

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Adult Social Care and Public Health
Service Area	Commissioning
Service/policy/function being assessed	Integrated Sexual Health Service
Which borough (s) does the service/policy apply to	Wandsworth
Staff involved in developing this EINA	Meroe Bleasdille, 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
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	

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 Wandsworth, Merton and Richmond upon Thames 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 Wandsworth, Richmond Upon Thames, 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 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. Education around good sexual health and support for young people also continues to be the priority to help reduce the proportion of younger adults (aged 25 to 34) going on to carry the largest burden of poor sexual health.

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
Resident Survey (Richmond and Wandsworth)	<ul style="list-style-type: none"> • GP's preference for addressing contraception & STI testing • Lack of awareness on where and how to access local services • Barriers for LARC contraception methods related to long waiting times • Preference for general health services as well as specific SH - one stop shop • Services closer to home • Local services need improved signposting • Frustration at travelling out of Richmond - a need for a specialist in-borough service • Lack of flexible opening times • Preference for a specialist Sexual health service for STI testing and treatment • Improved promotion of SH services across all 3 Boroughs • Consideration of a GP led SH service, especially for contraception • Better engagement with LGBTQ+ communities within boroughs 	11/01/2023	
Learning Disabilities Partnership Forums (Richmond and Wandsworth)	<ul style="list-style-type: none"> • More education and training for staff, parents/carers and people living with learning difficulties (LD) including understanding relationship, about their bodies and puberty, what they are entitled to) • More training and education for services directly working with and in contact with people living with learning difficulties. • More support for parents/cares of people with living with LD • Better access to appropriate resources for people living with LD and professionals • Service Provision for people with complex LD <p>Service provision should be:</p> <ul style="list-style-type: none"> • suitable for people with Autism e.g. the environment • provide specialist clinics 	Richmond 5/07/2023 Wandsworth 24/07/2023	

	<ul style="list-style-type: none"> • more services in Richmond other than YP services Improved accessibility for people with disabilities. Terminology/jargon can be confusing • Confidentiality - when others are involved in care • Some people with LD have been put on contraception out of 'need' of the perception of need rather than out of choice • A service that is cognizant of sexual health and mental capacity • Sexual health questions as part of annual health check • Improved data for LD specific sexual health needs 		
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4. Analysis of need

Protected group	Findings										
Age	Data										
			Testing¹			Diagnoses per 100,000 population²					
		Population ³	New consultation	Of the consultations, Number Including STI testing	Tests per 100,000 population	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total diagnoses ⁴
	<15	51,300	18	9	18	NA	NA	NA	NA	NA	
	15		55	31		1	0	1	0	0	
	16-19	13,100	2,260	1,235	9,678	178	55	12	3	4	
	20-24	23,800	15,946	9,462	39,683	551	257	78	10	86	
	25-34	86,100	42,326	26,411	30,667	1,085	809	199	66	272	
	35-44	53,900	10,384	6,690	12,416	327	340	51	49	66	
	45-64	68,000	4,606	3,021	4,446	173	187	26	47	21	
65+	31,300	293	196	626	10	12	3	4	0		
	Additional data										
	<i>Young people screened for Chlamydia⁵</i>				<i>Under 18 conceptions⁶</i>						
		Tests	Positives	Testing rate	Indicator			Trend	2021/22 statistics		

¹ Health Security Agency HIV and STI portal, 2022

² Ibid



³ Census 2021 (rounded to nearest 100)

⁴ 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

⁵ Chlamydia Activity Testing Dataset (CTAD), 2022

⁶ Office of Health Improvement and Disparities (OHID) Public Health Outcomes Framework

15-19	1,550	214	12%
20-24	10,766	629	45%
Total	12,316	843	33%

Percentage of Under 18 conceptions leading to abortion		58.1%
Under 18 conception rate per 1000		7.7

