SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Chief Executive's Group
Service Area	Public Health
Service/policy/function being assessed	Sexual Health Strategy 2019-2024
Which borough (s) does the service/policy apply to	Richmond
Staff involved	Anna Bryden, Helen Castledine, Kate Parsley, Yaccub Enum, Ben Humphrey, Richard Wiles, Zainab Shather
Date approved by Directorate Equality Group (if applicable)	
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	
Date submitted to Directors' Board	

SUMMARY

Improving sexual health is a public health priority. Sexual health affects the population across the life course. Poor sexual health can have not only physical but mental health implications. Sexually transmitted infections (STIs) and unintended pregnancies can have long-lasting and costly impacts on both individuals and wider society. However, they can be reduced through safer sex practices such as the use of condoms and regular testing. Sexual health services focus on treatment for STIs, HIV and unplanned pregnancies as well as prevention. This sexual health strategy identifies actions that can be taken locally to improve sexual health outcomes, reduce inequalities, and promote good sexual health in Richmond. It focuses on actions related to prevention, awareness, inequalities and primary care commissioning.

The Sexual Health Strategy 2019-2024 is a joint strategy between London Borough of Richmond upon Thames (LBRuT) and NHS Richmond Clinical Commissioning Group (CCG) with the purpose to identify actions that can be taken locally to improve sexual health outcomes, reduce inequalities and promote good sexual health in Richmond.

This strategy builds on the previous sexual health strategy in Richmond. The integrated sexual health services in Richmond have been recently commissioned in line with the previous strategy. This new strategy therefore focuses on actions related to prevention, awareness, inequalities and primary care commissioning. There is not expected to be any negative impact of this new focus on inequalities and, indeed, many of the actions are intended to reduce inequalities and support vulnerable groups.

The information shows that the rate of sexually transmitted infections and unplanned pregnancies in Richmond is similar to the England average, and the rate of teenage

pregnancy is lower than the England and London average. However, the rate of HIV infection is higher than the England average.

Poor sexual health is experienced disproportionately by certain groups: young people, people living in more deprived areas, some black and minority ethnic groups, men who have sex with men and lesbian and bi-sexual women. Focusing on prevention will help reduce inequalities.

No negative impact on inequalities is anticipated from the strategy and many of the actions are designed to reduce inequalities.

Engagement with current providers and partners took place as part of normal business, through contract management meetings and discussions at the local Steering Committee on Sexual Health in the preceding months. In addition, workshops were held with stakeholders and with young people, as well as surveys of GPs, pharmacists and school nurses. A public consultation will be carried out in September 2018 on the draft strategy, and the draft version of the strategy will be published on the local authority's consultation website.

1. Background

Briefly describe the service/policy or function:
Sexual health is defined by WHO as "Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

Sexual health services are provided in an integrated hub and spoke model covering Merton, Richmond and Wandsworth and primary care via general practices and community pharmacists. Preventive services are also provided via the voluntary sector (e.g. for condom distribution) and through schools, school nursing and the youth service. This strategy aims to further develop the prevention element of sexual health work; evidence shows that this is effective and has the potential to deliver savings not only to sexual health commissioners but to the whole system.

The strategy has identified the following priorities:

- Reduce rates of sexually transmitted infections with targeted interventions for at risk groups
- Reduce unintended pregnancies
- Continue to reduce under 18 conceptions
- Working towards eliminating the late diagnosis and onward transmission of HIV
- Promote healthy sexual behaviour and reduce risky behaviour

2. Analysis of need and impact

Poor sexual health can result in substantial costs to the individuals and society across health, housing, education and social care.

Sexually Transmitted Infections (STI)
In Richmond:

- In 2016, 1,309 new sexually transmitted infections (STIs) were diagnosed in residents of Richmond upon Thames, a rate of 672.2 per 100,000 residents (compared to 750 per 100,000 in England).

Unplanned Pregnancy
Abortion rates are used as a proxy measure for unplanned pregnancies.

In Richmond:

- Almost one fifth (18.6%) of all conceptions ended in abortion, which is similar to England.

HIV (Human Immunodeficiency Virus)
In Richmond:

- In 2016, 8.3 per 100,000 people (13 residents) aged 15+ were newly diagnosed with HIV infection This is lower than the England rate of 10.3 per 100000.
- Between 2014 and 2016, over a third (35.3%) of people diagnosed with HIV were diagnosed late, compared with 40.1% in England. Although this rate is lower than England, the diagnosed prevalence rate in Richmond was slightly higher with 2.4 per 1,000 population aged 15-59 years compared with 2.3 per 1,000 in England.

