

Appendix 7

Equality Impact Assessment Report	Please enter responses below in the right hand columns
Date to DMT	18.08.2016
Title of Project, business area, policy/strategy	Sexual Health
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<p>London Borough of Lewisham Full Equality Impact Assessment Report</p>	<p>Please enter responses below in the right hand columns.</p>
<p>1.0 Introduction</p>	
<p>1.1 Business activity aims and intentions <i>In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the cooperative council vision, corporate outcomes and priorities?</i></p>	<p>To transform integrated sexual health services (Genito-urinary medicine services and reproductive and sexual health services) as provided to residents of Lewisham and to all London residents (given the services are, by statute, open access) by:</p> <ul style="list-style-type: none"> • Extending the reach and use of online sexual health services already provided in Lewisham and integrating the digital sexual health service (checkurself), which is offered online, on smart phones and other digital platforms, into the clinic service to deliver basic sexual health • Developing the targeted clinical service offer to improve access to those who are most at risk and the most vulnerable – these being primarily, but not exclusively: BME communities; young people; and men who have sex with men. • Providing (and increasing use of) self-sampling services at clinics and self-sampling ‘click and collect’ services • Reviewing service sites where the outcome will be an improved service offer ie. improved access to a range of clinicians skilled to deliver on range of needs, including the most complex, at times that best meet the needs of residents. • Improving access to long-acting reversible contraception (LARC) • Improved access to basic sexual health services in pharmacies and GPs <p>The proposed changes are aligned with those taking place in sexual health services throughout London. Alignment is overseen by the London Sexual Health Transformation Programme. Alignment is key given the open access nature of the services.</p>

2.0 Analysing your equalities evidence	
2.1 Evidence	
Protected characteristics and local equality characteristics	Impact analysis
<p>Race</p>	<p>Nationally ethnicity has a key effect on the level of risk of poor sexual health between particular groups of people. For example, there is a higher prevalence of STIs among African and Caribbean communities and a lower prevalence among Asian communities, when compared with the white British population (Shahmanesh et al., 2000; Low et al, 2001).</p> <p>The HPA report <i>Sexually transmitted infections in black African and black Caribbean communities in the UK: 2008 report</i> highlights the following:</p> <ul style="list-style-type: none"> • Black African and Black Caribbean communities in the UK are disproportionately affected by STIs. The higher prevalence of STIs in both the black African and the black Caribbean populations means that, even though their levels of high-risk sexual behaviour may be similar to those of other communities, they run an increased risk of acquiring an infection. • The Black Caribbean community is disproportionately affected by bacterial STIs, especially gonorrhoea. Data from the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) in 2007 shows that, among heterosexuals diagnosed with gonorrhoea at 26 GUM clinics, 26 per cent were black Caribbean and 6 per cent were black African. <p>In Lewisham 54% of the population belong to the White group, 46% to Black, Asian and Minority Ethnic group.</p> <p>The evidence below demonstrates the inequalities in sexual health faced by Black and Minority Ethnic groups, in particular, black African and black Caribbean Lewisham residents.</p>

Sexually Transmitted Infections

Where recorded, in 2014, 41.1% of new STIs diagnosed in Lewisham were in people born overseas. The chart below shows new STIs by ethnic groups. Whilst the white group has the largest proportion of STIs this is due to over representation of white gay men being diagnosed with STIs (see sexual orientation).

