

## **LONDON BOROUGH OF HAMMERSMITH & FULHAM**

**Report to:** Jacqui McShannon, Executive Director of People

**Date:** 14/07/2025

**Subject:** Contract Award for Hammersmith & Fulham's Genito Urinary Medicine (GUM) services

**Report of:** Dr Nicola Lang, Director of Public Health

**Report author:** James Mason, Public Health Commissioning Officer  
Rebecca Richardson, Strategic Lead for Prevention, Public Health

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### **SUMMARY**

This report seeks approval to award the Hammersmith & Fulham Genito Urinary Medicine (GUM) Sexual and Reproductive Health service as part of the London Sexual Health Programme to Chelsea and Westminster Foundation NHS Trust, to commence on 5th August 2025 following a robust procurement process under PSR 2023 Direct Award Process C. This service is a mandated function under the Health and Social Care Act (2012), which requires each local authority to provide, or secure the provision of, open access sexual health services in its area including: access to all types of contraception, preventing the acquisition and transmission of sexually transmitted infections (STIs); treating, testing and caring for people with STIs and partner notification.

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### **RECOMMENDATIONS**

1. To note that Appendices 1 and 2 of this report are not for publication on the basis that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).
2. To approve the award of a contract to Chelsea & Westminster Foundation NHS Trust for the delivery of high-quality GUM Sexual and Reproductive Health Services in Hammersmith & Fulham for an initial term of two-years commencing 5th August 2025 to 4th August 2027, with an option to extend for up to two further periods of two-years ('2+2+2'). The value of the initial two-year term is £6,665,982 (£3,390,000 in the first year and £3,275,982 in the second year), with a maximum value of £18,569,734 (£2,975,938 per annum in subsequent years) should all options to extend the contract be taken up and dependent upon the annual ring-fenced Public Health Grant.

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**Wards Affected:** All

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<b>Our Values</b>	<b>Summary of how this report aligns to the <a href="#">H&amp;F Corporate Plan</a> and the H&amp;F Values</b>
Building shared prosperity	A priority is placed on the provision of accessible service delivery in a way that meets the needs of the local population and those most at risk.
Creating a compassionate and inclusive council	Supporting residents to improve and maintain their sexual health demonstrates compassion, by building an open and honest culture where everyone can make informed and responsible choices about relationships and sex.
Doing things with local residents, not to them	Sexual health services help to improve sexual and reproductive health by providing non-judgemental and confidential services through open access.
Being ruthlessly financially efficient	The use of pan-London partnerships allows for the adoption of economies of scale as well as collectively agreed pricing structures and reduced overheads.
Taking pride in H&F	Maintaining and supporting high quality services for our residents, enabling positive health outcomes for all our residents via a universal service.
Rising to the challenge of the climate and ecological emergency	The provider will be expected to commit to clear, positive environmental outcomes as part of their offer.

## Financial Impact

The contract will be for an initial term of 2 years, to commence on 5th August 2025, with the option for extension for two further periods two years ('2+2+2').

The new service contracts and affiliated programme costs will continue to be funded from the annual ring-fenced Public Health Grant.

The current contract value for GUM services is £2,975,938, funded from the Public Health Grant. There was overperformance in 2024/25, driven by increased clinic-based activity, largely due to increased uptake of HIV Pre-Exposure Prophylaxis (PrEP) and in-clinic related testing and follow-up care.

The contract price for years one and two are based on 2024/25 activity baseline values and tariff prices with two percent uplift applied, with the addition of a block agreement focused on developing the local offer for communities with greater risks of poor sexual health and increasing uptake of long-acting reversible contraception (LARC).

The grant funding for the upcoming year is currently confirmed on an annual basis late in the previous financial year therefore there is uncertainty as to the future funding levels of the grant beyond 2025/26. Confirmation to the total amount of grant to be awarded in future years will also be subject to the Government's planned Spending Review in June 2025.

The financial implications of this procurement strategy will be included as part of the overall evaluation of the contract award report requesting approval in August 2025.

## Finance Comments

The report's recommendation to award an initial two-year contract to Chelsea & Westminster NHS Trust for the provision of Sexual & Reproductive Health Services will cost £3,390,000 in year one and £3,275,982 in year two, a total of £6,665,982. The contract allows for two further extensions of two years each, at a reduced annual value of £2,975,938. Therefore, the potential contract value over the proposed contract term would be £18,569,738.