Key points

- 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 Wandsworth activity across all ISH services, where Wandsworth’s 25 to 34 year old age group accessed ISH services the most.
- 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 Wandsworth only 28% of diagnoses were in this age range and a significantly larger proportion of diagnoses (47%) were in those aged 25-34⁷.
- Across all ages chlamydia, followed by gonorrhoea were the most commonly diagnosed STIs in Wandsworth in 2022.
- The proportion of Wandsworth young people (aged 15 to 24) screened for chlamydia has continued to be relatively constant and above national averages. In 2022, 33.8% (12,316) of the 15 to 24 years population was screened. The chlamydia detection rate per 100,000 young people aged 15 to 24 years in Wandsworth was 2,308 in 2021/22, considerably higher than the England rate of 1,334.⁸
- 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.
 - In Wandsworth, an estimated 18.9% of 15 to 19 year old females and 18.2% of 15 to 19 year old males presenting with a new STI at sexual health services during the five year period from 2016 to 2020 became re-infected with a new STI within 12 months
 - 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 months⁹
- In 2021, there were 5,332 conceptions across females of all ages in Wandsworth.
 - Over 28.1% of all conceptions led to abortions in Wandsworth
 - There were 31 under 18 conceptions Wandsworth, of which 18 led to an abortion.
 - Under 18 conception and abortion rates appear to have been constant in the last three years and below national averages¹⁰.

New service

The newly commissioned ISH service in Wandsworth, Richmond and Merton will be an open access service accessible to people of all ages. However, as education around good sexual health and support for young people continues to be the priority to help reduce the proportion of younger adults going on to carry the largest burden of poor sexual health, commissioners will ensure the new service:

- Includes provision of specialist young people’s clinics across commissioning boroughs.
- Applies You’re Welcome principles to their clinical practice so that every young person using the service feels welcomed respected and upholds patient confidentiality.

⁷ UKHSA 2022 SPLASH report from the HIV and STI Portal. Note 2020 figures are those cited in the report and most up to date.

⁸ CTAD, 2022

⁹ UKHSA 2022 SLASH report from the HIV and STI Portal

¹⁰ ONS Conception England and Wales Statistics 2021

- 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.

Disability

Data

Disabilities under the Equalities Act by age¹¹

	Population	Disabled under the equalities act	Percentage disabled	London percentage
0-14	51,278	2,321	5%	5%
15-24	34,787	3,246	9%	9%
25-34	85,480	5,485	6%	8%
35-44	53,550	4,047	8%	9%
45-54	39,321	4,899	12%	14%
55-64	28,101	5,681	20%	21%
65+	17,205	4,371	25%	27%
Total	13,281	5,473	41%	13%

Disability type

18+	Estimated population 2023 ¹³
Learning Disability	6,540
Physical disability (personal care)	19,033
Physical disability (mobility)	16,472
Dementia	2,427

Common mental disorders¹²

	Number	Percentage
Estimated number of children and young people with mental disorders aged 5-17 years (2017/18)	4,800	-
Estimated prevalence of common mental disorders in population ages 16 years and over (2017)	49,805	18.80%
Depression: QOF prevalence in people aged 18 years and older (2021/22)	-	8.70%
Depression: QOF incidence in people aged 18 years and older - new diagnosis (2021/22)	4,141	1.20%
Severe Mental Illness: QOF Prevalence all ages (2021/22)	4,032	0.99%

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 nation 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 population¹⁴ which puts them at higher risk of acquiring STIs and unplanned pregnancies.

¹¹ Census 2021 (rounded to nearest 100)

¹² OHID Public Health Outcomes Framework

¹³ POPPI & PANSI, IPC & Oxford Brooks University (Extracted 9/10/23)

¹⁴ Sexual Health Information (2010) Sexual Health and people with learning difficulties factsheet

- It is believed that people with learning disabilities may have limited access to sexual and reproductive health clinics¹⁵ 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)¹⁶, 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 people with SMI (including those who are homeless and/or have a substance misuse problem) than the general population¹⁷.

New service

The service is fully accessible to people with disabilities and will continue to be under the new contract tendered.

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.

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.

Sex

Data

	Population ²⁰	Testing ¹⁸			Diagnoses ¹⁹					
		New consultation	Of the consultations, Number Including STI testing	Tests per 100,000 population	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total diagnoses ²¹
Male	147,104	31,015	20,380	13,854	1,364	1,350	117	151	188	3,170
Female	129,015	42,098	25,141	19,487	905	248	206	13	191	1,563

¹⁵ Department of Health (2001). Valuing People: A New Strategy for Learning Disability for 21st century

¹⁶ Sexual health risk reduction interventions for people with severe mental illness: a systematic review Pandor et al 2015

¹⁷ Ibid

¹⁸ Health Security Agency HIV and STI portal 2022

¹⁹ Ibid

²⁰ Census 2021 (aged 15+, rounded to nearest 100)

