Appendix 3

Initial Equalities Screening Record Form

Date of Screening: 25/01/2018	**Directorate: Adult Social Care Health and Housing**	**Section: Public Health**
1. Activity to be assessed	Proposed tender of the integrated Sexual and Reproductive Health Services (SRHS) in The Royal Borough of Windsor and Maidenhead (RBWM)	
2. What is the activity?	☐ Policy/strategy ☐ Function/procedure ☐ Project ☐ Review ☒ Service ☐ Organisational change	
3. Is it a new or existing activity?	☐ New ☒ Existing	
4. Officer responsible for the screening	Sarah Shildrick	
5. Who are the members of the screening team?	Sarah Shildrick, Jo Jefferies, Sheetal Tanna	
6. What is the purpose of the activity?	A procurement exercise on behalf of RBWM following Bracknell Forest Council's Contract Standing Orders and Procurement Procedures. It has been agreed that such an exercise is the most suitable way to ensure that there is a high quality SRH Service provided for all RBWM residents. A high quality service is defined as one that improves people's sexual health and reduces inequalities in sexual health outcomes whilst demonstrating value for money. It provides residents with easily accessible information on sexual health and treatment enabling them to make informed and healthy choices about relationships and sex. The service will cover the levels of services as identified in the National Services Specification: • Treatment and care for sexual health (excluding HIV) • Contraceptive services (additional to core primary care work) • Sexual health promotion It will exclude the local sexual health promotion website. The current main provider of this service in RBWM is Berkshire Healthcare Foundation Trust (BHFT). The project will be overseen by the Berkshire Health Protection Consultant and the Local Authority Public Health Consultant with the Berkshire Chief Executive's Group (BCEG) having final authority.	
7. Who is the activity designed to benefit/target?	The procurement is designed to benefit all RBWM residents through the provisions of easily accessible information and services. National and local evidence outlined in a recent Sexual Health Needs Assessment (see appendix for a summary) for RBWM highlight some key groups of the resident population who are at increased risk of poor sexual health outcomes and who are less likely to access services. These include but are not limited to: young adults between the ages of 15 to 24; Lesbian, Gay, Bi-sexual, and Trans (LGBT) people; people from Black ethnic	

	backgrounds; and people with learning disabilities. Therefore, a well designed targeted service would see a reduction in such inequalities.			
Protected Characteristics	**Yes**		**Is there an impact?** The impact is positive as the sexual health service will benefit all RBWM residents. The outreach nurse will ensure those vulnerable and hard to reach groups are prioritised within the service	**What evidence do you have to support this?** Through equality monitoring data through the key performance indicators and the provider carrying out regular surveys with the service users which will be fed back to the commissioner at contract monitoring meetings
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	**Y**	N	Research has shown that people with learning disabilities face multiple challenges in developing sexual and romantic relationships (National Development Team for Inclusion). People with physical disabilities have sexual and reproductive health inequalities when compared with the general population (Rowen, Stein, and Tepper (2015). The service is open-access and should be accessible by all so the impact on this group should be positive.	There is a national lack of data collection on sexual health and disability (Department of Health). However, the UN Convention of the Rights of Persons with Disabilities (WHO; AAIDD) promote the rights of people to form relationships and have a family and states that people with a disability should have access to the same range and quality of sexual and reproduction health care as everybody else.
9. Racial equality	**Y**	N	The protected group, particularly those from Black, Asian and Minority Ethnic Groups, are known to have poorer sexual health outcomes and a greater need for prevention and treatment services than the general population. Any potential service should be designed to increase this group's access to appropriate sexual health information and treatment. Therefore, the aspiration is for a positive impact on this group.	A local Sexual Health Needs Assessment show that people from 'Black' or 'Other' ethnic backgrounds are more likely to be diagnosed with an STI than would be expected given the relative population size. The same needs assessment also showed that people from Black Ethnic backgrounds are less likely to take up an STI test at their first attendance for STI related care. The Service Specification for sexual health services will include the requirement that the selected provider ensures that services are culturally appropriate and responsive.
10. Gender equality	**Y**	N	Gender inequalities currently exist within the provision of sexual health services that particularly impact young males. Any potential services should aim to understand and address this with services targeting particular genders when justifiable without excluding others in doing so. Therefore, the aspiration is for a positive impact on this group.	Although some reproductive health services justifiably target females, the Sexual Health Needs assessment shows that there is a particularly low uptake of services within RBWM by males. There is also some evidence that females in RBWM are less likely to take up STI test than males though this may be due to issues with data recording.