The reduced annual value from year three reflects the reduction in the baseline to account for channel shift of in-clinic asymptomatic and PrEP related testing to the online service.

Chelsea & Westminster NHS Trust are the incumbent provider, and the above proposed award is effective from the 1<sup>st</sup> August 2025. This will give rise to the following part year effects.

Contract Values over years 1 to 6 (Effective Date 1st August 2025)

Year	Contract Value	Financial Yr	
1	3,390,000	August 25 to March 26	2,260,000
2	3,275,982	April 26 to July 26	1,130,000
		August 26 to March 27	2,183,988
		April 27 to July 27	1,091,994
		Value after initial 2-year term	<b>6,665,982</b>
3	2,975,938	August 27 to March 28	1,983,959
4	2,975,938	April 28 to March 29	2,975,938
5	2,975,938	April 29 to March 30	2,975,938
6	2,975,938	April 30 to March 31	2,975,938
		April 31 to July 31	991,979.33
		Value for years 3 to 6	<b>11,903,752</b>
Total Maximum Contract Value			<b>18,569,734</b>

The above commitment can be funded from the current Public Health Ringfenced grant in 2025/26 and is anticipated to do so in subsequent years, subject to full Council sign-off as part of the annual budget process.

*Cheryl Anglin-Thompson, Principal Accountant ASC Commissioning & PH, 19<sup>th</sup> June 2025*

*Verified by: James Newman, AD Finance, 9 July 2025*

## Legal Implications

This report recommends that the Executive Director approves the award of a contract for the delivery of Sexual and Reproductive Health Services to the existing provider, Chelsea and Westminster Foundation NHS Trust (Chelwest) for 2 years with an option to extend for 2 further years. The value of the contract is £18,569,734 over 6 years.

The Cabinet approved a procurement strategy for the procurement of sexual health services in a decision dated 16<sup>th</sup> June 2025. The decision was to procure using Direct Award Process C under the Provider Selection Regime pursuant to The Health Care Services (Provider Selection Regime) Regulations 2023, to procure collaboratively with Westminster City/Kensington and Chelsea Councils and to delegate the final decision to award to the Executive Director of People.

The Legal Implications in the strategy report set out the steps required under Direct Award Process C. An evaluation jointly by all 3 authorities has been carried out of the responses from Chelwest to the key criteria and the basic selection criteria. The report acknowledges that the responses satisfy the decision maker that Chelwest is satisfying the original contract and will likely satisfy the proposed contract to a sufficient standard, the next step in the process can be taken – that is, to publish a notice of intention to make an award. If there are no representations made in response to the notice, the Council can enter into the Contract. If representations are made, the decision must be reviewed and a further decision made whether to enter into the Contract, repeat steps or abandon the procurement.

The appropriate decision maker is the Executive Director for People.

*Angela Hogan, Chief Solicitor (Contracts and Procurement) 23<sup>rd</sup> June 2025*

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### Background Papers Used in Preparing This Report

None.

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## DETAILED ANALYSIS

### Proposals and Analysis of Options

1. **Option 1: Do Nothing** – not possible. This would mean that when the current contract expires, the service would cease to exist. The Local Authority has a statutory duty to commission open access sexual health services, which is funded via ringfenced Public Health grant fund.
2. **Option 2: Continue to operate the current service under the existing framework** – not possible. The current framework agreement was tendered for an initial 7 years and there is no opportunity to extend for further years under the new PSR regulations as the original framework agreement has now expired.
3. **Option 3: Competitive re-procurement process** – not recommended. This process is permitted under the new PSR regulations; however, it has been agreed by commissioners that the current provider is providing services to a high standard and a full competitive process would not be a good use of public funds.

4. **Option 4: Most Suitable Provider process** – not recommended. Although this is a valid route under PSR regulations, allowing direct award based on five key criteria, it is not recommended as the absence of competition increases the risk of challenge and less robust from a governance and transparency perspective.
5. **Option 5: Use of Direct Award Process C under the PSR – Recommended.** This requires a two-stage test to be followed:

Test 1:

- (a) The relevant authority is not required to follow Direct Award Process A or Direct Award Process B. Satisfied.
- (b) The term of an existing contract is due to expire, and the relevant authority proposes a new contract to replace that existing contract at the end of its term. Satisfied.
- (c) The “considerable change” threshold is not met – See Test 2.
- (d) The relevant authority is of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard. Satisfied.
- (e) The procurement is not to conclude a framework agreement. Satisfied.