Source: HPA Web Portal

HIV

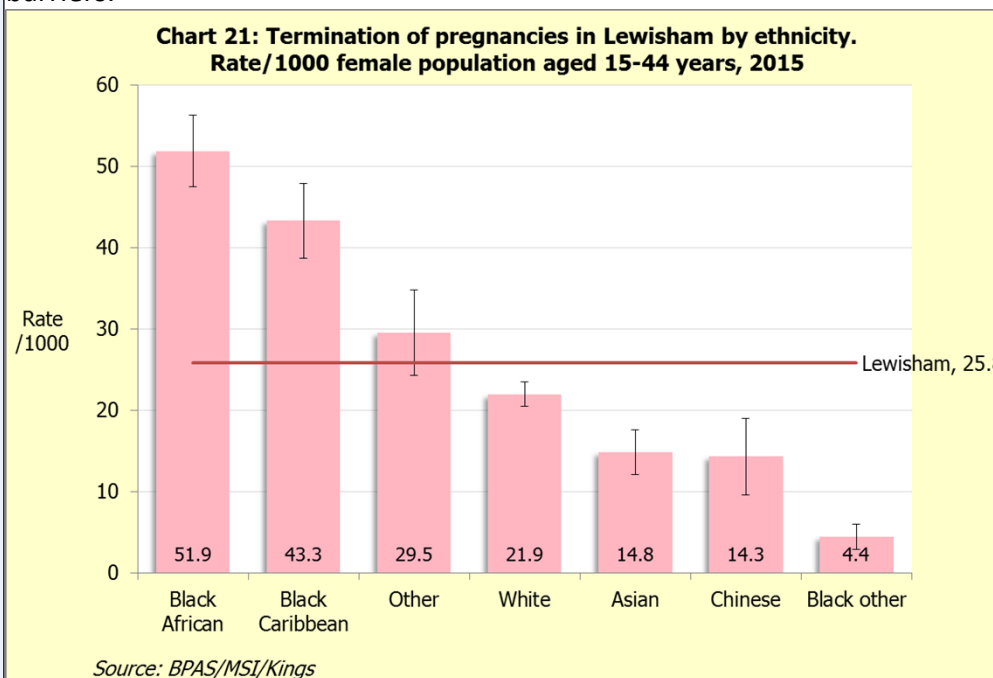
An estimated 107,800 people were living with HIV in the UK in 2013. Along with men who have sex with men (MSM), black Africans are the groups most affected by HIV infection. (LASER 2014)

In 2014, 1,729 adult residents (aged 15 years and older) in Lewisham received HIV-related care: 1,075 (number rounded up to nearest 5) men and 660 (number rounded up to nearest 5) women. Among these, 38.5% were white, 39.4% black African and 9.8% black Caribbean. With regards to exposure, 39.2% probably acquired their infection through sex between men and 55.0% through sex between men and women. (PHE Laser Report)

Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%).

Termination of Pregnancy

There appears to be considerable variation in abortion rates by ethnic group. Black African and Black Caribbean Lewisham resident women aged 15-44 years have over twice the rate of abortion of white women. The reasons for this are not currently well understood and may relate to barriers to accessing contraceptive services. These may include: a lack of awareness of contraceptive methods available; cultural acceptability of the available methods; logistical issues such as location and opening times; and language barriers.



Health Inequalities and BME Communities

Evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy Section 3.1 and from research, (eg African Health and Sex Survey, 2013-14, Sigma Research, LSHTP, A Review of research Among Black African Communities Affected by HIV in the UK and Europe, Medical Research Council) also indicates that these health inequalities are driving factors including:

	<ul style="list-style-type: none"> • Late Diagnosis of HIV • Difficulties in accessing services, including HIV testing services • Difficulties in accessing information about HIV and HIV prevention • Deprivation and immigration status • HIV stigma <p>Reproductive and sexual health services in Lewisham, Lambeth and Southwark have been shown to be good at meeting the sexual health needs of key priority groups, particularly younger people and BME populations. In 2012-13 black residents in those boroughs were twice more likely to use the service than others. (LSL Sexual Health Strategy and Epidemiology Report).</p> <p>The transformed services will continue to target BME communities given the burden of sexual ill health that these communities carry. Online services and clinic receptions will stream those BME residents who are vulnerable and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. Self-sampling ‘click and collect’ services will provide quick and easy access to testing for those who seek anonymity. There is no anticipated reduction in the capacity of the service. Access will be improved for BME residents as the online service will free up appointments within the clinic service. The new service model will complement the RISE sexual health promotion programme which has been running since April to work with BME communities in relation to sexual health.</p> <p>The impact on race is thus positive</p>
<p>Gender</p>	<p>The evidence below demonstrates the inequalities in sexual health related to gender in Lewisham residents</p> <p>Sexual Transmitted infections and sexual behaviour</p> <p>6,631 new STIs were diagnosed in residents of Lewisham in 2014 (3,592 in men and 3,084 in women), a rate of 2317.1 per 100,000 residents (men 2554.0 and women 2084.7) (gender was not specified or unknown for 5 episodes).</p>