				The Service Specification for sexual health services will include the requirement to deliver targeted services for young males.
11. Sexual orientation equality	**Y**	N	The protected group, particularly Gay and Bi-sexual men, are known to have poorer sexual health outcomes and a greater need for prevention and treatment services than the general population. Any potential service should be designed to increase this group's access to appropriate sexual health information and treatment. Therefore, the aspiration is for a positive impact on this group.	There is strong national evidence that men who have sex with men (MSM) have relatively high rates of STIs including HIV (Public Health England). The local sexual health needs assessment shows that although Gay and Bisexual men are over-represented in the attendance and STI diagnosis rates, they are less likely to receive an STI test at their first attendance for STI related care. Gay and bi-sexual women have also been shown to be less likely to access health services than heterosexual women and are sometimes erroneously told that they do not need to be tested for STIs (Stonewall). The local needs assessment showed that fewer gay and bi-sexual women were accessing sexual health services than would be expected given the estimated relative population size. The Service Specification for sexual health services will include the requirement that there is specific targeted provision for MSM.
12. Gender re-assignment	**Y**	N	While it is estimated that the number of transgender people in the UK is relatively low, it is a group that often has particular health needs and that can face discrimination. Identification of transgender people within sexual health data is limited by the fact that gender is often only recorded as either gender at birth or current gender: both of these methods can lead to inaccuracies in interpreting the data. Any potential service should show an understanding of this minority group's specific needs. Therefore, the aspiration is for a positive impact on this group.	Services should record both gender at birth and current gender in order to allow for monitoring of transgendered people's access to the service. They should follow the FSRH guidance on contraceptive choices and sexual health for Transgender and non-binary people https://www.fsrh.org/standards-and-guidance/documents/fsrh-ceu-statement-contraceptive-choices-and-sexual-health-for/

13. Age equality	**Y**	N	There are a number of age groups that have been identified as been at risk of poor sexual health outcomes and services are not always accessible to some of these groups. Any potential service needs to address all residents' needs, targeting the most vulnerable age groups whilst remaining open and accessible to all. Therefore, the aspiration is for flexibility that improves age equality.	Younger age groups are more likely to have poor sexual health: the local needs assessment shows that; women under the age of 18 are more likely to have an abortion than the average for all ages; STI diagnoses are more common in younger age groups and peak in the 25 to 34 year old age band. However, there is also national data to suggest that the incidence of STIs in older people is increasing so it would be beneficial to consider the needs of this group. Additionally, there is an ageing cohort of people living with HIV. This is due to improvements in healthcare meaning that the life expectancy of people with HIV is increasing. The healthcare needs of people living with HIV is outside of the scope of this service. The specification will include the requirements to address the age differentials in diagnosing and treating STI's and HIV testing to ensure any potential for adverse impact is minimized. The specification will include a requirement for targeted work around young people using the refresh 'You're Welcome' Standards.
14. Religion and belief equality	**Y**	N	A person's decisions about their sexual health may or may not be influenced by their religion or belief. Services should allow people to make informed decisions about their sexual health in the context of their religion or beliefs. The service should be sensitive to any potential influence of religion or belief on a person's decisions about their sexual health. Therefore, the aspiration is for a positive impact.	The specification recognizes the need for future service providers to include faith groups in service development and outreach work. This would also link into the high prevalence of HIV within specific minority communities and support the development of joint health promotion initiatives via faith leaders and organizations.
15. Pregnancy and maternity equality	Y	**N**	It has been determined that there is no impact on this group for the following reasons: the service is open access to all; there is no evidence to suggest that pregnancy and maternity negatively impacts a persons access to sexual health services or increases the risk of poor sexual health; pregnant women also receive STI screening as part of the antenatal care pathway; new mums receive contraceptive advice as part of the postnatal care pathway	

