

Equality Impact Assessment Template

1. Topic of assessment

EIA title:	Re-commissioning of sexual health services
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EIA author:	Lisa Andrews
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2. Approval

	Name	Date approved
Approved by¹	Helen Atkinson	26/08/2016

3. Quality control

Version number	3	EIA completed	30/08/2016
Date saved	25/08/2016	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Lisa Andrews	Senior Public Health Lead	SCC	
Hannah Bishop	Public Health Lead	SCC	
Luke Burton	Policy & Strategic Partnerships Manager	SCC	

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	<p>This Equality Impact Assessment relates to the provision of sexual health services in Surrey.</p> <p>Sexual health prevention services are funded wholly by the public health grant.</p> <p>Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services can have a positive effect on long-term health and wellbeing, as well as on individuals at risk. The provision of sexual health services is a statutory duty of Local Authorities.</p> <p>The provision of effective sexual health services has an active role in supporting the Council's Corporate Strategy and in particular the Strategic Goals of 'Wellbeing' and 'Resident's experience' as well as delivering against the council's nine priorities with a particular contribution being made to "keeping families healthy".</p>
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¹ Refer to earlier guidance for details on getting approval for your EIA.

Surrey's vision for sexual health services

- An integrated service aiming to offer a one-stop-shop for service users
- A service which has links with other services addressing risky behaviours, particularly in younger people examples include youth support service and Catch 22
- A service which is focussed on improving sexual health, reducing STIs and unintended conceptions; building self-reliance and resilience
- A cost effective and modern service meeting the needs and expectations of users, making full use of developing technologies
- Targeted universalism that will ensure services for all with additional support for those at risk of poorer sexual health

In 2015 public health completed a sexual health needs assessment for Surrey.

Key messages from Surrey's Sexual Health Needs Assessment:

- Runnymede and Spelthorne boroughs have historically shown higher than the national average rates of teenage conceptions. Preston ward within Reigate and Banstead has the highest rate in Surrey. Guildford borough has the highest number of young people
- Over 60% of teenage conceptions result in termination.
- Woking has a higher than the national rate of HIV
- Chlamydia detection rates in 15-24 year olds are low (1296/100,000 in 2014)
- Consideration needed for the geography of Surrey
- Through engagement work it was identified that both adults and young people wanted better access to services, this included more flexible opening times such as evenings and weekends
- Both adults and young people felt that sexual health services could be promoted more effectively
- Services could be better promoted online i.e. through the Healthy Surrey website
- Surrey County Council Public Health must look for opportunities and work with our commissioning colleagues in CCGs and NHS England to ensure pathways are joined up in order to improve patient experience and health outcomes
- Variations in service provision across the county needs to be addressed during the re-commissioning of services. This will ensure resources are more effectively targeted to meet needs
- Integration of services would allow needs to be met

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	<p>holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience</p> <p>As sexual health services are open access there are around 15,000 attendances by Surrey residents to out of area (OOA) services. Around 50% of out of area attendances are made to bordering counties or London Boroughs. Lack of appropriate provision within Surrey could see a rise in out of area attendances .</p> <p>The full Sexual Health Needs Assessment is available here: https://www.surreyi.gov.uk/Resource.aspx?ResourceID=1678&cookieCheck=true.</p>
<p>What proposals are you assessing?</p>	<p>This EIA is assessing the introduction of a new provider of sexual health services in Surrey from April 2017. Current service contracts end on 31 March 2017.</p> <p>Following engagement with current and potential service providers and staff at a Concept Day in December 2015 and Market Engagement Event in April 2016, in May we went out to tender for an integrated sexual health service using a lead provider model. This service includes Contraception and Sexual Health (CASH) and Genito-urinary Medicine (GUM) clinical services as well as an outreach offer for those groups identified as most at risk in the sexual health needs assessment, young people, men who have sex with men (MSM), black Africans and sex workers.</p> <p>This re-procurement consolidates the three main existing providers of sexual health services in Surrey;</p> <ul style="list-style-type: none"> • Virgin Care, • Ashford and St Peter’s Hospital (ASPH) and • Frimley Park Hospital (FPH). <p>After the restricted tender process we received one bid from Central and North West London.</p> <p>This integrated service will use some new ways of working to achieve a more efficient mode of delivery and achieve savings, whilst delivering all services required.</p> <p>We will work with the provider to ensure that staff have had the necessary training in order to support service users with protected characteristics, such as Trans Awareness and cultural sensitivity training.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>Sexual health services are open access for the whole population. The new service will be a universal service with targeted activity to increase access for at risk groups such as Men who have sex with Men, young people, Sex Workers and Black Africans.</p>