	<p>(PHE LASER Report)</p> <p>Reinfection with an STI is a marker of persistent risky behaviour. In Lewisham, an estimated 7.3% of women and 12.2% of men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 became reinfected with a new STI within twelve months. Nationally, during the same period of time, an estimated 7.0% of women and 9.0% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months.</p> <p>In Lewisham, an estimated 6.6% of women and 12.4% of men diagnosed with gonorrhoea at a GUM clinic between 2010 and 2014 became reinfected with gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 8.0% of men became reinfected with gonorrhoea within twelve months.</p> <p>Please also see Sexual orientation for rates on MSM</p> <p>Conceptions and terminations For evidence and assessment in relation to young women please see please see Pregnancy and maternity.</p> <p>Data from the Checkurself online chlamydia and gonorrhoea screening service indicates that the service is more popular with women than with men, with 79% of users being female. Online services and clinic receptions will stream those women who are vulnerable and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. There is no anticipated reduction in the capacity of the service. Access will be improved for women both via the digital service and via increased capacity in clinics to see the most in need. Women need physical access to clinics for contraception interventions such as implants, coils and injections where as it is possible to manage some of the STI testing and treatment through online, text messaging and sending out prescriptions.</p> <p>The developing service model is designed to improve access to contraception for women by creating capacity in clinics through shifting screening for STIs online.</p>
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	<p>The impact on gender is thus positive</p>
<p>Gender re-assignment</p>	<p>Although there is a lack of evidence the little that is available indicates that trans people experience health inequalities (eg Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care April 2012 National Center for Transgender Equality), including sexual health inequalities which may include higher rates of STIs, and difficulties accessing services and relevant information. It has been estimated that there are 20 transgender people per 100,000 population, meaning that there are approximately 50-60 transgender people in Lewisham.</p> <p>6% of respondents to the online consultation on sexual health services identified as a gender other than that assigned at birth.</p> <p>The impact is thus unknown</p>
<p>Disability</p>	<p>There is limited data and research available on the needs of people with learning disabilities or physical disabilities.</p> <p>There are approximately 12,600 moderately or severely disabled people of working age in Lewisham and around 40,000 with a common mental disorder. However, the number of people living with HIV who are also disabled and/or have a mental health problem in Lewisham is unknown. Despite the success of anti-HIV treatments which result in PWHIV being able to live long and healthy lives small numbers, especially those diagnosed late, will become ill and may become disabled. In addition evidence indicates that PWHIV experience higher rates of mental health illness (eg Psychological support services for people living with HIV, National AIDS Trust, 2010) than their peers.</p> <p>Disabled people who may find it hard to travel to clinics will be able to access digital services and, if they require it, have test kits delivered to the door. Those disabled people who cannot access digital services will be able to access services via the clinic reception and will be streamed into clinic services as appropriate.</p> <p>There is currently no data about access to sexual health services by those with a learning disability. Anecdotally, services report seeming small numbers of individuals with</p>

	<p>learning disability and are able to support this client group. Support for all individuals with disability to access sexual health services will be form part of the new service specifications for clinic services.</p> <p>The impact on disability is thus positive</p>
<p>Age</p>	<p>Nationally there are clear inequalities in the sexual health of young people. It has been shown that they have relatively high rates of unintended pregnancies and sexually transmitted infections (STIs), with the exception of HIV.</p> <p>Young people aged between 15 and 24 years experience the highest rates of new STIs. In Lewisham, 41% of diagnoses of new STIs made in GUM clinics were in young people aged 15-24 years.</p> <p>Young people are also more likely to become reinfected with STIs, contributing to infection persistence and health service workload. In Lewisham, an estimated 13.4% of 15-19 year old women and 14.9% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 became reinfected with an STI within twelve months. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex.</p> <p>The chlamydia detection rate in 15-24 year olds in Lewisham in 2015 was 5,434 per 100,000 population, the highest in the country. 50.2% of 15-24 year olds were tested for chlamydia.</p> <p>Nationally, 22.5% of 15-24 year olds were tested for chlamydia with a 1,887 per 100,000 detection rate.</p> <p>Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The detection rate is not a measure of prevalence. PHE recommends that local areas achieve a rate of at least 2,300 per 100,000 resident 15-24 year olds, a level which is expected to produce a decrease in chlamydia prevalence. Areas already achieving this rate should aim to maintain or increase it, other areas should work towards</p>

it. Such a level can only be achieved through the ongoing commissioning of high-volume, good quality screening services across primary care and sexual health services.