16. Marriage and civil partnership equality	Y	**N**	It has been determined that there is no impact on this group for the following reasons; the service is open access to all; there is no evidence to suggest that marriage and civil partnership negatively impacts a persons access to sexual health services or increase the risk of poor sexual health. Sexual orientation equality is considered separately under point 11	
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	People who are homeless, substance misusers (particularly those engaging in chemsex), and commercial sex workers are at increased risk of poor sexual health, as are those with a lower socioeconomic status. The Provider will be required to ensure that their service is located in an area that is accessible to those living in more deprived areas of RBWM. Both the Commissioner and Provider will also be required to ensure that partner agencies are aware of the remit and availability of the service to encourage appropriate signposting (e.g. the Drug and Alcohol Action Team).			
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	No adverse impact directly due to the proposed tender of sexual health services have been identified by the EIA screen. However, the screen does serve to highlight the vulnerabilities to poor sexual health and lack of access to services that can be experienced by entire protected groups when compared to the rest of the population (e.g. people with disabilities and gender re-assignment) as well as by sub-groups within protected groups compared to the group as a whole (e.g. people from Black and Asian Minority Ethnic background and Gay and bisexual men). Any procured service would be required to demonstrate an understanding of these vulnerabilities and have procedures in place to reduce known inequalities. They would be required to collect Equality Monitoring information and report this back to the commissioner annually. Additionally, services would be subject to Department of Health Frameworks which themselves has also been EIA assessed. The known level of impact of protected characteristics on a person's vulnerability to poor sexual health varies depending on the characteristic (see below) and the way in which equitable access is promoted will vary depending on this impact. Therefore, specific services will need to be targeted at the groups with the highest levels of inequalities such as men who have sex with men, young people, and people from Black African communities.			
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	The different levels and types of vulnerabilities to poor sexual health that exist between and within the protected groups will be reflected in how the service is provided. Sexual health services serve a diverse client group so the service will be tailored to reflect this. In addition, whilst the service provision will be responsive to the inequalities that exist within sexual health, the service is an open access service meaning that there is equality of access for all residents regardless of their protected characteristics, This in itself will mitigate against any adverse effect on protected groups.			
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?	Y	**N**	The aim is for the services to be more responsive to individual needs based on protected characteristics so any impact should be positive	

21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	Equality monitoring information from procured sexual health services will allow monitoring of the service in relation to protected groups.		
22. On the basis of sections 7 – 17 above is a full impact assessment required?	Y	**N**	This EIA has not identified any adverse impact of the proposed tender on any of the protected groups. Standards and frameworks have been developed nationally and local evaluations, Service Specifications, Key Performance Indicators (KPIs), and contracts will ensure promotion of equality amongst protected groups.

23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.

Action	Timescale	Person Responsible	Milestone/Success Criteria
Service specification reflects the needs of the protected groups	March 2018	Commissioner	Final approved specification includes the needs of protected groups
Provider evaluations include evaluation of promotion of equality	May 2018	Commissioner	All providers evaluated on their equality promotion
Ongoing tailored Public Health promotion of the service via social media and local sexual health promotion website, targeting groups with potentially worse sexual health outcomes.	Duration of contract	Commissioner	High social media reach rates and website hits
Continued partner agency working to ensure relevant signposting to the sexual health service for higher risk groups.	Duration of contract	Provider & Commissioner	Increased attendance from those in higher risk groups
Provider will be required to deliver the service in line with national sexual health standards, taking into account higher risk groups and equal access for all.	Duration of contract	Provider	Adherence to national standards

