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WORCESTERSHIRE COUNTY COUNCIL EQUALITY IMPACT ASSESSMENT TEMPLATE

Please read the brief guidance which provides essential information for anyone who is unfamiliar with the County Council Equality Impact Assessment process.

Background information:

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Date assessment commenced:	01/09/2015
Date assessment completed:	27/06/2016

Function, strategy, project, policy or procedure being assessed:

Name of the function, strategy, project, policy or procedure being assessed:	The recommissioning of sexual health services to replace a range of historical contracts that transferred to Worcestershire County Council in April 2013.
Is this a new or an amended policy?	Amended
Does the policy form part of a wider programme which has already been screened for equality relevance?	No

Stage 1 - Please summarise the main objectives, aims and intended outcomes of this policy

Aims/Objectives:	The Health and Social Care Act reforms stipulate that Local Government has a mandated responsibility to commission open access Sexual Health Services. In particular, as part of the Local Authorities Regulations 2013, Local Government is required to arrange for the provision of the following: Open access Sexual Health Services for everyone present in their area; covering o Free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and o Free contraception and reasonable access to all methods of contraception. With the current sexual health contracts set to expire in October 2016, the County Council has a legal duty to comply with the Public Contract Regulations 2006 to ensure that opportunities to tender for services where contracts are up for renewal are made publicly available and open to the wider market. The Council must also

	operate in accordance with the newly released 2015 Public Contract Regulations and the removal of Part B services, to which Sexual Health Services now apply. Good sexual health is important to individuals and to society as a whole. It is therefore important to have the right support and services to promote good sexual health. Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs including HIV), and abortion, to prevent and reduce STIs and unintended pregnancies.
Intended outcomes:	Following the completion of the sexual health needs assessment in August 2015, the resulting set of key outcomes were identified as priorities for the retendering of sexual health services in Worcestershire: • Poorer sexual health is more common amongst young people/adults, men who have sex with men (MSM), ethnic minority populations, and in areas of greater deprivation; • Rates of STIs are lower than average. However, teenage pregnancy in some areas of the county are poor, chlamydia screening and detection rates among young people are poor, and the provision of Sex and Relationship Education (SRE) varies widely; • The Worcester City and Redditch districts have the poorest sexual health outcomes, with significantly higher STI and teenage conception rates, and lower rates of contraceptive and long acting reversible contraception (LARC) prescribing in primary care; • The majority of sexual health spend is focussed on activity that is generated through the use of clinical sexual health services; • Rates of genito-urinary medicine (GUM) attendance that do not require any treatment are higher than nationally. There is also a high and rising proportion of 'rebooks' in GUM for patients with new episodes of care; • There is a need for more sexual health promotion, information, and targeted support, which utilises modern forms of digital and other technologies; • The current model of service delivery does not have a significant focus on primary prevention, and the resources dedicated towards targeted outreach are limited.
Please summarise how these outcomes will be achieved?	The retendering process has required potential providers to put forward bids for the delivery of sexual health services based on the following set of recommendations outlined in the sexual health needs assessment: • Ensure sexual health provision is in accordance with need across the county. In particular ensure that all sexual health services understand and are able to meet and target the sexual health

needs and accessibility needs of all young people, MSM, BME populations, deprived populations, looked after children (LAC) & care leavers, and the needs of older people in light of the ageing population.

- Review the local arrangements to increase the coverage of chlamydia testing amongst 15-24 year olds. This should be through increased testing in primary care, pharmacies and colleges, and through targeted outreach. Maximise screening through contacts at sexual and other health services. Ensure that the risks of chlamydia and the internet testing service are better promoted and more accessible to young people through social marketing techniques. Develop young sexual health champions and peer educators.

- Tackle the teenage conception rates, particularly in Redditch and Worcester. Influence and support the provision of high quality SRE in all schools. Increase knowledge and awareness of safe sex and contraception options, including promoting LARC and emergency contraception to young people through social marketing and young sexual health champions. Enhance the condom distribution scheme. Target interventions to young at risk teenagers (deprivation, school absenteeism, lack of academic development, NEET). Provide comprehensive outreach to looked-after young people and care leavers. Ensure sexual health is included in annual LAC health review.