Sex and relationships education (SRE)

Evidence also indicates that access to high quality sex and relationships education (SRE) is instrumental in delaying the onset of first sex and promoting relationship skills (UNESCO 2009, NICE 2010, Kirby, 2007)

Evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy and from research, (eg Health Promotion, Inequalities and Young People's Health: A systematic review of research, Oliver S et al, Institute of Education, 2008, NatSal, 2015) indicates that these sexual health inequalities are driven factors including:

- Skills and confidence in negotiating safer sex
- Gender roles and assumptions
- Difficulties in accessing sexual health services
- Difficulties in accessing information about HIV and HIV prevention
- Deprivation
- Stigma around STIs
- Availability of Sex and relationships education at school

Reproductive and Sexual Health Services in Lewisham (and Lambeth & Southwark) have been shown to be good at meeting the sexual health needs of key priority groups, particularly younger people and BME populations.

Data from online sexual health services run in other inner London boroughs indicate that the service is highly popular with young people (35% of users are under 24 in Lambeth). Feedback on the service indicates that young people value the anonymity, the confidentiality and the speed at which the service delivers results. Test kits will not have to be delivered to young people's homes but via a 'click and collect' service thus

	<p>guaranteeing confidentiality. Research indicates that digital technology is the most preferred route for young people to access many services, including health services (Use of Digital Technology, RCN, 2016). This was supported by a survey conducted by the Come Correct Scheme at the 2016 Lewisham People’s Day, which found that 50% of young people responding would prefer to register for condoms online. Over three quarters of respondents also stated they would like to receive their condoms by pick up from a local place.</p> <p>Digital services and clinic receptions will stream those young who are vulnerable (including all under 16) and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. There is no anticipated reduction in the capacity of the service. Access will be improved for young people both via the digital service and via increased capacity in clinics to see the most in need.</p> <p>Feedback from the Lewisham Young Advisors is that young people also value the ability to walk into an environment which delivers other services rather than just sexual health so that people don’t know why they are attending. Pharmacies (for contraception and STI screening) and libraries (for condoms or picking up STI screening packs) were cited as examples.</p> <p>The impact on young people is thus positive</p>
<p>Sexual orientation</p>	<p>The evidence below demonstrates the inequalities in sexual health related to sexual orientation.</p> <p>The number of STI diagnoses in MSM has risen sharply in England in recent years. Gonorrhoea is the most commonly diagnosed STI among MSM and, given recent increases in diagnoses, is a concern due to the emergence of antimicrobial resistance in gonorrhoea. Several factors may have contributed to the sharp rise in diagnoses among MSM including condomless sex associated with HIV seroadaptive behaviours and the use of recreational drugs during sex (chemsex). More screening of extra-genital (rectal and pharyngeal) sites in MSM using nucleic acid amplification tests (NAATs) will also have improved detection of gonococcal and chlamydial infections in recent years.</p>

Sexually transmitted infections

In Lewisham in 2015, for cases in men where sexual orientation was known, 917 of new STIs were among MSM compared to 1202 in heterosexual men. There are estimated to be 4,000 MSM in Lewisham between 15-44 (ages in which most infections are diagnosed) compared to 72,124 men in total. This suggests a very significant over representation of MSM with STIs.

Please note that the numbers for MSM presented in this report include homosexual and bisexual men.

The majority of syphilis cases in London are diagnosed in men who have sex with men (MSM) in central London, with a slightly older age profile than the profile for STIs overall in London. Almost all cases of syphilis (96.5%) diagnosed in 2015 were male, with 89.9% diagnosed in MSM. Lewisham had over 100 new cases of syphilis in 2015

Substance misuse

There is specific concern around increasing sexual risk taking behaviours in MSM associated with recreational drug use and correlated with a rise in HIV and STI diagnoses.