Test 2:

The considerable change threshold. If any of the following apply, then the procurement would fail item (c) as above, and could not follow Direct Award Process C.

- (a) The proposed contracting arrangements must not be materially different in character to the existing contract when that existing contract was entered into. Satisfied.
- (b) Consideration of:
  - i. changes in the relevant health care services to which the proposed contracting arrangements relate (compared with the existing contract) are attributable to a decision of the relevant authority.
  - ii. the lifetime value of the proposed contracting arrangements is at least £500,000 higher than the lifetime value of the existing contract when that existing contract was entered into.
  - iii. the lifetime value of the proposed contracting arrangements is at least 25% higher than the lifetime value of the existing contract when that existing contract was entered into.

The considerable change threshold is not met, and with the other general tests being satisfied under Test 1, Direct Award Process C can be used and is therefore recommended.

## Reasons for Decision

6. Local Authorities are required to provide a range of Sexual and Reproductive Health Services. The Health and Social Care Act (2012) stipulates the mandated functions, which requires each local authority to provide, or secure the provision of, open access sexual health services in its area including: access to all types of contraception; treating, testing and caring for people with Sexually Transmitted Infections (STIs) and partner notification; the provision of HIV Pre-Exposure

Prophylaxis (PrEP), the preventative medication taken by HIV negative individuals at greatest risk of getting HIV.

7. There is a lot of mobility around access, with many individuals choosing to access services outside their area and therefore pan-London arrangements and partnering agreements are in place to support this arrangement. The London Sexual Health Programme (LSHP) exists as a partnership of 30 London local authorities that coordinates strategy and planning of sexual health services in the capital and enables Hammersmith & Fulham to benefit from cost effective tariffs for sexual health.
8. The City of London Corporation hosts the LSHP partnership and holds the management function of the programme. The LSHP partnership is in turn divided into sub-regions, with Hammersmith & Fulham part of the Inner North West London sub-region, comprising Westminster City Council as lead commissioner and Royal Borough of Kensington and Chelsea. Each member authority remains sovereign within this arrangement, with the ability to end their own contracts.
9. The existing GUM contract expired on 31st March 2025. A short extension of said contract with the incumbent provider was granted to ensure compliance for 4 months to allow for the collaborative Provider Selection Regime (PSR) process to be completed.
10. Under PSR legislation, commissioning authorities have the option to directly award a contract to an incumbent provider if they are satisfied with the performance, quality and value of the current contract and are satisfied is likely to continue.
11. Commissioners from the Inner North West London sub-region agree the CWFT are providing a service that performs well, meets quality standards, demonstrates value for money, and are satisfied that CWFT can deliver the new contract to a sufficient standard against the five key criteria (further information included in Appendix 1 and 2).
12. Following an evaluation of CWFT's responses to both the key and basic selection criteria, commissioners are confident that CWFT successfully meets the requirements to deliver the proposed contract to the expected standard.

## **Equality Implications**

13. A full Equality Impact Assessment was carried out as part of the approval of the GUM services procurement strategy (see Appendix 3). There are no anticipated negative implications for groups with protected characteristics under the Equality Act 2010, by the approval of the GUM services contract award outlined in this report.
14. GUM clinic services will have a positive impact for groups that share protected characteristics as they will provide access to all types of contraception, preventing the acquisition and transmission of sexually transmitted infections (STIs); treating, testing and caring for people with STIs and partner notification. Delivery of these services is a key element of Hammersmith & Fulham's

corporate commitment to the achievement of long, healthy and fulfilling lives for all residents.

*Yvonne Okiyo, Strategic Lead Equity, Diversity and Inclusion, 18<sup>th</sup> June 2025*

## **Risk Management Implications**

15. There is a quality risk with a resulting reputational risk that the services provided do not meet the necessary standards due both to the disparate nature of the organisational structure and the demands of the provider.
16. It is recommended that an assurance governance and review structure is defined with the authority to amend, review and if necessary, curtail the engagement. To reinforce this, delivery and performance KPIs must be defined to ensure governance reporting and control’.
17. There is an operational risk that other participating local authorities cease their engagement with the London Sexual Health Programme (LSHP). This risk should be accepted; however, it is recommended that a review is conducted to assess the impact of any authority withdrawing, with reference to a change of administration following local authority elections.