Protected group	Findings
Age	**<u>STIs</u>** Both locally and nationally young people under 25 are the population group most affected by STIs. Young people aged 15-24 years of age had the highest rate of new STI diagnoses (44% in Richmond compared with England 51% in 2016). 22% of young people in Richmond engage in multiple risky behaviours, which is the highest in London. **<u>Unplanned pregnancies</u>** The percentage of abortions in women aged under 25 years, that involve a woman who has had a previous abortion, is higher than London and England (33% compared with 30.8% and 26.7%). The count was 62. Teenage conception rate in Richmond has fallen from 19.9 per 1000 population in 2012 to 10.4 in 2016. This significantly lower than the London and England averages. In 2016 over 80% of teenage conceptions in Richmond resulted in abortion, which is significantly higher than the London and England averages.

Disability	Disabled people face barriers to good sexual health There is no routine monitoring of disability status for sexual health service users, however this information may be recorded as part of the clinical assessment.
Gender (sex)	In Richmond in 2016 almost two-thirds (60% or 339/559) of diagnoses of STIs in the 15-24 years of age group were in young females.
Gender reassignment	Those undergoing gender reassignment may have difficulty accessing sexual health services and face stigma. There is no routine monitoring of gender reassignment for sexual health service users, however this may be recorded as part of the clinical assessment.
Marriage and civil partnership	Religious views on marriage and civil partnership can be a barrier to good sexual health. There is no routine monitoring of marriage and civil partnership status for sexual health service users, however this may be recorded as part of the clinical assessment.
Pregnancy and maternity	Unplanned pregnancy (using abortion as proxy method) is similar to England average.
Race/ethnicity	Black and minority ethnic people in Richmond experience poor sexual health disproportionately. The black population experiences poor sexual health disproportionately with a 3 and a half times greater STI rate than the white population.
Religion and belief, including non belief	Some religions do not allow pre-marital sex or same sex relationships. There is no routine monitoring of religion & belief for sexual health service users, however this information may be recorded as part of the clinical assessment.
Sexual orientation	Almost a third (29.4%) of all newly diagnosed STIs in Richmond residents in 2016 were among gay, bisexual and other men who have sex with men. Gonorrhoea is the most commonly diagnosed STI amongst MSM (men who have sex with men).
Across groups i.e older LGBT service users or bme young men or disabled young people	In Richmond in 2016 almost two-thirds (60% or 339/559) of diagnoses of STIs in 15-24 years of age group were in young females. Almost a third (29.4%) of all newly diagnosed STIs in 2016 were among gay, bisexual and other men who have sex with men. Gonorrhoea is the most commonly diagnosed STI amongst MSM (men who have sex with men).

Data gaps.

Data gap(s)	How will this be addressed?
Most sexual health services do not routinely collect and report data on: • Disability status • Religion • Marriage/civil partnership status • Gender reassignment	Data collection has been reviewed as part of the recommissioning of sexual health services. Service specifications have been redeveloped to ensure that key gaps are minimised. The service specification and the data collected have been agreed across London. Consideration of usefulness of carrying out analysis eg. an audit to identify data not routinely collected

3. Impact

Positive Impact

Delivering the strategy will:

- support the population to improve and maintain their sexual health.
- deliver potential savings for sexual health commissioners and wider society.
- reduce the disproportionate burden of sexual ill health endured by some population groups.

The Needs Assessment and strategy workshops have identified that a whole systems approach is needed to improve sexual health, and this is included within one of our principles in the strategy. Reducing inequalities is another principle of the strategy, and many of the actions in the action plan are designed with this aim. As part of the strategy we will establish operational and strategic groups with partners and patient representatives. Actions within the action plan will have a strategic lead, operational lead and partners to ensure that organisations work together.

The achievement of the outcomes in the table below will require a long-term focus. Over the 5-year period which this strategy spans, efforts will be made to work towards the outcomes, as part of the aim of the strategy. However, it is likely that many of these outcomes will be gradually achieved over a longer time period.