Health Inequalities and MSM

Evidence gathered locally during the consultation on the past Lambeth, Southwark and Lewisham Sexual Health Strategy Section 3.1 and from research including also indicates that these health inequalities are driven by factors including:

- Difficulties in accessing services, including HIV testing services
- Difficulties in accessing information about HIV and HIV prevention
- HIV stigma
- Increased risk taking behaviour

There is evidence to show that for many MSM the internet is a preferred route for access to services and health interventions and a key platform for delivering STI and HIV interventions (eg The Health and Wellbeing of BME, gay and other MSM, 2014, PHE). The current London HIV Prevention Programme delivers a raft of digital sexual

	<p>health and HIV prevention interventions targeted at MSM that have been well evaluated. Also Lambeth and Southwark’s current digital sexual health service is well used by MSM (14% of users are MSM) but still not as popular as clinics. The service will be adopting marketing that is more suitable and targeted at MSM with the aim of increasing uptake.</p> <p>Digital services and clinic receptions will stream those MSM who are vulnerable (and at risk into clinics to access both medical help and, where appropriate sexual health promotion interventions. There is no anticipated reduction in the capacity of the service. Access will be improved for MSM both via the digital service and via increased capacity in clinics to see the most in need.</p> <p>Lesbian women have much lower rates of STI infection, although there is still a residual risk which is often overlooked. Anecdotally, lesbian women have reported barriers to accessing sexual health services, in particular cervical screening on the basis that they are not perceived to be at risk. Whilst their risk maybe lower than for heterosexual women they should still be encouraged to attend for cervical screening.</p> <p>The impact on sexual orientation is thus positive</p>
<p>Religion and belief</p>	<p>There is limited evidence on the relationship between religion and belief and sexual health. However, evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy indicates that:</p> <ul style="list-style-type: none"> • The role faith leaders play is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community • Involving local faith organisations eg. churches and mosques is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community <p>Lewisham commission RISE sexual health promotion services to work with faith leaders and faith communities on sexual health issues.</p> <p>The impact is thus unknown</p>
<p>Pregnancy and maternity</p>	<p>Abortion</p> <p>In Lewisham, the total abortion rate per 1,000 females population aged 15-44 years</p>

was 25.6, while in England the rate was 16.2 (2015). Of those women under 25 years who had an abortion in that year, the proportion of those who had had a previous abortion was 34%, while in England the proportion was 27.0%.

Contraception

The rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care was 11.4 for Lewisham, 16.1 for London and 32.3 per 1,000 women in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 67.1 for Lewisham, 33.0 for London and 31.5 for England. (PHE LASER Report)