24. Which service, business or work plan will these actions be included in?	Service Specification, Evaluation guidance and scoring protocol

25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	• The integration of Sexual Health and Reproductive Health services to increase accessibility and efficiency of the service • The introduction of specific services which target young people, males, and men who have sex with men • The introduction of the Safe Sex Berkshire website as a central, web-based information resource widening access to information and sign-posting of services • Campaigns targeting key Black, Asian and Minority Ethnic Groups and Men who have sex with men around HIV testing
26. Chief Officers signature.	Signature: Hilary Hall Date: 1 May 2018

Appendix 3

Berkshire Sexual Health Needs Assessment – Royal Borough of Windsor and Maidenhead Summary

Public Health Services for Berkshire 2017

Introduction

This summary has been produced to accompany the 2017 Berkshire Sexual Health Needs Assessment. It aims to provide an overview of the key findings from the needs assessment relating to: the current sexual health of people resident in the Royal Borough of Windsor and Maidenhead (RBWM); and the sexual health services used by people resident in RBWM. The needs assessment and accompanying summary will be used to identify priority areas of need; to identify what is working well and where improvements can be made, in order to inform the commissioning of local sexual health services in RBWM.

The current main provider of sexual health services in RBWM is Berkshire Healthcare Foundation Trust (BHFT). They provide an integrated service covering both Sexual and Reproductive Health (SRH) related care and Sexually Transmitted Infection (STI) related care. The current provider contract will end on the 31st March 2020: this is a year later than the contact ends between BHFT and Slough and between BHFT and Bracknell Forest.

National commentaries around the current sexual health commissioning arrangements express concern around their fragmented nature with commissioning split between local authorities, clinical commissioning groups (CCGs), and NHS England. There is concern that services are not accessible to all, particularly those at greatest risk; that contracting problems are arising through patients attending services out-of-are; that there is a lack of clinical expertise both in service delivery and commissioning. There is also a general increase in demand for services occurring at the same time as budgetary restrictions.

RBWM's population

RBWM has a total population of 147,708 (ONS, 2016). A number of population groups have been highlighted as been at a higher than average risk of poor sexual health outcomes. It is not always possible to count and map the numbers of people from these groups. However, we can estimate that in RBWM there are;

- 6,981 females and 7,874 males ages 15 to 24
- 33,973 people from Black, Asian, and Minority Ethnic (BAME) backgrounds
- 6,491 living in the most deprived areas of RBWM
- 312 users of adult specialist substance misuse services
- 709 men who have sex with men (MSM)

When RBWM's population structure is compared to the overall population structure for England, there is a lower proportion of people age 20 to 34 living in RBWM and a higher proportion of those aged 35 to 54. In terms of predicted change in population size, we can expect an increase across all age groups and, in particular, in those aged 45 and over.

RBWM has a predominantly White British population with the non-British White population been the largest of the minority ethnic groups in the area.

Reproductive health

All-age conception rates in RBWM are similar to national and regional averages and have shown a little change in recent years. There has been a dramatic decrease (64%) in the rate of teenage pregnancies between 1998 and 2015. Current rates are significantly lower than the national average. There has also been a steady decrease in the rates of conceptions to under 16 year olds.

The percentage of all age conceptions which led to abortion in 2015 in RBWM is lower than both regional and national averages and has remained stable over the past four years after a decrease in figures between 2012 and 2014. When presented as a rate of the female population the rate of abortions is also lower in RBWM than the national and regional rates.

The percentage of under 18 conceptions leading to abortion have increased nationally and regionally. In RBWM, the percentage leading to abortion has remained more stables at around 60%. In 2015 the percentage of under 18 conceptions leading to abortion in RBWM are higher than national and regional averages but this is not a statistically significant difference. This is partly due to the small numbers of conceptions in RBWM which makes difference between areas and over time harder to detect.