- Identify and review local pathways for termination services to increase proportion of terminations under 10 weeks.

- Review and expand levels of HIV testing in GUM and in community and outreach settings. Ensure accessibility of HIV services for risk groups (MSM). Consider the routine offer of an HIV test for new general practice registrants in practices within high prevalence areas (>=2/1,000).

- To tackle unintended pregnancies, use social marketing to promote safer sex and use of LARC as the most effective method. Ensure equitable access and availability of emergency hormonal contraception (EHC) and LARC. Develop pathways for subsequent regular contraception following EHC and chlamydia testing. Targeted interventions for those with a history of unintended pregnancy and repeated use of emergency contraception.

- Address variation in choice, access and uptake of all contraception and LARC particularly in primary care, ensuring all women have access to contraception services and LARC.

- Redesign the model of sexual health towards a joined up approach, and ensuring a greater proportion of activity, which is based on primary prevention and predominantly focuses on the promotion of good sexual health behaviour through the use of safer sex, and the appropriate planned use of long acting

	reversible contraception to reduce the need for treatment. • Sexual health services to be fully integrated as a hub and spoke model, ensuring adequate spokes within the community to meet health & access need. Enhance outreach activities to target high risk and vulnerable groups. Review and improve pathways across the system to ensure sexual health becomes everybody's business. The sexual health system to focus on sexual behaviour change within service provision, sexual health promotion activities and by training and upskilling of front line staff. Introduce new technologies to improve information, advice, support, self-help, self-testing and point of care testing.
Where an existing policy is to be amended please summarise principle differences between the existing and proposed policies?	The current system of delivery of sexual health services is primarily focussed on testing and treating people at the point of contact with sexual health services. The new system will place greater focus on primary prevention, and the promotion of good sexual health behaviour. It will also increase access to services through increased availability in community settings and via digital technology, and facilitate greater targeted outreach work with vulnerable and at-risk populations. Within the tender process, the 2015/16 budgets for sexual health have been rolled into a single overarching budget. This is to ensure that all future services can be managed by a single 'lead provider', who will sub-contract with a range of other organisations to deliver the full range of services where required. As a consequence of the national reduction to the Public Health Ring-fenced Grant (PHRFG), the revised budget for sexual health services has also been subject to a 12.5% reduction throughout the life of the contract. In addition the PHRFG may be subject to further cuts in future years, and as a consequence of this providers have been asked to take into account future potential funding reductions into their service transformation and delivery model. **Service Exclusions** Following a review of the commissioning responsibilities across the whole sexual health system, DASH DLT agreed that the following services and responsibilities will be excluded from the new service specification on the grounds that they are either not the responsibility of the Local Authority, or that they are not a mandatory service requirement: • HIV treatment and care including post-exposure prophylaxis (PEPSE); which are subject to separate service agreements by NHS England; • Other sexual health services which should be provided by GPs under the terms of the General Medical Services (GMS) contract such as oral contraception; • Sexual and non-sexual health elements of Psychosexual

	counselling services***** • Termination of pregnancy services including pregnancy assessment and advisory services, and Emergency Medical Terminations , which will be transferred to CCGs; • Sterilisation services including vasectomy (CCG responsibility); • Sexual health elements of prison health services (NHS England responsibility); • Sexual Assault Referral Centres (NHS England responsibility); • Cervical Screening (NHS England responsibility); • Gynaecological services for non-contraceptive purposes or where related to non-STI treatment (e.g. menorrhagia; part of hormone replacement therapy) (CCG responsibility); *****Responsibilities for sexual and psychosexual health services are generally separated into organic and non-organic. Organic sexual dysfunction is the result of comorbidity with illnesses such as diabetes, vascular diseases or a result of a reaction to medication for another condition. This can generally be treated in primary care. Non-organic sexual dysfunction support is generally non-prescribing and can be given talking therapies.

