

1. Topic of assessment

EIA title:	Sexual and Reproductive Health Commissioning – integration of Sexual and reproductive health services
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EIA author:	Kelly Morris, Public Health Principal
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2. Approval

	Name	Date approved
Approved by¹	Ruth Hutchinson	05/04/2013

3. Quality control

Version number	2	EIA completed	05/04/2013
Date saved	04/04/2013	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Kelly Morris	Public Health Principal	Surrey County Council	

¹ Refer to earlier guidance for details on getting approval for your EIA.

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>What does the policy, function or service aim to achieve?</p> <p>This is a statutory commissioning function which aims to;</p> <ul style="list-style-type: none"> • ensure that Sexual and Reproductive Health commissioned services are based on need, evidence based practice and outcomes. • that ongoing service delivery is monitored and performance managed in line with the service specification and that services are targeted to those who are most at risk of poor sexual health i.e. young people or men who have sex with men (MSM). • evaluate the effectiveness of the service and make recommendations to recommission or decommission • ensure robust data collection processes are in place including equality data • ensure services develop in line with best practice and continue to meet the need of the Surrey population • ensure robust care pathways exist between commissioned services i.e. HIV testing and treatment services • ensure the service user voice is included within and influences commissioning decisions including those most at risk of poor sexual health. <p>Who does the policy, function or service affect?</p> <p>Internally – SCC directorates – Adult Social Care, Children Schools and Families and Business Services. Externally – Partners such as Health (commissioners - Area Teams, CCGs and providers – acute and community), local borough and districts, the voluntary and community sector and Surrey residents All services are commissioned to work towards ‘You’re Welcome quality criteria’ accreditation.</p> <p>How do people access the policy, function or service?</p> <p>The commissioning function is not a public facing service, however service user and non-user consultation is recommended as best practice. Partners can access the function via their public health representative. i.e. CCGs via the Public Health Consultant that sits on their Board.</p> <p>Further information about how service users access services is provided below.</p>
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What proposals are you assessing?	<p>As of 1st April 2013 Surrey County Council will be responsible for Contraception and Sexual Health Services (CASH) and Genito-Urinary Medicine (GUM). At this point services will continue as commissioned previously, however work is underway to develop an integrated service and this will be considered by Cabinet at a future date.</p> <p>Services available from individual GP practices will not change. The CASH service provides contraception and family planning interventions and advice and is a referral centre for primary and secondary care providers. The service includes ensuring that:</p> <ul style="list-style-type: none"> • All methods of contraception choices are available, including Long Acting Reversible Contraception (LARC) • All clients have timely access and are supported to make an informed choice about their use of contraception • All men have access to and guidance on the use of contraception • All young people (aged 15-24 years old) accessing the service are offered a Chlamydia screen • Enable women without delay to find out if they are pregnant and act upon informed choices in relation to pregnancy • Services are young people friendly • Confidentiality is assured as appropriate <p>The GUM Service provides consultation, screening, diagnosis and treatment of STIs and related conditions on an open access basis to all individuals who require or request specialist advice. The service is consultant led and operates both walk in and booked appointments for anyone requiring these services.</p> <p>The commissioning service ensures that the services we commission are cost-effective, offering our residents best value.</p>
Who is affected by the proposals outlined above?	<p>Groups affected by the proposals include:</p> <ul style="list-style-type: none"> • Service users and potential service users • Provider staff • External organisations commissioned to deliver services on behalf of the Council or in partnership

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6. Sources of information

Engagement carried out

In accordance with the NHS and Social Care Act 2001, there is a statutory duty to consult and involve patients and the public in decisions about local service changes and developments:

- Service users are regularly consulted on their satisfaction with the service provided and are actively involved in their own care
- Service Users are made aware of complaints' procedures and local advocacy and support services
- The Contractor shall ensure that the standards and responsibilities of the Surrey Service User strategy are met.

All services that are 'You're Welcome quality criteria' accredited have to involve young people in the evaluation of their service.

Sexual Health clinicians were involved in the development of the service specification via a series of clinical reference groups. Their role was to ensure the service specification was clinically sound and in line with clinical standards

Service users were surveyed as part of the sexual health needs assessment in 2009 – this will be refreshed.

A Sexual Health Commissioning/Strategy Group and expert reference group will be set up in 2013 to input into the Sexual Health agenda.

Data used

This includes:

- National research – sigma conduct an annual MSM survey
- Surrey-i, our local data and information portal, which can be searched by protected characteristic.
- Service monitoring reports.
- User feedback and/or complaints data.