Protected group	Positive	Negative
Age	Reduction in sexual transmitted infections in young people and teenage conceptions. Reduction in risk taking behaviour.	
Disability	Reduction in barriers disabled people face maintaining good sexual	

	health. Improved access to services. Although this is not exclusive to disability, it would fall under it	
Gender (sex)	Reduction in sexually transmitted infections in young women and men who have sex with men.	
Gender reassignment	This protected group has not been specifically covered in the strategy.	
Marriage and civil partnership	This protected group has not been specifically covered in the strategy.	
Pregnancy and maternity	Reduction in teenage conceptions and abortions (and therefore unplanned pregnancies).	
Race/ethnicity	Reduction in STIs and HIV diagnosis in black and minority ethnic population.	
Religion and belief, including non belief	This protected group has not been specifically covered in the strategy.	
Sexual orientation	Reduction in sexually transmitted infections in men who have sex with men. Improvement in service access and awareness in young people around LGBT issues	

4. Actions

Put in this table actions you have identified that will be included in your strategy/policy and supporting action plan or mitigating actions you have identified that need to be undertaken.

If you are commissioning/re-commissioning a service be clear what changes you plan to make to the specification as a result of the EINA and also how you will monitor the contract going forward to ensure equality is embedded and targeted actions are implemented.

Include how the impact of actions will be measured for example if you resolve to make a service more accessible for older residents say what your current baseline is and what target you want to achieve.

These actions will be tracked by the Policy and Review Team.

Action	Lead Officer	Deadline
Consideration of usefulness of carrying out analysis eg. an audit to identify data not routinely collected (this has now been added to the action plan as a result of undertaking the EINA)	Anna Bryden/ Richard Wiles	Dec 2024
Encourage all partners to distribute/engage with national and regional campaigns e.g. HIV Testing Week & Do It London etc	Anna Bryden	ongoing
Explore options to improve knowledge in older adult population especially LGBTQI regarding STIs including HIV e.g. working with GPs and liaison with non-health settings	Anna Bryden	March 20
Establish opportunities for Making Every Contact Count training module for professionals	Anna Bryden	March 20
Ensure that sexual health can be included in the annual campaigns delivered by community pharmacy	Anna Bryden	ongoing
Work with local GP Alliance to explore existing health promotion materials and methods re: sexual health	Anna Bryden	March 20
Engage with elected members on promotion of HIV Testing Week and World AIDS Day	Anna Bryden	Nov/Dec 19
Explore with communications teams how to communicate with ESOL e.g. translating leaflets	Anna Bryden	ongoing
Create pathways repository to be shared across the sector	Anna Bryden	Nov/Dec annually
Working with representatives of residents to review local approaches	Anna Bryden	March 21
Ensure 'Delay First Sex' approach/ local services and how to access/ consent/boundaries/ puberty/ anatomy/ contraception/ STIs/ HIV/ different types of sex (including LGBTQI)/ pregnancy/parenthood/ pleasure/ media influence/ porn/ abortion/ CSE/county lines/ substance misuse/ mental health/emotional wellbeing/ DV/healthy relationships (including LGBTQI)/ HIV/ LGBTQI health/ sex and the law/ self-esteem/ peer pressure/ communication skills etc are included in age-appropriate manner in local RSE offer for primary and secondary schools	Anna Bryden	Sept 2020 when mandated
Ensure young people are involved in design and delivery of RSE across the borough including decision-making around elements of curriculum and ongoing monitoring and evaluation	Anna Bryden	Sept 2020 when mandated
Ensure school nursing provision aligns with national RSE policy and guidance	Anna Bryden	April 2019 with new service spec