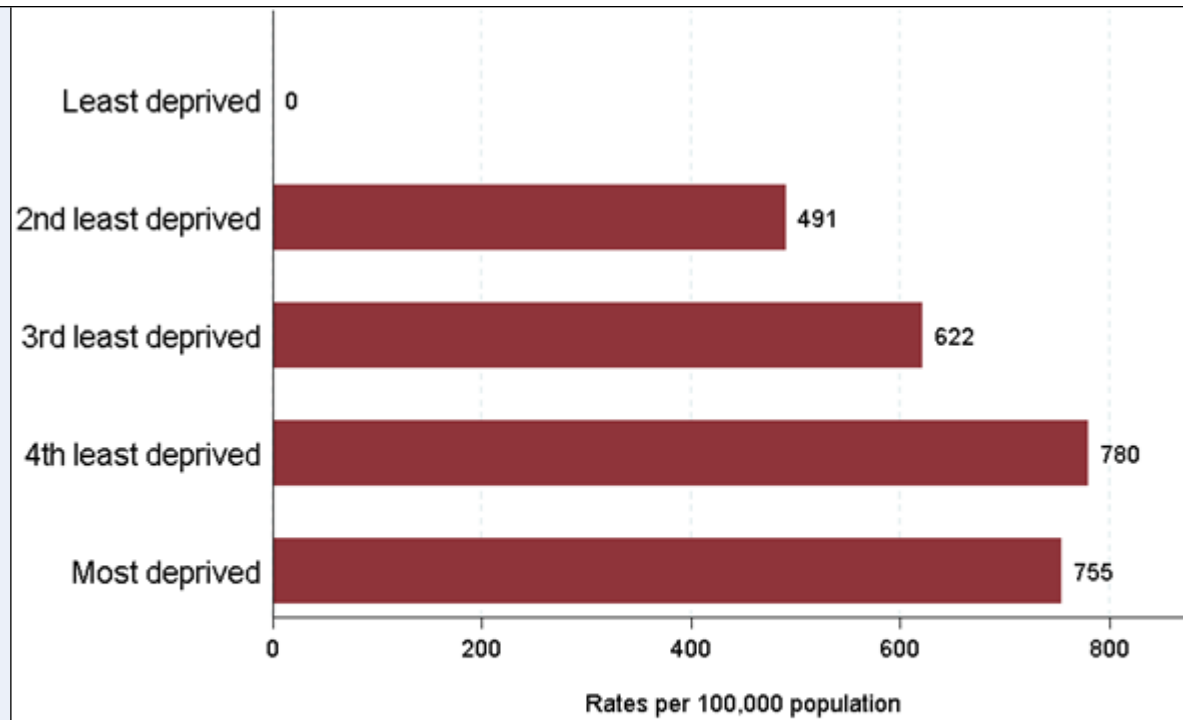
Teenage conception

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. In addition to it being an avoidable experience for the young woman, abortions, live births and miscarriages following unplanned pregnancies represent an avoidable cost to health and social care services.

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

	<p>In 2014, in Lewisham:</p> <ul style="list-style-type: none"> • The under 18 conception rate per 1,000 female aged 15 to 17 years was 31.3, while in England the rate was 22.8. Previous analysis of teenage pregnancies in Lewisham showed higher rates in Black ethnic groups compared to Asian and white groups. <p>Services</p> <p>Further developments in the future sexual health model include the development of post-natal contraception. This will have a direct impact on women who have recently had a baby enabling them to plan any subsequent pregnancy without needing to arrange a clinic or GP visit straight after their baby is born.</p> <p>Evidence indicates that the risk of unplanned pregnancy is associated with:</p> <ul style="list-style-type: none"> • age (being under 18 or over 40) • alcohol consumption • deprivation <p>Digital services and clinic receptions will stream those women who are vulnerable and at risk into clinics to access contraception advice and interventions. Those who have complex contraception needs (ie either as a result of physiological, medical, social or psychological need) will find it easier to access an appropriately qualified clinician.</p> <p>Digital services will provide detailed and easy to read information on the range of contraception available, where to access it and the best methods to meet need. This will have the benefit of increasing access to simple contraception and freeing up clinical consultation time in both sexual health clinics and general practice. Improved access to LARC will form the part of the contracts with GP Federations for 2016/17. A central booking system for LARC to be managed by BPAS and to be introduced in 2016 in LSL will also increase access to LARC.</p> <p>The impact on pregnancy and maternity is thus positive</p>
<p>Marriage and civil partnership</p>	<p>There is a lack of evidence on the relationship between marriage and civil partnership and sexual health. Data is collected in all sexual health services on marriage and civil</p>

	<p>partnership and future research eg service reviews, can capture information on service use and the characteristic.</p> <p>The impact is thus unknown</p>
<p>Socio-economic factors</p>	<p>Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from GUM clinics show a strong positive correlation between rates of acute STIs and the index of multiple deprivation across England. There is also evidence of greater domestic violence in areas of deprivation, particularly during recessions, which also has a relationship with poor sexual health. The relationship between STIs and SED is probably influenced by a range of factors such as the provision of and access to health services, education, health awareness, health-care seeking behaviour and sexual behaviour. This is mirrored in the rates of STIs in Lewisham which show a positive correlation with wards of greater deprivation.</p> <p>There is evidence from African countries of a link between domestic/sexual violence and abortion. This may in part explain the higher rates of abortion in this ethnic group seen in local data.</p> <p><i>Rates* of new STIs by deprivation category in Lewisham (GUM diagnoses only): 2014(</i></p>



Source: Data from Genitourinary Medicine Clinics
 Rates based on the 2011 ONS population estimates
 Excludes chlamydia diagnoses made outside GUM
 *Please note that to prevent deductive disclosure the underlying number of STI diagnoses used to calculate the rates in this figure has been rounded up to the nearest 5

Clinic receptions will stream those who are most vulnerable and at risk into clinics to access help. As well as screening for sexual risk the clinic will screen (as is current practice) for domestic violence and drug use. Those with the greatest sexual health need will find it easier to access the help they need and clinicians will have more time to spend with those with more complex needs