²¹ 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

Additional data

Young people screened for Chlamydia

	Detections ²²				Screening ²³			
	Number	Borough rate	Rate (London)	Rate (England)	Tests	Positive	Testing Rate (population)	% positive
Male	306	1,813	1,459	1,112	3,737	306	19%	8%
Female	507	2,587	2,137	2,110	8,193	507	48%	6%

Key points

- In 2022, consultation and testing rates were higher in Wandsworth for women but diagnoses were higher for men. In Wandsworth, 45% of tests carried out were on men but they received 67% of the diagnoses²⁴.
- Genital herpes was the only area where the diagnoses rate was higher for women than men
- Reinfection with an STI is a marker of persistent high-risk behaviour.
 - In Wandsworth, an estimated 6.7% of females and 15.0% of males presenting with a new STI at a SHS became re-infected with a new STI within 12 months.
 - Nationally, 6.7% of females and 9.6% of males became re-infected with a new STI within 12 months²⁵
- In recent years testing proportions for HIV across all population groups has been on the decline however they remain above national averages in both boroughs. In Wandsworth, 72.0% of males tested and 38.7% tested for HIV in 2022²⁶.
- In 2022, amongst young people (aged 15 to 24) tested for chlamydia in Wandsworth, 48% of young women tested compared to 19% of young men but the proportion of positive results was 8% for young men compared to 6% for young women²⁷.
- The local ISH service reported that in 2022/23 67% of SWLondon ISH attendees were female and 33% were male.

New service

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. 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.

Gender reassignment

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.

²² OHID Public Health Outcomes Framework

²³ Chlamydia Activity Testing Dataset (CTAD)

²⁴ HIV and STI Portal 2022

²⁵ UKHSA 2022 SLASH Report from the HIV and STI Portal

²⁶ Public Health Outcomes Framework

²⁷ Chlamydia Testing Activity Dataset (CTAD) Portal 2022

Data

	Wandsworth Population ²⁸	% of total Wandsworth population	Inner London	London	England
Same as sex registered at birth	254,037	92.86%	90.81%	91.21%	93.47%
Different from birth (unspecified)	713	0.26%	0.47%	0.46%	0.25%
Trans woman	347	0.13%	0.17%	0.16%	0.10%
Trans man	304	0.11%	0.15%	0.16%	0.10%
Non-binary	182	0.07%	0.12%	0.08%	0.06%
Other gender identity	145	0.05%	0.07%	0.05%	0.04%
Not answered	17,831	6.52%	8.20%	7.88%	5.98%

Key points

- The proportion of people who identify as trans in Wandsworth 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

	Wandsworth Population ²⁹	% of total Wandsworth	London
Married or in a registered civil partnership	89,800	33%	40%
Never married and never registered a civil partnership	149,200	55%	46%

²⁸ Census 2021 (aged 16+, rounded to nearest 10)

²⁹ Census 2021 (aged 16+, rounded to nearest 10)

Divorced or civil partnership dissolved	17,200	6%	7%
Widowed or surviving civil partnership partner	7,900	3%	2%
Separated but still legally married or still legally in a civil partnership	4,900	2%	4%

Key points

- Nationally in 2021, 36.5% of all conceptions occurred within marriage or civil partnership. This was 38.7% in the previous year³⁰.
- Marriage and civil partnership status are not routinely collected by sexual health providers.

New service

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.

Pregnancy and maternity

Data

Wandsworth residents accessing sexual health services³¹

Pregnant 1-12 weeks	24
Pregnant 13-28 weeks	12
Pregnant 29-40 weeks	11

Wandsworth conceptions and abortions³²

Conceptions	5,332
% leading to abortions	28.1%

Key points

- Reason for attendance and nature of consultation in this cohort is not routinely accessible through national surveillance systems.

New service

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.

³⁰ Office of National Statistics Conception England and Wales statistics 2021

³¹ UKHSA HIV & STI Portal 2022

³² ONS Conceptions in England and Wales statistics 2021

Race/ethnicity	Data								
				Number of Diagnoses ³³					
	Population ³⁴	Population percentage	Chlamydia testing for young people ³⁵	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Percentage of all diagnoses
White	219,317	68%	7,469	1,543	1,180	265	110	327	69%
Black	32,506	10%	1,234	314	135	29	17	30	11%
Asian	37,598	12%	464	124	84	14	13	29	5%
Mixed	20,291	6%	926	171	117	23	12	22	7%
Other	13,287	4%	218	97	68	10	12	10	4%
Not specified			2,005	76	76	29	15	31	5%

Key points

- In 2020, the rate of new STIs was considerably higher amongst White, Mixed and Other ethnic groups in Wandsworth in comparison to national averages
- The numbers of people accessing SHSs for contraceptive reasons by ethnicity is not routinely collected nationally.
- 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.
- In 2022, most young people (aged 15 to 24) testing as part of the National Chlamydia Screening Programme were of White and unknown ethnicity in Wandsworth. However, young people of Black African (12.5% positivity), Black Caribbean (14.3% positivity) and Black Other (16.9% positivity) ethnicity had the highest rates of chlamydia positivity.