*Jules Binney, Risk and Assurance Manager, 30<sup>th</sup> May 2025*

## **Climate and Ecological Emergency Implications**

18. The provider will need to demonstrate organisational policies that reflect their commitment to responding to the climate emergency. In addition, the provider will be expected to commit to environmental outcomes as part of its social value offer.
19. Services will utilise existing spaces and their ability to work from home on some areas will reduce the need to travel e.g. through remote meetings. For routine sexual health screening, patients can order home testing kits online, reducing the need for travel to clinics. When patients do need to travel to clinics, these are conveniently located near a range of public transport options and should have access to bicycle storage facilities. Furthermore, we will encourage providers to support users and staff to walk, cycle, and use public transport.
20. Providers will be encouraged to ‘make every contact count’, by using contact points with residents and businesses to promote understanding of the climate emergency.
21. There are no known negative climate or ecological implications related to the procurement of these services.

*Charlotte Slaven, Head of Climate Strategy & Engagement, 3<sup>rd</sup> June 2025*

## **Procurement implications**

22. Contract Standing orders (19) require all procurement for high Value Contracts to be competitively tendered. However, as stated in the body of the report, the subject of the contract falls within the scope of the Health Care Services (Provider Selection Regime) which allows the direct award of contracts to incumbent suppliers in specific circumstances.
23. We are required to publish a PSR direct intention to award Notice via the Find A Tender (FTS) via the Council's capitalSourcing eProcurement portal, modified as per the NHS England guidance and observe the stand still period before finalising contract. At which point a confirmation of award notice needs to be published.
24. Once awarded Contract standing orders also require that any contract in excess of £5,000 be recorded on the Council's Contract Register in order to comply with our Transparency Duties. Officers, on completion of the necessary contract documentation must create a project using the Council's capitalSourcing eProcurement portal and then create a contract entry (and upload a copy of the contract). A named contract manager must be allocated to the contract.

*Joe Sardone Category Lead – People. Procurement and Commercial 24<sup>th</sup> June 2025*

## **Local Economy and Social Value**

25. The PSR Direct Award process C is not a competitive process in the same way as other high value procurements so the standard approach to inclusion of social (added) value would not apply. However Social value is one of the five "Key criteria" that we are required to assess as part of the PSR. The relative emphasis on Social Value is proportional to its priority for Hammersmith & Fulham. As a pan-London service delivering sexual health support, this contract delivers a high level of social value and is delivered across all the participating Councils.

## **Consultation**

26. Officers regularly seek feedback from residents, and service users feed into the commissioners and clinical advisory group held centrally as part of the London Sexual Health Programme arrangements. This feedback has included a review of PrEP messages and access to PrEP, HIV and menopause, and improving late diagnosis of women with HIV.

## **IT and Information Management**

27. There are no IT implications arising from this report.
28. Information Management: The GUM services involve handling highly sensitive personal data related to sexual and reproductive health, including information about sexually transmitted infections (STIs), contraception, and partner



notifications. This type of data requires stringent protection measures to ensure confidentiality and prevent misuse. A Data Privacy Impact Assessment has been completed with all data protection risks assessed with mitigating actions agreed and implemented. The service has also confirmed that H&F will not be sharing or receiving any personal identifiable information with the Trust.

*Implications by Cinar Altun, Strategy Lead – Digital Services – 2 July 2025*

## **LIST OF APPENDICES**

Exempt Appendix 1 – Provider Selection Regime Toolkit

Exempt Appendix 2 - Provider Selection Regime (PSR) - Inner Northwest London

GUM re-procurement - 2025 onwards

Appendix 3 – Equality Impact Analysis

## Appendix 3 – H&F Equality Impact Analysis Tool

### Conducting an Equality Impact Analysis

An EIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

The tool is informed by the [public sector equality duty](#) which came into force in April 2011. The duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under the Equality Act 2010**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it**

Whilst working on your Equality Impact Assessment, you must analyse your proposal against these three tenets.

## General points

1. In the case of matters such as service closures or reductions, considerable thought will need to be given to any potential equality impacts. Case law has established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, it should demonstrably inform the decision, and be made available when the decision is recommended.
2. Wherever appropriate, the outcome of the EIA should be summarised in the Cabinet/Cabinet Member report and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense, and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.
5. If you already know that your decision is likely to be of high relevance to equality and/or be of high public interest, you should contact the Strategy & Communities team for support.