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

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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 73</p> <p style="text-align: center;">Age</p>	<p>Most people that use sexual and reproductive health service are under 25. As services are commissioned they will be based in appropriate locations and open at suitable times for people under 25 to improve access.</p>	<p>The focus on providing services for under 25s means that the service provided for older groups could be limited. However there is evidence that older groups tend to use GP services for their sexual health needs, as opposed to those commissioned as part of this service.</p>	<p>National and local data shows greatest service use in under 25s. It also shows that young people living in more deprived areas often have more risky behaviour. Men and women aged 20-24 are disproportionately represented in new diagnoses of STIs. However, there is a much higher proportion of under 20 year old women experiencing new diagnoses of STIs than the same age group in men.</p> <p>Table 1: New diagnoses of STI in Surrey (Source: GUMCAD report, annual and quarterly trends of selected STIs)</p> <table border="1" data-bbox="927 687 2128 1414"> <thead> <tr> <th rowspan="2">Condition</th> <th rowspan="2">Gender</th> <th colspan="4">Number of diagnoses</th> <th colspan="4">Rate of diagnoses[†]</th> </tr> <tr> <th>2008</th> <th>2009</th> <th>2010</th> <th>2011</th> <th>2008</th> <th>2009</th> <th>2010</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Chlamydia*</td> <td>Male</td> <td>724</td> <td>799</td> <td>791</td> <td>989</td> <td>135.12</td> <td>148.78</td> <td>145.28</td> <td>181.64</td> </tr> <tr> <td>Female</td> <td>977</td> <td>1109</td> <td>955</td> <td>1157</td> <td>173.88</td> <td>196.77</td> <td>167.58</td> <td>203.02</td> </tr> <tr> <td>Total[†]</td> <td>1702</td> <td>1910</td> <td>1746</td> <td>2146</td> <td>155.05</td> <td>173.54</td> <td>156.68</td> <td>192.58</td> </tr> <tr> <td rowspan="3">Gonorrhoea</td> <td>Male</td> <td>64</td> <td>119</td> <td>133</td> <td>172</td> <td>11.94</td> <td>22.16</td> <td>24.43</td> <td>31.59</td> </tr> <tr> <td>Female</td> <td>30</td> <td>56</td> <td>49</td> <td>46</td> <td>5.34</td> <td>9.94</td> <td>8.60</td> <td>8.07</td> </tr> <tr> <td>Total[†]</td> <td>94</td> <td>175</td> <td>182</td> <td>218</td> <td>8.56</td> <td>15.90</td> <td>16.33</td> <td>19.56</td> </tr> <tr> <td rowspan="3">Syphilis</td> <td>Male</td> <td>10</td> <td>10</td> <td>15</td> <td>19</td> <td>1.87</td> <td>1.86</td> <td>2.75</td> <td>3.49</td> </tr> <tr> <td>Female</td> <td>4</td> <td>4</td> <td>2</td> <td>3</td> <td>.71</td> <td>.71</td> <td>.35</td> <td>.53</td> </tr> <tr> <td>Total[†]</td> <td>14</td> <td>14</td> <td>17</td> <td>22</td> <td>1.28</td> <td>1.27</td> <td>1.53</td> <td>1.97</td> </tr> <tr> <td rowspan="3">Herpes</td> <td>Male</td> <td>143</td> <td>161</td> <td>161</td> <td>161</td> <td>26.69</td> <td>29.98</td> <td>29.57</td> <td>29.57</td> </tr> <tr> <td>Female</td> <td>282</td> <td>306</td> <td>294</td> <td>328</td> <td>50.19</td> <td>54.29</td> <td>51.59</td> <td>57.56</td> </tr> <tr> <td>Total[†]</td> <td>425</td> <td>467</td> <td>455</td> <td>489</td> <td>38.72</td> <td>42.43</td> <td>40.83</td> <td>43.88</td> </tr> <tr> <td rowspan="3">Warts</td> <td>Male</td> <td>604</td> <td>776</td> <td>762</td> <td>773</td> <td>112.73</td> <td>144.50</td> <td>139.95</td> <td>141.97</td> </tr> <tr> <td>Female</td> <td>629</td> <td>720</td> <td>617</td> <td>640</td> <td>111.95</td> <td>127.75</td> <td>108.27</td> <td>112.30</td> </tr> <tr> <td>Total[†]</td> <td>1234</td> <td>1496</td> <td>1379</td> <td>1413</td> <td>112.42</td> <td>135.92</td> <td>123.75</td> <td>126.80</td> </tr> <tr> <td rowspan="3">New STIs*</td> <td>Male</td> <td>2697</td> <td>3074</td> <td>2983</td> <td>3332</td> <td>503.35</td> <td>572.41</td> <td>547.86</td> <td>611.96</td> </tr> <tr> <td>Female</td> <td>2733</td> <td>3028</td> <td>2747</td> <td>3062</td> <td>486.41</td> <td>537.26</td> <td>482.02</td> <td>537.30</td> </tr> <tr> <td>Total[†]</td> <td>5433</td> <td>6106</td> <td>5731</td> <td>6394</td> <td>494.95</td> <td>554.77</td> <td>514.28</td> <td>573.78</td> </tr> </tbody> </table>	Condition	Gender	Number of diagnoses				Rate of diagnoses [†]				2008	2009	2010	2011	2008	2009	2010	2011	Chlamydia*	Male	724	799	791	989	135.12	148.78	145.28	181.64	Female	977	1109	955	1157	173.88	196.77	167.58	203.02	Total[†]	1702	1910	1746	2146	155.05	173.54	156.68	192.58	Gonorrhoea	Male	64	119	133	172	11.94	22.16	24.43	31.59	Female	30	56	49	46	5.34	9.94	8.60	8.07	Total[†]	94	175	182	218	8.56	15.90	16.33	19.56	Syphilis	Male	10	10	15	19	1.87	1.86	2.75	3.49	Female	4	4	2	3	.71	.71	.35	.53	Total[†]	14	14	17	22	1.28	1.27	1.53	1.97	Herpes	Male	143	161	161	161	26.69	29.98	29.57	29.57	Female	282	306	294	328	50.19	54.29	51.59	57.56	Total[†]	425	467	455	489	38.72	42.43	40.83	43.88	Warts	Male	604	776	762	773	112.73	144.50	139.95	141.97	Female	629	720	617	640	111.95	127.75	108.27	112.30	Total[†]	1234	1496	1379	1413	112.42	135.92	123.75	126.80	New STIs*	Male	2697	3074	2983	3332	503.35	572.41	547.86	611.96	Female	2733	3028	2747	3062	486.41	537.26	482.02	537.30	Total[†]	5433	6106	5731	6394	494.95	554.77	514.28	573.78
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² More information on the definitions of these groups can be found [here](#).