New service

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.

³³ UKHSA HIV and STI portal 2022

³⁴ Census 2021 (rounded to nearest 100)

³⁵ UKHSA Chlamydia Testing Activity Dataset Portal 2022

Religion and belief, including non belief

Data

	Wandsworth Population ³⁶	Population percentage
Buddhist	2,200	1%
Christian	138,100	43%
Hindu	6,300	2%
Jewish	1,600	1%
Muslim	32,100	10%
No religion	117,100	36%
Not answered	22,600	7%
Other religion	1,800	1%
Sikh	900	0%

Key points

- Information on religion is not systematically collected by sexual health services, but all providers are required to operate within the Equalities Act 2010.

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.

³⁶ Census 2021 (rounded to nearest 100)

Sexual orientation	Data										
	Testing ³⁷				Total number of diagnoses ³⁸						
	Population ³⁹	New consultation	Of the consultations, Number including STI testing	Tests per 100,000 population	Chlamydia	Gonorrhoea	Herpes	Syphilis	Warts	Total diagnoses ⁴⁰	All diagnoses per 100,000 population
Heterosexual or Straight	236,600	55,698	33,842	14,303	1,339	366	287	26	376	2,394	1,012
Gay/Lesbian	8,300	13,927	9,564	115,229	803	1,082	50	125	39	2,099	25,289
Bisexual	4,800	3,917	2,400	50,000	103	121	12	17	13	266	5,542
Other	1,100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Not known	22,800	2,346	1,249	5,478	80	91	21	11	21	224	982

Additional data

Percentage of population who identify as LGB+

	Wandsworth	Inner London	London	England
Heterosexual or Straight	86.5%	83.5%	86.2%	89.4%
Gay/Lesbian	3.0%	3.6%	2.2%	1.3%
Bisexual	1.7%	2.2%	1.5%	1.3%
Other	0.4%	0.7%	0.5%	0.3%
Not known	8.3%	10.1%	9.5%	7.5%

Pre-Exposure Prophylaxis (PrEP)

	No
PrEP Eligibility: Trans or GBMSM	273
PrEP Eligibility: Other	<5
PrEP Decline of Offer	6
PrEP sourced elsewhere	<5

% diagnoses transmitted through male/male sex

	MSM transmission
Chlamydia	36.7%
Genital herpes	11.9%
Genital warts	9.5%
Gonorrhoea	72.8%
Syphilis	86.2%
HIV	61.0%

Key points

- Overall, London (4.2%) has a higher proportion of residents who identify as LGB+ than England (2.9%) as a whole. Wandsworth (5.1%) has a lower proportion of LGB+ residents than Inner

³⁷ UKHSA HIV & STI Portal 2022

³⁸ Ibid

³⁹ Census 2021 (aged 15+, rounded to nearest 100)

⁴⁰ 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>London (6.5%) but higher than the London average. The largest proportion of people reporting they were LGB+ in the borough were aged 25-34 years old⁴¹.</p> <ul style="list-style-type: none"> • 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. • Identifying which groups contribute to a particular STI can help target control interventions. In 2020, where sexual orientation was known for Wandsworth residents, 41.3% of new STIs were among Men who have Sex with Men (MSM)⁴². • 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. • 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. • 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 Wandsworth, the proportion of late diagnoses of HIV among GBMSM (26.9%), heterosexual males (28.6%) were all in keeping with national averages. Late HIV diagnoses amongst heterosexual and bisexual females exceeded national averages at (70%). • 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 2022, 82.8% of Wandsworth residents accessing sexual health services tested for HIV, and 53.8% of Gay, Bisexual and other Men who have Sex with Men (GBMSM) service users repeat tested for HIV in accordance with guidelines. • Pre-Exposure Prophylaxis (PrEP) is used to reduce the risk of getting HIV. In Wandsworth, 1040 Trans or GBMSM residents were eligible for PrEP medication in 2022, 14 people were eligible for PrEP but were not placed in any other group. Of all the people eligible, 69 people declined the offer of PrEP while 35 sourced it from other sources. <p>New service</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>Across groups i.e older LGBT service users or Black, Asian & Minority Ethnic young men.</p>	<p>Refer to other sections in this document</p>
<p>Socio-economic status (to be treated as a protected characteristic under Section 1</p>	<p>Wandsworth Data</p>