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6. Sources of information

Engagement carried out
<ul style="list-style-type: none">• Discussion around contract negotiations with Virgin, ASPH and FPH• Engagement activities carried out as part of the re-procurement process for the Integrated Sexual Health Service• Sexual Health Needs assessment included focus groups with young people and surveys with health professionals and service users
Data used
<ul style="list-style-type: none">• Sexual Health Services Concept Day• Sexual Health Services Market Engagement Event• User feedback through contract monitoring• Sexual health needs assessment

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7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 15</p> <p>Age</p>	<p>All age groups are welcome to access the service should they need it for their contraception or STI screening needs.</p> <p>Under 25s typically don't access clinical services compared with those aged over 25, as such they will be targeted by the outreach service. The outreach element of the service will ensure that safer sex messages are being communicated to younger age groups (16 – 24 year olds) particularly those who engage in risky sexual behaviour.</p> <p>The service specification details that this service must work with and align to services for young people to minimise harm and increase access. Integration of services allows needs to be met holistically.</p>		<p>The most at risk and vulnerable young people in Surrey do not engage well with existing services</p>

² More information on the definitions of these groups can be found [here](#).

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	<p>Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience.</p> <p>There will be increased access to online testing.</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 16</p> <p style="text-align: center;">Disability</p>	<p>This information is currently not being collected. The tender specifications includes a requirement that this information is captured and reported. This will help the commissioners to monitor use of the service by disabled people.</p> <p>Accessible Information Standard: By 1 April 2016 all organisations that provide NHS or publicly funded adult social care must identify and record information and communication needs with service users:</p> <ul style="list-style-type: none"> • At the first interaction or registration with their service • As part of on-going routine interaction with the service by existing 	<p>Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities. The tender will require all potential providers to provide evidence that they can address accessibility issues.</p>	

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	<p>service users.</p> <p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience.</p> <p>There will be increased access to online testing.</p>		
<p>Page 17</p> <p>Gender reassignment</p>	<p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience.</p> <p>There will be increased access to online testing.</p>		
<p>Pregnancy and maternity</p>	<p>Public Health commissioned sexual health services are key providers of contraception to girls and women in Surrey.</p> <p>Integration of services allows needs to be met holistically. Dual trained clinicians would</p>		<p>It is widely understood that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and related factors. There is also a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage motherhood. Teenage pregnancy rates are a well established and evidence based indicator of deprivation and inequality with 50% of all teenage conceptions occurring in the top 20%</p>

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	<p>mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience.</p> <p>There will be increased access to online testing.</p> <p>Sexual health services provided during pregnancy such as Chlamydia screening will continue to be provided by maternity. Existing links to maternity and GPs will be maintained</p>		<p>most deprived wards in England. Poor self-esteem, lack of aspiration and alcohol misuse increase the likelihood of a teenage girl falling pregnant.</p> <p>The babies of teenage mothers can face more health problems such as premature birth or low birth weight and higher rates of infant mortality; than those of older mothers. Teenage mothers themselves may also have experience health problems. For example, post natal depression is three times more common in teenage mothers; smoking in pregnancy is also three times more common in teenage mothers than older mothers and teenage mothers are one third less likely to breast feed.</p>
<p>Race</p>	<p>The service specification requires the provider to work with groups most at risk of sexual ill health.</p> <p>In Surrey the Black African population at risk of HIV will be targeted by the service. The service specification includes outcome measures for at-risk groups.</p> <p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians,</p>		<p>Based on data from England and Wales, HIV prevalence in the UK was 26 per 1,000 among black African men and 51 per 1,000 among black-African women. Over the past five years, an estimated 1,000 black-African men and women probably acquired HIV in the UK annually. Approximately half (52%, 1,560/2,990 in 2011) of all infections among heterosexuals were probably acquired in the UK. This proportion has increased over recent years, up from 27%.</p>