Further advice and guidance can be accessed online and on the intranet:

<https://www.gov.uk/government/publications/public-sector-equality-duty>

<https://officesharedservice.sharepoint.com/sites/Governance/SitePages/Reports.aspx>

## H&F Equality Impact Analysis Tool

Overall Information	Details of Full Equality Impact Analysis
<b>Financial Year and Quarter</b>	2024/25 / Q4
<b>Name and details of policy, strategy, function, project, activity, or programme</b>	<p data-bbox="560 384 2029 491">Title of EIA: Procurement of Hammersmith &amp; Fulham's Genito-Urinary Medicine (GUM) and sexual and reproductive health (SRH) services Short summary:</p> <p data-bbox="560 531 2029 783">Local Authorities are required to provide a range of Sexual and Reproductive Health (SRH) services including GUM services. The Health and Social Care Act (2012) stipulates the mandated functions, which requires each local authority to provide, or secure the provision of, open access sexual health services in its area including: access to all types of contraception, preventing the acquisition and transmission of sexually transmitted infections (STIs); treating, testing and caring for people with STIs, partner notification, and provision of HIV pre-exposure prophylaxis (PrEP). GUM services are funded from the Public Health Grant.</p> <p data-bbox="560 826 2029 1158">Services must be open access, which means residents are entitled to visit sexual health facilities in any part of the country, without the need for a referral from a GP or other health professional. Pan-London arrangements and partnering agreements are in place to support this arrangement. The London Sexual Health Programme (LSHP) therefore exists as a partnership of 30 London local authorities that coordinates strategy and planning of sexual health services in the capital. The City of London Corporation hosts the Pan-London partnership and holds the management function of the programme, this includes arranging meetings, developing tariffs and oversight of the online services. The Pan-London partnership is in turn divided into sub-regions, with Hammersmith &amp; Fulham part of the Inner North West London (INWL) sub-region, led by Westminster City Council.</p> <p data-bbox="560 1198 2029 1375">This report seeks approval to:</p> <ul style="list-style-type: none"> <li data-bbox="607 1235 2029 1375">- Procure a contract through a compliant procurement process under PSR 2023 Direct Award Process C for the provision of GUM Sexual Health Services with the process being undertaken collaboratively by Westminster City Council on behalf of LBHF (and the Royal Borough of Kensington and Chelsea).</li> </ul>

	<ul style="list-style-type: none"> <li>- Enter into an inter-authority agreement or MOU with Westminster City Council and the Royal Borough of Kensington and Chelsea as may be required to govern the terms of the collaboration.</li> <li>- Delegate the decision to award at the end of Direct Award Process C to the Deputy Leader of Hammersmith &amp; Fulham.</li> </ul>
<b>Lead Officer</b>	Name: Craig Holden Position: Senior Lead, Adult Public Health Email: <a href="mailto:craig.holden@lbhf.gov.uk">craig.holden@lbhf.gov.uk</a> Telephone No: 07795127385
<b>Date of completion of final EIA</b>	28 / 02 / 2025

<b>Section 02</b>	<b>Scoping of Full EIA</b>		
<b>Plan for completion</b>	Timing: 2024-25 Resources: Public Health Commissioners		
<b>Analyse the impact of the policy, strategy, function, project, activity, or programme</b>	Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic). You should use this to determine whether the policy will have a positive, neutral, or negative impact on equality, giving due regard to relevance and proportionality.		
	<b>Protected characteristic</b>	<b>Analysis</b>	<b>Impact:</b> Positive, Negative, Neutral
	Age	The service will be procured for all adults and young people resident in the borough to use. Hammersmith & Fulham has a younger than average population compared to the rest of the country, and young people are more likely to be diagnosed with an STI. In 2023, 44 per cent of diagnoses of new STIs in H&F residents made in SRH services were in people aged 25-to-34-years-old, 27 per cent of	Positive

