Young People with Special Educational Needs and Disabilities	January 2024 January 2024 TBC TBC