Stage 2 - Information gathering/consultation

Please give details of data and research which you will use when carrying out this assessment:	The Public Health team at WCC conducted a Sexual Health Needs Assessment in 2015. This document has been used as the base for the development of the service specification for the new Integrated Service Specification. Data used to inform the design of a restructured sexual health delivery system has been taken from recognised local and national sources. For example, demographic and localised activity data, and national comparison data has been taken from the GUMCADv2, SHRAD and CTAD databases, and from Public Health England publications, whereas evidence of effective interventions and best practice has been identified through a range of national bodies that are experts in the sexual health field such Public Health England, NHS England, the LGA, and NICE. Information on the effectiveness of local services has been taken from both service users and key stakeholders.
Please give details of any consultation findings you will use when carrying out this assessment:	As commissioners, Worcestershire County Council (WCC) wants to ensure that services included within the restructured sexual health service are appropriately designed to effectively meet the needs of adults and young people both now and in the future, and that where possible they are cost effective to the Worcestershire tax payer. To achieve this, and gain a broad understanding of the views on current sexual health services, engagement took place in April and May 2015 to explore a range of issues relating to delivery from the point of view of users of both adult and young people's services.

	Engagement took the form of online questionnaires, hard copy questionnaires placed in clinics, and focus groups. The information taken from this process has been used in the sexual health needs assessment and has contributed to the set of key recommendations put forward for the future delivery of services. In addition to this, both service users and key stakeholders will be key participants in the consultation phase of the tender, and their views, opinions and suggestions on the proposals for the future delivery of services will be taken into account and used to ensure that the chosen model is fit for purpose, and is able to meet their needs as well as those of the wider population.
Do you consider these sources to be sufficient?	Yes
If this data is insufficient, please give details of further research/consultation you will carry out:	N/A
Please summarise relevant findings from your research/consultation:	**Consultation on Sexual Health Services** **Young people** Unsurprisingly, the responses from young people produced a wide range of specific suggestions from their experiences of using services. Where accessed, services were generally regarded in a positive manner, with the exception of Sex and Relationship Education (SRE) delivered in schools. SRE was frequently seen as poor due to the inconsistency of delivery between schools, the sometimes ad-hoc nature of lessons, and the narrow content of the topics covered**.** Their views on improving services typically fell into 3 separate themes. Firstly, better access was frequently cited with requests for more locations for services (including those in rural areas), different opening times (including evenings and weekends), and for more outreach work to be undertaken. Secondly, improved promotion of services was called for. It was generally felt that they lacked any real understanding of exactly which services were available, from which locations, and whether they were walk-in , or if appointments or referrals were needed prior to attendance. Finally, there was a general view that young people needed better information to help them gain greater understanding of the different issues relating to sexual health. This included improvements in SRE, targeted information for different groups, and the use of modern information platforms such as apps and social media. Overall, current services for young people were seen as working well although it was felt that there was room for improvements. These improvements generally focussed on an increase in service provision around location and opening times. Other improvements such as better promotion of services and information, and greater

provision and co-ordination of the services available suggest that there is scope for changes in the ways and methods that services are currently being delivered, rather than just an expansion of the services on offer.

Adults

As with the young people's surveys, engagement took place with adult service users to explore a range of issues relating to the current delivery of services. The results showed that there was sufficient awareness of the wide range of sexual health services that are currently available in Worcestershire, although termination of pregnancy services and the sexual health counselling service were less well known.

Although there was generally positive feedback to the delivery of services in GUM and sexual health clinics, the key areas where it was felt that improvements could be made were as follows:

- Widening opening times would be enormously beneficial e.g. before/after school/work and at the weekends.
- Employing more staff in order to address the question of understaffing, and the perception of long waiting times.
- Focusing upon good sources and systems of advertising to ensure that people are aware that services are in place and accessible.