		<p>diagnoses were in young people aged 15-to-24-years-old. Young people are also more likely to become re-infected with STIs, as a result of high risk-taking sexual behaviours, such as unprotected sex without a condom.</p> <p>The needs of young people are a service priority, and the service aims to ensure increased engagement with young people. The service currently offers a dedicated specialist clinic for young people under the age of 21-years, and targeted outreach services in partnership with the voluntary and community sector to engage young people.</p> <p>It is recognised that there is a need for service access for older people as well, and this is recognised in the provision of open access of services for all. The service has also close working links with the Support and Advice for Sexual Health (SASH) service to support individuals of all ages.</p>	
	Disability	In 2021, 12.5% of Hammersmith & Fulham residents identified as Disabled. All young people and adults who are resident in the local authority have open access to SRH services, and the service provides equitable access to all. The service currently offers a dedicated specialist clinic for people living with Learning Disabilities and Difficulties, as well as outreach for sexual health screening, health promotion, contraception delivery with tailored support for Disabled residents.	Positive
	Gender reassignment	Trans and non-binary people are a demographic group deemed as a service priority as they are often the most vulnerable in terms of access and/or at greatest risk of poor sexual health outcomes. There are currently four clinics across inner northwest London which have	Positive

		evolved to meet the needs of the Trans and non-binary community by linking in with other local services, and offer dedicated specialist clinics for trans and non-binary clients.	
	Marriage and Civil Partnership	There are no identified impacts for marriage and civil partnerships	Neutral
	Pregnancy and maternity	<p>Under-18 conception rates in the borough have dropped significantly in the last twenty years. In 2021, the conception rate for under 18s in Hammersmith &amp; Fulham was 5.4 per 1,000, significantly lower than the rate for London (9.5 per 1,000) and England (13.1 per 1,000). Abortion rates have remained relatively stable in the last five years in Hammersmith &amp; Fulham, with a total abortion rate of 21.1 per 1,000 in 2021. However, this was higher than the national average (19.2 per 1,000).</p> <p>As part of a whole system approach the service aims to support individuals to have control over their reproductive health to ensure pregnancies are planned, health is optimised both before and during pregnancy, and those who do not wish to have children can effectively prevent pregnancy.</p> <p>The service will ensure all women resident to Hammersmith &amp; Fulham should have easy access to a choice of contraception, promoting and increasing use of the most effective forms of long-acting reversible contraception (LARC), including for disadvantaged or under-served communities. There should also be clear open signposting to abortion services.</p>	Positive
	Race	Hammersmith & Fulham is an ethnically diverse borough. 63% of residents identify with White ethnic groups, compared to 81% in England. Black and Multi Ethnic populations have been shown to be	Positive

		<p>disproportionately affected by poor sexual and reproductive health, and thus the needs of Black and Multi Ethnic communities are a service priority. In 2022, STI diagnostic rates were highest among Hammersmith &amp; Fulham resident of Black, Mixed and Other ethnicity. There is also over representation of new STI and HIV diagnoses amongst individuals of Black and Other ethnicity compared to the local population in Hammersmith &amp; Fulham.</p> <p>The service will be required to work with groups most at risk of sexual ill health. The service will be expected to tackle inequalities faced by Black and Multi Ethnic groups, ensure equity of access and treatment for all residents, provide culturally sensitive services and deal robustly with all incidents of racially motivated harassment, violence and/or abuse.</p>	
	Religion/belief (including non-belief)	There are no identified impacts for religion/belief. The service will be expected to continue to support residents to practice their religion/beliefs.	Neutral
	Sex	Hammersmith & Fulham has a slightly bigger female population, with 53% being female and 47% male. Between 2018 and 2024, a greater proportion of interventions at SRH services have been for female patients. As highlighted in the UK Government's Women's Health Strategy <sup>1</sup> , women spend a significantly greater proportion of their lives in ill health and disability when compared to men. Priority areas include fertility, pregnancy, menstrual health, and gynaecological conditions. Access and uptake of SRH services can vary amongst groups, and it is important that the service ensures equitable access for women to ensure better sexual health outcomes, including uptake of long-acting contraception, cervical screening, and HIV PrEP.	Positive

<sup>1</sup> Department of Health and Social Care, 'Women's Health Strategy for England', 2022. Available: [Women's Health Strategy for England - GOV.UK](https://www.gov.uk/government/publications/womens-health-strategy-for-england)