⁴¹ ONS Census 2021

⁴² UKHSA 2022 SLASH Report cites 2020 data, more up to date data is not available

- of the Equality Act 2010)**
Include the following groups:
- **Deprivation (measured by the 2019 English Indices of Deprivation)**
 - **Low-income groups & employment**
 - **Carers**
 - **Care experienced people**
 - **Single parents**
 - **Health inequalities**
 - **Refugee status**

	Number of LSOAs ⁴³	Percentage of LSOAs	New STI diagnoses in 2022 per 100,000 population ⁴⁴
Most deprived	8	4%	2,170
2 nd most deprived	34	19%	1,879
3 rd most deprived	55	31%	1,576
4 th most deprived	50	28%	1,594
Least deprived	32	18%	1,085

Key points

- Wandsworth is in the least deprived third of London Boroughs as of 2020. It is ranked 173 out of 317 of all local authorities in England for index of multiple deprivation. However, with a rate of 1,644 new STI diagnoses (excluding chlamydia aged under 25) per 100,000 (all ages) in 2021/22 – 2022/23, this was higher than the London and England averages of 1,171 per 100,000 and 496 per 100,000 respectively⁴⁵.
- In Wandsworth, the number and therefore proportion of new STIs diagnoses were highest in the second (24.2%), third (28.9%) and fourth (28.7%) quintile of deprivation. Once adjusted for population size, the rates of STIs diagnosed increased as deprivation in the area increased⁴⁶.
- The majority of teenage parents and their children live in deprived areas and often experience multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation⁴⁷
- Whilst service user borough of residence and postcode are routinely collected by sexual health providers as part of national surveillance systems it is not routinely published nor provided for commissioners.
- The numbers of people accessing sexual health services for contraceptive reasons and conceptions by borough deprivation quintile is not routinely published nationally.

New service

The new service specification will require the provider to deliver clinical outreach services in underserved communities.

Data gaps

Data gap(s)	How will this be addressed?
Service attendees for contraceptive reasons by: <ul style="list-style-type: none"> • Ethnicity • Ward of residence and deprivation quintile 	It will be a requirement under the new service specification to report these data points to

⁴³ IMD

⁴⁴ UKHSA SPLASH report 2022

⁴⁵ OHID Public Health Outcomes Framework

⁴⁶ UKHSA 2022 SPLASH report from the HIV and STI portal

⁴⁷ Department of Health: Teenage Pregnancy National Support Team: Effective Public Health Practice

All local service attendees whether they have a disability as well as nature of their disability	commissioners on a quarterly basis alongside other information and key performance indicators
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5. Impact

Protected group	Positive	Negative
Age	<p>The newly commissioned ISH service in will be an open access service accessible to people of all ages. However as education around good sexual health and support for young people continues to be the priority to help reduce the proportion of young adults carrying 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>
Disability	<p>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, Autism, learning, physical and sensory disabilities; various levels of literacy,</p>	<p>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 therefore may temporarily not receive the care and support they require.</p>

	languages and varying levels of IT/digital literacy.	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.
Sex	<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.
Gender reassignment	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 robust pathways for tailored support are in place.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their gender reassignment status.

Marriage and civil partnership	No positive or negative impacts of the proposed changes have been noted in relation to marriage and civil partnership status.	
Pregnancy and maternity	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.
Race/ethnicity	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.
Religion and belief, including non belief	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 goes 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.
Sexual orientation	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>
<p>Socio-economic status (to be treated as a protected characteristic under Section 1 of the Equality Act 2010) Include the following groups:</p> <ul style="list-style-type: none"> • Deprivation (measured by the 2019 English Indices of Deprivation) • Low-income groups & employment • Carers • Care experienced people • Single parents • Health inequalities • Refugee status 	<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 will be located in Richmond and Merton.</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 delivery model. This will include areas with higher deprivation.</p>	<p>There is no evidence to suggest this proposal will have a disproportionately negative impact on anyone in this category.</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 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