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	<p>improving patient access and experience. There will be increased access to online testing.</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 19</p> <p>Religion and belief</p>	<p>The outreach service will ensure that communities at risk who are part of faith groups are engaged. Links with HIV providers and developing relationships will allow fact based inclusive information to be delivered in a sensitive way to encourage community figures to deliver safer sex messages.</p> <p>Services are open access and will be offered on days and times to suit service users)</p> <p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.</p>	<p>Targeting of faith groups in relation to sexual health may not be well received by some communities.</p>	

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<p>Sex</p>	<p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.</p>	<p>Young men are less likely to access contraception services in the community or GPs</p>	<p>http://www.sexeducationforum.org.uk/evidence/data-statistics.aspx#Use of sexual health services</p>
<p>Page 20 Sexual orientation</p>	<p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.</p> <p>MSM will be targeted by the service as an at-risk group.</p>	<p>Lesbian, Gay and Bisexual people may experience Sexual health fatigue as they are a group heavily targeted.</p>	<p>MSM (men who have sex with men) remain the group most affected by HIV with 47 per 1,000 living with the infection. This is equivalent to an estimated 41,000 (37,300-46,000) MSM living with HIV in 2012, of whom 7,300 (18%; 3,700-12,300) were unaware of their infection (18%).</p>
<p>Marriage and civil partnerships</p>	<p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience.</p>		

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	<p>Partner notification of positive STI test results will continue to be offered by the service allowing service users to remain anonymous if they choose to.</p> <p>There will be increased access to online testing.</p>		
<p>Page 21</p> <p>Carers³</p>	<p>Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience.</p> <p>There will be increased access to online testing.</p>		

³ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family; partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

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8. Amendments to the proposals

Change	Reason for change

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
<p>All age groups are welcome to access the service should they need it for their contraception or STI screening needs. The outreach element of the service will ensure that safer sex messages are being communicated to younger age groups (16 – 24 year olds) particularly those who engage in risky sexual behaviour.</p>	<p>The service specification details that this service must work with and align to services for young people to minimise harm and increase access</p>	<p>Through mobilisation and by Q3 of new service</p>	<p>Lisa Andrews and CNWL</p>
<p>Data on disability is not currently being collected. The tender specifications will include a requirement that this information is captured and reported. This will help the commissioners to monitor use of the service by disabled people.</p>	<p>Implementation of AIS</p> <p>Accessible Information Standard: By 1 April 2016 all organisations that provide NHS or publicly funded adult social care must identify and record information and communication needs with service users:</p> <ul style="list-style-type: none"> • At the first interaction or registration with their service • As part of on-going routine interaction with the service by existing service users. 	<p>Through mobilisation and by Q3 of new service</p>	<p>Lisa Andrews and CNWL</p>

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Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities.	The tender will require all potential providers to provide evidence that they can address accessibility issues and provide accessible communications The contract stipulates that services must be compliant with the Equality Act 2010.	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
Targeting of faith groups in relation to sexual health may not be well received by some communities.	Develop a fully inclusive engagement plan to get sexual health messages to different population groups taking into consideration different faiths and cultures.	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
Young men are less likely to access contraception services in the community or GPs	Engagement with young men through services for young people and outreach arm of service	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
MSM may experience Sexual health fatigue as they are a group heavily targeted.	Engagement with MSM through service mobilisation and outreach arm of service	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<ul style="list-style-type: none"> • Focus groups and surveys with service users and health professionals • Stakeholder engagement events prior to going out to tender (Concept day and Market Engagement Event) • Sexual Health Needs Assessment for Survey (published February 2016) • Discussions with current contract holders • Multi-agency project group leading on recommissioning process within Surrey County Council
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<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<ul style="list-style-type: none"> • Services are universal access i.e. for all ages; • Improving data collection on disability • DDA Compliance and accessibility of new service; • Young men less likely to access contraception services in the community and GPs; • Fatigue of groups regularly targeted with sexual health messages i.e. MSM.
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>Identified key actions to take place during the mobilisation period</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Maintain oversight of the implementation of the service specification and of service development to ensure identified actions are carried out including;</p> <ul style="list-style-type: none"> • Align to and engage with services for young people; • Reviewing DDA compliance; • Approach of outreach service targeting at-risk groups including young people, young men and MSM.
<p>Potential negative impacts that cannot be mitigated</p>	<p>None</p>