	<p>The impact on Socio-economic factors is thus positive</p>
<p>Language</p>	<p>Lewisham is a very ethnically diverse borough, and for many residents English may not be a first language. However, there is a lack of robust evidence on the links between language and sexual health promotion.</p> <p>Clinics have access to translators and produce sexual health information in languages other than English.</p> <p>However, given the lack of research the impact is thus unknown</p>
<p>Health</p>	<p>For the impact with regards to sexual health and groups of people, see sections above.</p>
<p>2.2 Gaps in evidence base <i>What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are unable to fill in the gaps please state this clearly with justification.</i></p>	<p>There are gaps in:</p> <ul style="list-style-type: none"> • Sexual health and transgender • Language • Religion and belief • Marriage and Civil Partnership <p>There is a lack of evidence and research in these areas in relation to sexual health. Transformed services will have the ability to monitor in relation to transgender and language needs. Services are provided to all irrespective of religion and belief and marriage and civil partnership.</p>
<p>3.0 Consultation, Involvement and Coproduction</p>	

<p>3.1 Coproduction, involvement and consultation</p> <p><i>Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?</i></p>	<p>Key stakeholders are:</p> <ul style="list-style-type: none"> • Lewisham CCG • Lewisham and Greenwich NHS Trust • The London Sexual Health Transformation Programme • General Practice and Community Pharmacy in Lewisham • Local Medical Committee • Sexual health clinicians & service managers • Sexual health service users • Young People • LB Southwark • LB Lambeth • LB Bromley <p>The LSL Sexual Health Transformation Programme has been in place since April 2015 and has been co-producing and designing the transformed services. The Programme consists of a Steering Group chaired by the Integrated Director of Commissioning and comprising of representatives from all stakeholder groups.</p> <p>The proposed new service has been designed and contract and finance agreed via workstream groups made up of stakeholders. These groups are:</p> <ul style="list-style-type: none"> • Clinical and service model • Finance and contracts • Primary care <p>Extensive consultation was undertaken in 2013/14 to inform the direction for the model as part of the LSL Sexual Health Strategy development. This included two stakeholder events and focus groups with key target groups (MSM, BME communities and young people). The work endorsed the model.</p> <p>Additional consultation with the public and service users was undertaken in summer 2015 when with public events held in Lambeth, Southwark and Lewisham and focus groups in</p>
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all boroughs to identify views on residents in accessing sexual health services online and via primary care. The subsequent report identified that residents were happy to access services via both channels, the main barriers being practical (ie being unaware of the digital service. Being unable to book convenient appointments in primary care) – the LSL Transformation Project has taken these in to account in its planning (eg freeing up appointments in general practice by providing digital access to simple contraception)

Additional consultation on all the public health proposals in Lewisham was undertaken in July - August 2016 with service users and residents, including sexual health. The sexual health service consultation included:

- online survey for professionals
- online survey for public
- Attendance by officers at 4 GP neighbourhood meetings
- Attendance by officers at Local Medical Committee meeting
- Attendance by officers at CCG membership forum
- Attendance by officers at Young Advisors meeting
- Attendance by officers CCG senior management team meeting
- Attendance by officers at Lewisham People's Day to discuss proposals and get feedback on existing services.

Professional online survey

In total 87 professionals completed the online survey in relation to sexual health.

Most of the feedback in relation to existing sexual health clinic provision was positive, however, long waits to be seen and clinics closing early was highlighted as feedback that professionals had received from patients. The importance of the additional level of anonymity the clinics provided was also mentioned. Around a third of GP respondents also highlighted the fact that they already did provide most sexual health services for their patients, only referring complex cases or difficult to treat infections.