The birth rate in RBWM is approximately 60 per 1,000 females aged 15 to 44 and is comparable to the national and regional averages. Women are now most likely to give birth between the ages of 30 and 34.

RBWM residents have contact with sexual health services for Sexual and Reproductive Health (SRH) related care significantly less than the national and regional averages. Just 3% of all contacts made by RBWM residents are made by males. This is lower than the national and regional average of 12%. When looking at the key 15 to 24 year old age group, males and females from RBWM are significantly less likely to attend sexual health services for SRH care than national and regional averages.

As a proportion of all SRH-related contacts made by females from RBWM 6% are aged less than 25 and just over 50% are aged 25 and over which is a similar pattern to the national average. When we look at female SRH-related contacts as a proportion of the total population aged 13 to 54, 60% of the under 25 year old population from RBWM attend services which is comparable to the national average. 10% of the over 25 year old RBWM population attend services compared to 15% nationally.

The vast majority of contacts made by RBWM residents occur in clinics located in Berkshire. 70% of attendances are for contraceptive care.

Long Acting Reversible Contraception (LARC) is available via GPs and via the integrated sexual health service. Total rates of Long Acting Reversible Contraception (LARC) prescribing across both GP and SRH services are lower than regional averages for females resident in RBWM; they are comparable to national averages and have increase between 2014 and 2015. The majority of LARC is prescribed within GP Practices with GP prescribed LARC rates been higher than national averages.

78% of prescribing of contraception in GP Practices in Windsor, Ascot, and Maidenhead (WAM) CCG is for short-acting hormonal contraception. Rates of prescribing of and LARC as a proportion of the population are higher than the Berkshire average; rates of prescribing of short-acting reversible contraception are comparable to the average. It should be noted that the Berkshire rates are skewed downwards due to particularly low rates of prescribing in Slough.

When LARC provided in GP Practices (including the contraceptive injection) is broken down by LARC type, it can be seen that the most common LARC used by patients registered at Windsor, Ascot, and Maidenhead CCG is the IUS followed by the contraceptive injection. Prescribing of the implant and IUD are lower than the Berkshire averages in Windsor, Ascot, and Maidenhead CCG.

Sexually transmitted infections

In 2016 rates of new STI diagnoses in RBWM were lower than national and regional averages. Rates have showed a decreasing trend both nationally and regionally which has not been mirrored in RBWM where rates have remained more static. However, we would expect it to be more difficult to detect a significant change in numbers which are generally low.

All-age chlamydia diagnoses are lower than national and regional averages in RBWM and have shown a declining trend in recent years. Diagnosis is most common in people aged less than 25, particularly amongst females in this age group.

Rates of newly diagnosis HIV are lower than national and regional averages in RBWM. Rates have shown a decline nationally and regionally. Although this decline isn't detected in RBWM this may be due to the difficulty detecting a significant change when numbers are low. HIV prevalence rates in RBWM are also lower than national and regional averages. Although not significant, and upward trend can be seen in the prevalence rates indicating an improvement in HIV care and an increasing life expectancy for those with the condition.

Although diagnosis rates of gonorrhoea in RBWM are significantly lower than national and regional averages, rates of diagnosis have been increasing. However, there was some slowing of this increase between 2015 and 2016.

A non-significant increasing trend is seen in syphilis diagnosis rates in RBWM between 2013 and 2016. This mirrors the increasing trend seen nationally and regionally. Rates in RBWM in 2016 are comparable to national and regional averages.

Diagnoses of genital warts and herpes have been decreasing nationally. A significant change has not yet been detected in the Berkshire local authorities though rates in 2016 in RBWM were comparable to the national average.