In summary, along with the views of young people, there is a need to modernise services so that they meet the needs of modern life. Essential elements required within this includes improving access so that services are available more locally, and at times that are better suited to their needs (i.e. outside of normal working hours). Additionally, it is vital that services are advertised more widely so that people are aware of what is available to them and how they can be easily accessed.

Stakeholder feedback

On the 24th June 2015 a stakeholder event was held at King George's Community Centre in Worcester to gauge the views and opinions of the service providers that are currently delivering sexual health services in Worcestershire.

With reference to the main GUM and CaSH services, it was felt that the hub and spoke model, which is offering level 1 - 3 services, is a real asset that offers service users from all backgrounds with a choice of when and where to be seen, and also access to the full range of sexual health services. The outreach service, which is delivered as part of the CaSH contract, was also seen as valuable and effective for accessing and offering services to the most vulnerable people in the community.

Other services that were viewed as working well were the Time 4U service, which was seen as an important first point of call for young people. LARC was seen as a vital service because it provides easy

	community based access to contraception for many people, and is pivotal for preventing unplanned pregnancies. Likewise, the ability to order chlamydia testing kits over the internet or pick them up from community based locations was seen as extremely positive. A key aspect of what was perceived to not work so well was the inappropriate use of services. It was felt that the current system of walk-in at GUM and CaSH made it very easy for people to use the service for issues that were non sexual health related. However, in contrast it was also felt that the service needed to do more targeted work to increase access, but only for those that are the most vulnerable or most at risk; point of care testing outreach was seen as potential way to reach more people from high risk communities. Poor marketing of services, and the lack of knowledge from both service users and professionals of what services are available and how they can be accessed was a common theme. It was also felt that the Playinitsafe website was old and outdated, not well known, and primarily focussed towards young people. Finally, sexual health promotion which focuses on prevention and early intervention was seen as vital to improving sexual health outcomes. It was felt that this should take the form of greater targeted outreach work, and that activity should be specifically focused to offer targeted classroom based interventions and 1-2-1 in schools where levels of teenage pregnancy is problematic.

Stage 3 - Assessing the equality impact of the policy

Based on your findings, please indicate using the table below whether the policy could have an adverse, neutral or positive impact for any of the protected groups:

Protected characteristic	Adverse	Positive	Neutral
Age	☐☐	☑☑	☐☐
Disability	☐☐	☑☑	☐☐
Gender reassignment	☐☐	☐☐	☑☑
Marriage and civil partnership	☐☐	☐☐	☑☑
Pregnancy and maternity	☐☐	☑☑	☐☐
Race	☐☐	☑☑	☐☐
Religion and belief	☐☐	☐☐	☑☑
Sex	☐☐	☐☐	☑☑
Sexual orientation	☐☐	☑☑	☐☐

Please provide details of all positive and adverse impact you	**Positive**

have identified:	The following positive impacts have been identified as a result of the intended policy change: • The restructure of sexual health services will have a positive impact across the life course as a whole, but it will be particularly beneficial to those considered to be in the key reproductive age range of 15 – 44 years; • Increasing the availability of services in community based settings will be beneficial to those with a disability, and will reduce the requirement to travel to centralised clinics (as per the current model). In addition, the increase in outreach services will enable the option for services to be delivered within the home of service users where required; • The restructured system will have a particular focus on the promotion of safe sex and appropriate family planning. This will enable people to make informed decisions about pregnancy, and it will also help to reduce the numbers of teenage conceptions, unintended pregnancies, and terminations; • There will be a greater focus on the provision of services, particularly around targeted outreach and access from community settings for BME communities (A key target group with poor sexual health outcomes); • The restructured service will have a positive impact on sexual orientation. In particular, it will have a strong focus on providing and promoting better services to MSM (a key target group), and the wider LGBT community. It will also work towards ensuring that the exploration of sexual orientation is included as a key component of the delivery of SRE in schools. **Adverse** The reduction in PHRFG raises a number of potential risks to all service users including those with a protected characteristic. These include: • Reduced funding for sexual health provision may impact on the delivery capability and capacity of the services commissioned to meet the current demand; • Existing pathways into sexual health services, and onward to other health and social care services may become destabilised as a result of the reduced funding and changes to services; • The increased primary prevention and early intervention work may not achieve the desired effect (particularly in the earlier years of delivery), meaning current levels of treatment activity and associated costs could remain; • Reductions or changes in service provision (as a result of less