	<p>Public online survey</p> <p>195 people responded to the uengage survey in relation to sexual health services. Of these slightly over half (50.2%) had used any sexual services in the borough (including sexual health clinics, online screening, pharmacy or GP). 6.7% identified as gay, lesbian or bisexual. Just over seven percent identified themselves with a gender other than that they had been assigned at birth.</p> <p>When asked to what extent they favoured a more comprehensive sexual health offer including STI testing and contraception in a variety of settings the survey showed, nearly 80% supporting this in GP practices, 67% supporting this in pharmacies and 56% supporting online provision (a further 19% were ambivalent). In the comments received from the public there was very strong support for home sampling/online testing.</p> <p><i>“Home sampling is a great idea!”</i></p> <p>A number of responses highlighted that this was a way to prevent people having to wait in clinics, which often closed early due to the volume of patients, and ensuring those that needed to be seen could get into clinics. A number of respondents also commented that they wanted to have more appointment based services (most sexual health services are currently “walk in and wait”), rather than rushing between clinics trying to get seen, only to find they are closed. On the other hand, the additional anonymity of not having to be registered or make an appointment was felt to be important in encouraging vulnerable young people to access to the service.</p> <p><i>“It is simply not right that there are so few clinics in Lewisham given how large the borough is. If clinics advertise their closing time as 7pm that's the time the clinic should actually close - it's ridiculous that people at work might make their way to a clinic to find themselves turned away and told to try again during the following day time.”</i></p> <p>There appeared to be strong support from survey respondents for young people’s specialist</p>
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	<p>sexual health services. When asked whether there should be specialist services for young people 79% of respondents favoured an under 19s service. The percentage favouring under 25s and young people's provision within mainstream provision was also high, but slightly less - 75% of respondents favoured an under 25s service and 75% to have young people's provision as part of the mainstream offer, but overall there was strong support for a young people's services for sexual health.</p> <p>The free text comments suggested that sex education and prevention of pregnancy and STIs should be a key focus for young people.</p> <p><i>“There is a need to educate and create easy access to young people separate from general sexual health services and GPs. They are more likely to attend if services are separate.”</i></p> <p>Some respondents challenged the age cut off at 25 for young people's services (this age is used as this is the peak STI age range), and suggested it should be older or younger. Feedback from the GP neighbourhoods and LMC was broadly supportive of the sexual health proposals, in particular the promotion of online/ home sampling for STIs and recognising that young people had specific needs which may be best met by specialist services. There was support for a neighbourhood model of delivery of sexual health services, in primary care although some caution regarding the capacity of GPs practices to cope with any increase in demand.</p> <p>The Lewisham Clinical Commissioning Group also highlighted a concern that the new service model may lead to unfunded work in GP practices.</p> <p>Prevention and sexual health promotion was highlighted frequently as a key component of sexual health service delivery.</p> <p>Young people highlighted the importance of discreet and confidential services to meet their needs, which were youth friendly. They raised concerns about being 'judged' in mainstream service provision. There was a high degree of enthusiasm for online/self</p>
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	<p>sampling for STI testing, although for younger teenagers there were concerns about having packages sent to their home address. They felt this could be addressed through the “pick up a pack” model already used in sexual health services for self sampling, but extending it to other venues including youth setting, libraries and pharmacies. Prevention and sex and relationships education was also highlighted as a key area by the Young Advisors. There were concerns expressed that many young people in Lewisham were not getting access to sex and relationships education either because schools were not providing it or their parents did not allow them to participate.</p>
<p>3.2 Gaps in coproduction, consultation and involvement <i>What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)? Please describe where more consultation, involvement and/or coproduction is required and set out how you intend to undertake it. If you do not intend to undertake it, please set out your justification.</i></p>	<p>The final model for young people’s sexual health service provision will require further engagement and co-production with their involvement. It is anticipated that this will form part of the procurement process and service specification development.</p> <p>Using existing service providers who are working directly with communities which experience poorer sexual health outcomes, commissioners will ensure that new service models continue to meet the needs of these communities and improve sexual health outcomes.</p>
<p>4.0 Conclusions, justification and action</p>	
<p>4.1 Conclusions and justification <i>What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?</i></p>	<p>The consultation responses generally support the proposed sexual health service model, particularly the use of online testing. The issues raised in relation to clinic capacity and waiting times should be improved by better streaming of patients through the sexual health services, matching need to service - so those who do can be seen in a pharmacy or screened online do not need to access a clinic.</p> <p>There appears to be a high level of support from both the public and professionals for young people’s sexual health services. Further work to may be require to ascertain what</p>

	<p>this should look like and how it fits with the development of a broader health service for 11-19 year olds, and incorporates the issues raised in relation to sex and relationships education and prevention.</p> <p>The £500,000 savings set against sexual health in 2017/18 will largely be achieved through service redesign moving uncomplicated contraception and STI testing online and into pharmacies, and through a new integrated sexual health tariff for financing sexual health services. It is not anticipated that this should lead to a deterioration in service, but rather an improvement in access but creating more opportunities to test for STIs and access contraception.</p>
<p>4.2 Equality Action plan <i>Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.</i></p>	
<p>Equality Issue</p>	<p>Mitigating actions</p>
<p>Transgender</p>	<p>Monitor service uptake and use Include specific questions concerning transgender issues in service quality/feedback surveys</p>
<p>Language</p>	<p>Monitor service user language requirements and develop materials/services to meet requirements</p>