When looking for inequalities within STI diagnosis rates, data has been aggregated across all Berkshire local authorities due to small numbers at individual local authority level. This analysis shows that types of diagnosis differ between males and females with males receiving more diagnoses of gonorrhoea, syphilis and genital warts and females receiving more diagnoses of chlamydia and herpes. Diagnoses are most common in younger age groups and peak in the 25 to 34 age band. More Gay and Bisexual men are diagnosed with an STI than would be expected given the relative population size. Lesbian, Gay, and Bisexual (LGB) women make up a very small proportion of diagnoses. People from 'Black' or 'Other' ethnic backgrounds are more likely to be diagnosed with an STI than would be expected given the relative population size.

During 2016, first attendance rates for STI related care for people resident in RBWM were approximately 9,000 per 100,000 resident population during 2016. This is the third lowest attendance rate out of the six Berkshire local authorities. Females are more likely to attend than males though this gender difference is less marked in RBWM when compared with the other two East-of-Berkshire local authorities.

When looking for inequalities amongst first attendance for STI-related care, data has been aggregated across all Berkshire local authorities due to small numbers at individual local authority level. Gay and bi-sexual men are more likely to attend for STI-related care then would be expected given their relative population size. This is a similar pattern to that which we see in the numbers of new STI diagnoses. Also similar to the pattern in the diagnosis data is the fact that people from 'Black' and 'Other' ethnic backgrounds are overrepresented given the relative population sizes of these groups.

Although the majority of RBWM residents attending clinics for STI related care (>85%) attend clinics within Berkshire, there are more out of area attendances for STI related care than SRH related care. People from RBWM who go out of area for STI related care are most likely to go to Dean Street in Westminster (11% of all RBWM residents' attendances for STI related care).

Around 65% of RBWM residents who attend a clinic for STI related care receive a sexual health screen at their first attendance. Males are more likely to be tested then females in the East of Berkshire with this gender difference been less marked for RBWM residents when compared to the other East-of-Berkshire local authorities. The fact that a lower proportion of females from the local authorities in the East of Berkshire are tested when compared to those in the West of Berkshire could indicate a difference in how data is been recorded. It may be that services that are offering non-STI related care are recording females as attending for STI-related care but not a receiving STI testing and treatment.

When looking at data aggregated across Berkshire, people identifying as heterosexual are more likely to be tested for an STI than those identifying as Gay, Bisexual, or who do not specify with rates of uptake highest in heterosexual males. Males across all other groups are less likely to be tested for STIs than females. People from Black ethnic backgrounds are significantly less likely to take up an STI test (58%). These patterns are a reversal of what we can see in both the first attendance rates and in the STI diagnosis data: although Gay and Bisexual men and people from Black ethnic backgrounds are over-represented in the attendance and STI diagnosis rates, they are less likely to receive an STI test at their first attendance for STI related care. This means that it is more likely that people within these groups have an undiagnosed STI.

Sexual health services

In the East of Berkshire level 3 STI and level 2 SRH services are provided as an integrated service by Berkshire Healthcare NHS Foundation Trust (BHFT). The service is characterised by a 'hub-and-spoke' models. The hub is based in Slough (The Garden Clinic at Upton Hospital.) and spoke services operate at The Garden Clinic: St Marks Hospital (RBWM) and The Garden Clinic: Skimped Hill (Bracknell Forest). Young people's services called Speakeasy also operate out of clinics in Bracknell Forest and Slough.

In 2016 6,782 attendance episodes at BHFT integrated sexual health services were from RBWM which represents an decrease from 7,042 in 2015. The majority of these (4,665) were first episodes with a first to follow-up appointment ratio of 0.5.

77% of interventions were for STI related care. 39% of services provided under STI related care during were for contraception.

RBWM residents compared to the average across the East of Berkshire. RBWM residents make up 28% of the diagnoses made during STI episodes of care. The most common diagnosis category is 'other conditions requiring treatment' (66%) of diagnoses. This is followed by 'Chlamydia/Gonorrhoea' at 20%.