	funding) may mean that sexual health outcomes could deteriorate beyond local and national trends leading to increases in infection rates, and unwanted/teenage pregnancy rates. • The ongoing impact of the exclusion of sexual and psychosexual counselling services from this tender continues to be assessed and evaluated in conjunction with other health & care commissioners. The intention is to mitigate any negative impact wherever possible.
Where possible please include numbers likely to be affected:	Sexual health crosses the life course. For convention, the reproductive age group is 15-44 years. The current 15-44 population of Worcestershire is estimated to total 198,000 (99,100 males and 98,900 females). The usage of sexual health services continues to rise on an annual basis, particularly for GUM and contraception services. Over the next 10-15 years the population aged 15-44 is projected to decrease by 5%. However, the population over 45 years is projected to increase by 13%.
Where potential adverse impact has been identified, can continuation of the proposed policy be justified?	Yes If yes, please explain your reasons: The reductions to the PHRFG are a result of Department of Health's plan to achieve £200m savings nationally, which means that WCC will receive a reduced budget allocation. Locally, proposed budget cuts to all public health services (12.5% for sexual health) currently commissioned by WCC have been ratified by Cabinet, and these must take effect from October 2016. In light of this, the necessary legal requirement to undertake a tender process to replace the current sexual health contracts provides the opportunity to restructure services to meet the demands of reduced funding, and the changing needs of the local population.
Do you consider that this policy will contribute to the achievement of the three aims of the Public Sector Equality Duty?	Please indicate which of these aims is achieved through this policy: Please explain how the policy contributes to achievement of any aims you have selected:

The Public Sector Equality Duty has the following three aims:

1. To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
2. To advance equality of opportunity between persons who share a relevant Protected Characteristic and persons who do not share it.
3. To foster good relations between persons who share a relevant Protected Characteristic and persons who do not share it.

Stage 4 - Action planning and time frames

Please list any actions you will take to mitigate any adverse impact you have identified:

Planned action	By who	By when	How will this be monitored
Adequacy of service capacity and effectiveness of provision within the reduced funding envelope will be identified through the tender process	Potential Lead Provider & WCC Commissioners	June 2016	Tender evaluation and any required negotiations
All pathway changes will be reviewed & identified via a transition plan for the new service model	Potential Lead Provider	October 2016	Through a Sexual Health Transformation Board
The impact and success of the increased prevention and early intervention work to be closely monitored in terms of activity and costs through the Sexual Health Transformation Board	Sexual Health Transformation Board	October 2017	Through the Sexual Health Transformation Board
Local sexual health outcomes and trends including infection rates as published by PHE to be regularly monitored	PHE and WCC	Ongoing	Through the PHOF, WCC dashboard and contract monitoring
Jointly review & assess sexual and psychosexual counselling provision with other NHS and social care commissioners and communicate alternatives/reductions	Local Authority & NHS	October 2016	All agencies

Please indicate how these actions will be taken forward as part of your team/service/directorate planning:	All mitigating actions will be led by Public Health as part of the tender process

Stage 5 - Monitoring & Review

How frequently will proposed action be monitored?	Quarterly
How frequently will intended outcomes be evaluated?	Quarterly
Who will be responsible for monitoring and evaluation?	Public Health, WCC
How will you use the monitoring and evaluation results?	As part of assessment and review of sexual health outcomes

Stage 6 - Publication

Worcestershire County Council requires all assessments to be published on our website. Please send a copy of this assessment to the Corporate Equality and Diversity Team for publication.

	Signature	Date
Completing Officer:	**Liz Altay**	27/06/2016
Lead Officer:	**Frances Howie**	29/06/2016
Service Manager:		Click here to enter a date.