		The service has set up a women's only space and a dedicated HIV PrEP clinic for women. The service works closely with local specialist organisations to target high risk groups that are under-represented in the service, including outreach services for both female and male sex workers.	
	Sexual Orientation	<p>Gay, bisexual and other men who have sex with men (GBMSM) accounted for 42 per cent of all new STI diagnoses in Hammersmith &amp; Fulham residents in 2022. Gay and bisexual men make up less than 5% of the Hammersmith &amp; Fulham population (from the estimated proportion of gay/lesbian and bisexual men and women), which suggests this group have a high burden of disease. In 2023, the majority of syphilis and gonorrhoea diagnoses in Hammersmith &amp; Fulham residents were for gay men, accounting for 75 per cent and 63 per cent respectively.</p> <p>The services clinics are recognised as a centre of excellence for the LGBTQ+ community. The service will be expected to continue to ensure equality of access and treatment for all residents, and deal robustly with all incidents of homophobic harassment, violence and/or abuse. The service will be expected to address health inequalities by prioritising resources based on need in accordance with the UKHSA STI prioritisation Framework<sup>2</sup>.</p>	Positive
	Care Experienced as a Protected Characteristic	There are no identified impacts for Care Experienced people.	Neutral

<sup>2</sup> UK Health Security Agency, "STI Prioritisation Framework", 2024. Available: [STI Prioritisation Framework - GOV.UK](#)

	<p><b>Human Rights or Children's Rights</b></p> <p>If your decision has the potential to affect Human Rights or Children's Rights, please contact your Equality Lead for advice</p> <p>Will it affect Human Rights, as defined by the Human Rights Act 1998?</p> <p>No</p> <p>Will it affect Children's Rights, as defined by the UNCRC (1992)?</p> <p>No</p>
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<b>Section 03</b>	<p><b>Analysis of relevant data</b></p> <p>Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.</p>
<b>Documents and data reviewed</b>	<p>A full Sexual and Reproductive Health Needs Assessment has been undertaken by Public Health in support of this procurement. This has included analysis of data from a range of specialist resources, including UKHSA Sexual and Reproductive Health Profiles<sup>3</sup>, Summary Profile of Local Authority Sexual Health (SPLASH) report, GUMCAD STI Surveillance System<sup>4</sup>, and Sexual and Reproductive Health Activity Data Set (SRHAD) collection<sup>5</sup>.</p>
<b>New research</b>	<p>If new research is required, please complete this section</p>

<b>Section 04</b>	<b>Consultation</b>
<b>Consultation</b>	<p>Details of consultation findings (if consultation is required. If not, please move to section 06) – n/a</p>

<sup>3</sup> Department of Health and Social Care, "Sexual and Reproductive Health Profiles", 2024. Available: [Sexual and Reproductive Health Profiles | Fingertips | Department of Health and Social Care](#)

<sup>4</sup> UK Health Security Agency, "GUMCAD STI Surveillance System", 2024

<sup>5</sup> NHS Digital, "Sexual and Reproductive Health Activity Data Set (SRHAD) collection", 2024

<b>Analysis of consultation outcomes</b>	
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<b>Section 05</b>	<b>Analysis of impact and outcomes</b>
<b>Analysis</b>	What has your consultation (if undertaken) and analysis of data shown? You will need to make an informed assessment about the actual or likely impact that the policy, proposal, or service will have on each of the protected characteristic groups by using the information you have gathered. The weight given to each protected characteristic should be proportionate to the relevant policy (see guidance) – n/a.

<b>Section 06</b>	<b>Reducing any adverse impacts and recommendations</b>
<b>Outcome of Analysis</b>	No adverse impacts are anticipated.

Section 07	Action Plan					
Action Plan	Note: You will only need to use this section if you have identified actions as a result of your analysis					
	Issue identified	Action (s) to be taken	When	Lead officer and department	Expected outcome	Date added to business/service plan

<b>Section 08</b>	<b>Agreement, publication and monitoring</b>
<b>Senior Managers' sign-off</b>	Name: Dr Nicola Lang Position: Director of Public Health

	Email: nicola.lang@lbhf.gov.uk Telephone No: 07769 199 396 Considered at relevant DMT:
<b>Key Decision Report (if relevant)</b>	Date of report to Cabinet/Cabinet Member: 16 / 06 / 2025 Key equalities issues have been included: Yes
<b>Equalities Advice (where involved)</b>	Name: Yvonne Okiyo Position: Strategic Lead Equity, Diversity and Inclusion Date advice / guidance given: 04.03.25 Email: yvonne.okiyo@lbhf.gov.uk Telephone No: 07824 836 012