Explore options for influencing all schools/ including private sector/ to ensure equitable provision of RSE for young people educated in the borough	Anna Bryden	Sept 2020 when mandated
Establish ways to ensure LGBTQI young people are supported around sexual health (and other areas)	Anna Bryden	ongoing
Involve all sexual health and school nursing providers in LGBTQI Audit following Risky Behaviour Services Review recommendations	Anna Bryden	TBC
Explore opportunities to raise awareness to parents re: importance of RSE and interrelated items e.g. online grooming/ CSE/ internet safety/ through schools	Anna Bryden	TBC
Explore opportunities to work in partnership with FE college and university	Anna Bryden	ongoing
Ensure young people are involved in design and delivery of sexual health communications including vulnerable groups e.g. LGBTQI	Anna Bryden	March 21
Actively promote GIO website	Anna Bryden	March 20
Work with communications colleagues to better understand opportunities with social media and internet	Anna Bryden	March 21
Raise awareness of existing and trusted online sources of information on sexual health and services e.g. NHS Go/ NHS Choices/ Health Help Now/ Getting It On/ AfC info/ SWISH/ Do It London to vulnerable groups e.g. young people/ LGBTQI and LD	Anna Bryden	March 21
Actively promote the c-card scheme across the borough including with education and youth settings/ to ensure young people know what it is and how to access it	Richard Wiles	March 20
Establish SH providers' group	Richard Wiles	ongoing
Ensure appropriate pathways exist between different sexual health services and are shared through the sexual health providers group; and with other services such as mental health and substance misuse	Richard Wiles	TBC
PH and commissioners to work with providers' communications teams to ensure they (PH and Sexual Health Commissioning) have strategic overview of communication activities across the sexual health system	Richard Wiles	March 20
Quarterly primary care newsletter to include info about SH services	Ben Humphrey	Quarterly
Obtain regular updates on ISH service developments and communicate to CCG locality leads and Practice Nurses	Richard Wiles	quarterly
Ensure all community pharmacies/ GPs/ school nurses and youth services have access to and use up-to-date service information for signposting for young people - NB in particular CPs for EHC given LOCUM use etc	Richard Wiles	March 21

Build signposting and referral information into Primary Care Data Monitoring Systems (Pharm outcomes/ EMIS & Vision)	Ben Humphrey	October 19
Update all primary care service specifications to incorporate up to date referral and signposting information maximising synergies and interdependencies with other services (ISH/ Voluntary/ TOP/ Other Primary Care Services/Providers)	Ben Humphrey	October 18
Create service directory of all contracted primary care providers so that rapid signposting information can be given at point of contact with service user/ for example/ when CP LOCUM is unable to dispense according to the PGD and needs to signpost to alternative pharmacy.	Ben Humphrey	March 19
To develop and market the new hub premises to ensure it meets the needs of service users	Richard Wiles	March 19
Review provision of SH services in primary care considering need and accessibility - specifically EHC/ Chlamydia Screening and HIV POCT, ensuring accessibility for high risk groups	Ben Humphrey	April 19
Improve access by promoting a shift from clinic based to online STI testing for asymptomatic service users	Richard Wiles	March 19
Ensure all local providers promote their services including online and providing up-to-date information to website coordinators	Richard Wiles	March 19
Use differential commissioning data to identify groups with poorer access and provide support for high risk groups	Richard Wiles	March 19
Continue to explore provision of sexual health services in schools	Anna Bryden	September 19
Explore options to ensure sexual health services are young people friendly through local initiatives and new You're Welcome criteria when launched	Richard Wiles	TBC
Review access options for condom distribution including Come Correct (c-card scheme) to improve young people's access. Ensure young people are aware of the service and how to access it	Richard Wiles	March 20
Ensure recommendations from LSCB Risky Behaviour Action Plan re: LGBTQI service audit are implemented	Anna Bryden	TBC
Ensuring that providers are trained in communicating with and supporting more vulnerable groups e.g. LGBTQI/ young people/ ESOL	Richard Wiles	March 21
Undertake an audit of clinical competencies of LARC fitters working in contracted GPs ensuring all have required certificates and update training	Ben Humphrey	March 20
Undertake a Training Needs Analysis of providers delivering SH in Primary Care.	Ben Humphrey	March 20

Compile a directory of training providers for services to access relevant training for their staff	Richard Wiles	September 19

5. Consultation. (optional section– as appropriate)

Where a significant change is proposed to a service or where a new policy/service/service specification is being developed it is best practice to consult on the draft findings of an ENIA in order to identify if any impact or need has been missed.

- Engagement with current providers and partners took place as part of normal business, through contract management meetings and discussions at the local Steering Committee on Sexual Health in the preceding months.
- A workshop with key stakeholders was held in June 2018 to agree the strategic priorities and develop the actions for the action plan. A range of partners were invited including public health, commissioners, children's services, school nursing, staff from the Youth Council, service providers, and the voluntary sector.
- Surveys were distributed to key clinical services in June 2018 including GPs, community pharmacists, and school nurses, to gain input on the strategy and priorities from all front-line staff. Their views were then considered when developing the action plan.
- Youth participation workshops were held with both Richmond Youth Council and Children in Care Council in June 2018 to gain their views on the strategic priorities and actions. Their views were then considered when developing the action plan.
- A public consultation will be carried out in September 2018 on the draft strategy, and the draft version of the strategy will be published on the local authority's consultation website.