The most popular main method of contraception recorded at SRH related episodes was the combined pill followed by the male condom. There is a higher use of the combined pill amongst RBWM residents when compared to the average across the East of Berkshire.

When we look at the proportion of episodes of care at BHFT services than are coming in from out of area (Berkshire), just 60 people attending the RBWM Garden Clinic for SRH related care were from out of area. 4,681 people attending the BHFT integrated sexual health service in the East of Berkshire for STI related care were from outside of Berkshire with the majority from South Bucks, Hillingdon, and Wycombe

Benchmarking of STI testing data is shown in Public Health England reports. Rates of testing for all STIs (excluding chlamydia <25) in RBWM are lower than the national average but higher than the regional average. Rates of testing in RBWM are increasing over time in line with the national trend. Although testing rates are increasing, positivity rates are decreasing in RBWM, again, following the national trend but being significantly lower than the national and regional averages.

HIV testing coverage as a proportion of those attending sexual health services for STI related care are increasing in RBWM and are higher than the national and regional averages. Testing coverage is increasing amongst males, females, and amongst MSM with testing amongst males and females both being higher than the national and regional averages. 25% of new diagnoses of HIV in RBWM are diagnosed at a late diagnosis stage. This figure is comparable to the national average and there has been a decrease in the proportion overtime although the effect is too small to be statistically significant.

The National Chlamydia Screening Programme (NCSP) which aims to test sexually-active people under the age of 25 was decommissioned in Berkshire from 31st March 2016. Chlamydia screening coverage in RBWM during 2016 was lower than national and regional averages and, although an increase in coverage was seen between 2012 and 2014, this has now begun to decline. Across Berkshire, the majority of tests that are taken are; taken by females (72%); taken by people aged 20-24 (67%); taken in sexual health services (75%). Positivity rates in Berkshire are 7% and tests are more likely to be positive; amongst males: amongst those aged 15 to 19; when taken in sexual health services. The chlamydia detection rate (diagnoses per 100,000 population aged 15 to 24) in RBWM is lower than national and regional averages and has shown no significant change over recent years.

Online chlamydia and gonorrhoea testing is available to people living in RBWM. During 2016/17, the service reached 63% of the target population coverage; 57% of the target number of test been returned by the user for analysis; and 50% of the target positivity rate. Fewer tests are ordered by RBWM residents than are by the other two Berkshire authorities offering the service (27% of all tests requested).

Emergency Hormonal Contraception (EHC) is available via GPs, pharmacies, and via the integrated sexual health service. Data available from pharmacies as recorded in the 'PharmOutcomes' system with fewer than 20 prescriptions recorded for RBWM residents during 2016/17. Rates of EHC provided to RBWM residents in SRH services are lower than national and regional averages. Prescriptions in GP Practices for patients registered in Windsor, Ascot, and Maidenhead CCG are also lower than the Berkshire average.

Support for those living with HIV is provided by Thames Valley Positive Support; a charitable organisation with bases in Reading and Slough. They support approximately 25 people across Berkshire per month. Thames Valley Positive Support also provide a service for those engaging in Chemsex.

A Termination of Pregnancy Service (TOPS) is provided by the British Pregnancy Advisory Service and is commissioned by Windsor, Ascot, and Maidenhead CCG.

The nearest Sexual Assault Referral Centre (SARC) is based in Slough and is commissioned by NHS England.

The Safe Sex Berkshire website is available as a central, web-based information resource on sexual health services across Berkshire. There were a total of 34,861 visits to the website during 2016/16 with a monthly average of 2,905 visits. Visits peaked around the times of promotional activity. A user survey showed that the majority of users of the site are; aged 15 to 24, are female, are from White ethnic backgrounds, and visit the site for advice around contraception and STIs. 80% of those who access the site do so from mobile devices so work is currently underway to improve the look and feel of the site for those using these media.