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Disability	All sites used should be accessible to disabled people.	No impact	Services have disabled access. There is currently no evidence that uptake of services by disabled people is proportionately low however data will be collected and shared with commissioners as part of the move to an integrated commissioning service.																												
Gender reassignment	No impact	No impact																													
Pregnancy and maternity	No impact	No impact	All pregnant women are tested for HIV in the antenatal period																												
Race	Committed to reducing inequalities in access and health outcomes	No impact	Nationally, Black Africans have greater prevalence of HIV. However, the size of the population in Surrey is relatively small. Just over half of the total number of people in Surrey living with HIV (416, 51.8%) in 2009 are white, the other half (387) mainly comprise people from a range of black and minority ethnic groups. Of these ethnic groups 311 (38.7% of the total) are black African people																												
Religion and belief	No impact	No impact																													
Sex	Men only clinics are available – this is because there are higher levels of sexual ill health and	No impact																													

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	risky behaviour among men.		
Sexual orientation	As there is evidence that men who have sex with men (MSM) have greater risky sexual health behaviour, services are commissioned to ensure they are fit for purpose for MSM.	No impact	<p>National data including annual MSM survey. However, HIV prevalence is also increasing in heterosexual men. Services targeting MSM are outreach services in their community.</p> <p>True numbers of MSM in Surrey and the whole country are currently unobtainable; this is due to the fact that there is no agreed approach to monitoring and is also linked to MSM's fear of prejudice and discrimination. There may be between 3% and 10% of the population who identify as being lesbian or gay but this depends on which research is read.</p>
Marriage and civil partnerships	No impact	No impact	

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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	No impact	No impact	
Disability	No impact	No impact	
Gender reassignment	No impact	No impact	
Pregnancy and maternity	No impact	No impact	

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Race	No Impact	No impact	
Religion and belief	No impact	No impact	
Sex	No Impact	No impact	Service users can request the gender of the member of staff that they see.
Sexual orientation	No impact	No impact	
Marriage and civil partnerships	No impact	No impact	

8. Amendments to the proposals

Change	Reason for change
N/A	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Data to be collected on service use by disabled people	Ensure data is collected on disability and it is shared with commissioner	1/7/13	KM
Proposals to develop an integrated commissioning service are likely to lead to changes to how services are delivered which could impact on groups with protected characteristics.	<p>Take proposal to integrate the Sexual and Reproductive Health Services to Cabinet. A further Equality Impact Assessment will be completed as part of this process.</p> <p>An expert reference group and contract monitoring meetings will be set up – to ensure key stakeholders attend and the terms of reference are clear.</p>	<p>30/6/13</p> <p>1/6/13</p>	AA (KM)

10. Potential negative impacts that cannot be mitigated

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

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11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>There is a statutory duty to consult and involve patients and the public in decisions about local service changes and developments and contractors will ensure that the standards and responsibilities of the Surrey User Strategy are met. In addition Sexual Health clinicians have been involved in the development of service specification via a series of clinical reference groups.</p> <p>National data including sigma conduct and an annual MSM survey plus local data from Surrey inform the commissioning of services.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>The commissioning of services is targeted at under-25s as the most significant group of service users which will have a positive impact on outcomes for this group. For older age groups, there is some risk that the services may be more limited but national evidence shows that those over 25 are already more likely to use GP services which should reduce any negative impact.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>N/A</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Proposals to develop an integrated commissioning service are likely to lead to changes to how services are delivered which could impact on groups with protected characteristics in the future. As proposals are developed the impact on groups with protected characteristics will be taken into consideration.</p> <p>Data on service used by disabled people will need to be collected as part of changes to services and shared with commissioners.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<p>N/A</p>