Key points

Population key points

- A smaller than average young adult population and a higher than average 35 to 54 year old population
    - Whilst evidence shows us that those in younger age groups are more vulnerable to poor sexual health outcomes, there is also a need to ensure that there are sexual health services that are accessible and appropriate for people in this older age demographic

Reproductive health key points

- Dramatic decrease in teenage pregnancy highlights the Teenage Pregnancy Strategy as an exemplary sexual health promotion programme and a caution against complacency in this area in order to keep rates of unplanned pregnancy low
    - Although not statistically different to national and regional averages, the lack of decrease in the proportion of under 18 conceptions leading to abortion suggests that there are groups of young women who are remaining vulnerable to unplanned pregnancy
- The trend towards females giving birth at older ages highlights the importance for women to continue to use contraception until after the menopause

- People from RBWM are less likely to attend clinics for SRH related care than national and regional averages with this difference most marked in those 25 and over and amongst males. Potential reasons for low attendance amongst males are:
    - Provision of condoms to young men outside of SRH services could reduce the numbers attending SRH services
    - Some service models may not attract males
    - Some integrated service models may record certain contraceptive models only as part of the GUM data set
- Rates of total LARC prescribing in SRH services and CGP Practices are lower than regional averages
    - Some increase seen in prescribing between 2014 and 2015
    - Driven by low prescribing in SRH services

STI key points

- Diagnosis rates of all new STIs are lower than national and regional averages amongst RBWM residents
    - An increasing trend seen in diagnoses of gonorrhoea (significant)
    - An increasing trend seen in diagnosis of syphilis (non-significant)
    - Trends in other diagnoses seen nationally may be harder to detect at a local authority level due to small numbers
- Gay and bi-sexual men and people from 'Black' and 'Other' ethnic backgrounds are overrepresented in STI diagnosis figures given their relative population sizes
    - Although these groups are also overrepresented in the data showing first attendance for STI related care they are proportionally less likely to receive and STI test at this first attendance
- New diagnosis and re-infection rates are highest amongst younger adults
- <15% of RBWM residents attend clinics out of Berkshire for STI related care
    - 11% are going to Dean Street in Westminster
- Rates of sexual health screens at first attendances for STI related care are lower in local authorities in the East of Berkshire compared to the West
    - Females, in particular, are less likely to be tested
        - This is possibly due to how non-STI related care attendance data is been recorded and submitted to national data collections with these been counted in the STI related care attendance figures. This will artificially lower the subsequent proportions of attendances who receive a test

Sexual health services key points

- There has been an decrease in people from RBWM attending integrated sexual health services provided by BHFT between 2015 and 2016
    - The majority of appointments are first appointments
    - 77% were for STI-related care
        - A high proportion of the services provided at these were coded at 'contraception'

Appendix 3

- The most popular main method of contraception recorded at SRH related episodes are the combined pill followed by the male condom
    - There is a higher use of combined pill amongst RBWM residents compared to the average across the East of Berkshire
- RBWM residents make up 28% of diagnoses made during STI episodes of care at BHFT services
- There is a need for further detail to be provided with the BHFT contract monitoring reports around STI related care services and diagnoses in order to achieve a complete picture of the integrated service
    - The large proportion of services coded as contraception under STI interventions needs further investigation to understand if this is been provided in one episode alongside other STI related interventions or whether these interventions should be coded as SRH related care
- The majority of out of Berkshire contacts at integrated sexual health services are for STI related care with people coming in from Surrey, Buckinghamshire, Hampshire, and Hillingdon
- Testing rates for all STIs (excluding chlamydia in people aged less than 25) in RBWM are lower than national average but higher than the regional average
    - Testing rates in RBWM are increasing
    - Although testing rates for all STIs are increasing; the positivity rate is decreasing
- Testing rates for chlamydia in those aged less than 25 in RBWM are lower than national and regional averages
- HIV testing higher than national and regional averages and increasing
    - HIV diagnoses at a late stage of infection are decreasing (non-significant)
- Rates of EHC prescribing are lower than national and Berkshire averages