

## Equality Impact Assessment (EqIA)

Before completing this EqIA please ensure you have read the EqIA Guidance Notes

<b>Title</b>	<b>Integrated Sexual Health Service Procurement (Public Health Dorset)</b>		
<b>Date assessment started:</b>	15th July 2019	<b>Version No:</b>	3
		<b>Date of completion:</b>	16th August 2019

### Type of Strategy, Policy, Project or Service:

Is this Equality Impact Assessment (please put a cross in the relevant box)

Existing:	<input type="checkbox"/>	Changing, update or revision:	<input checked="" type="checkbox"/>
New or proposed:	<input type="checkbox"/>	Other (please explain):	<input type="checkbox"/>

Is this Equality Impact Assessment (please put a cross in the relevant box)

Internal:	<input type="checkbox"/>	External:	<input checked="" type="checkbox"/>	Both:	<input type="checkbox"/>
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### Report Created By:

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## Step 1: Aims

<b>What are the aims of your strategy, policy, project or service?</b>
<p>Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancy, National guidance assists local authorities to commission these and other sexual health interventions. It is an expectation that services may also provide a wider range of services including diagnosis and treatment for non-STI conditions and broader reproductive health services that are set out with the commissioning responsibility of local authorities <a href="#">Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013</a>.</p> <p><b>The aims of the Sexual Health Dorset Service are to improve people's sexual health by:</b></p> <ul style="list-style-type: none"> <li>• promoting and improving good sexual health outcomes through primary prevention activities including behaviour change and those which aim to reduce the stigma associated with sexually transmitted infections or STIs, HIV and unplanned pregnancy</li> </ul>

- providing clear, accessible and up to date information about sexual health services
- providing a confidential, open access STI and blood borne virus testing, treatment and management services through a variety of mechanisms including online services
- providing a confidential, rapid, easy and open access reproductive health service including the full range of contraceptive services
- reducing late diagnosis of HIV and undiagnosed HIV and improving the sexual providing clinical governance
- using service and patient level data for effective and quality data monitoring and reporting of outcomes
- being responsive to local need by (a) providing rapid response to outbreak management; and (b) through improvement and response to population need
- operating as system leader in the local sexual health economy providing clinical leadership, performance management, development of and involvement in local networks, and development of clear referral pathways between all directly connected and indirect service Providers including NHS England, Clinical Commissioning Group and general practitioners.
- providing responsive outreach service to meet needs of vulnerable groups effectively align service pathways with other relevant service specialities
- health of those living with HIV
- providing a quality service with appropriately trained staff

The aim of this project has an overall aim to remain compliant with sexual health service provision. Within this there are three key objectives in this project, which will ensure that Public Health Dorset can continue delivering services locally.

These are to:

- 1) To undertake a robust procurement process which ensures future compliance with Public Contract Regulations.
- 2) To integrate the existing service levels which are known as level 1, 2 ( less complex) and 3 ( more complex need) across Dorset, Bournemouth, Christchurch and Poole in line with current guidance  
<https://www.gov.uk/guidance/commissioning-regional-and-local-sexual-health-services>
- 3) To commission and continue delivering this service to ensure that people have access to both universal and specialist services, in the right place, at the right time, by the right professional that will prevent or allow for the earliest identification of need and improve or protect their health and wellbeing.

### **What is the background or context to the proposal?**

Sexual health services are one of the five commissioned mandatory programmes by local authorities under the 2012 Health Act, covering the following core areas of provision:

- Contraceptive services (including prescribing costs);
- Young people's sexual health;
- HIV prevention, sexual health promotion, services in educational settings and pharmacies;
- Sexually transmitted infections (STI) testing and treatment at Genitourinary Medicine (GUM) clinics;
- Chlamydia screening and HIV testing.

The vision for sexual health services has always been to procure an effective integrated Pan Dorset service that enables transformation to a more simplified and efficient management system that provides a quality service to ensure the right intervention is provided by the most appropriate professional, at the right time and place to meet population needs.

Sexual Health Dorset who provide the services have continued to work well together to start to integrate services and to achieve this vision and deliver a shift from hospital based services to more community led services, with a focus on more prevention type interventions as well as testing and treating existing conditions and infections.

Sexual health is an important area of public health. Much of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, [A Framework for Sexual health Improvement in England](#). Dorset sexual health services are working towards this ambition.

The existing contract for sexual health services ends next year. So that Public Health Dorset can achieve compliance with the procurement legislation and deliver an effective, efficient and equitable service, a strategic approach to commissioning and procurement is required.

The Joint Public Health Board has responsibility for overseeing commissioning and procurement and in July 2019 supported the initiation of this process and approved procurement for a new contract in April 2020.

As part of this process, extensive research of national models, service specifications and procurement approaches have been complimented by stakeholder engagement to develop a service specification which both protects mandatory universal functions and prioritises local needs.

The existing contracts with Dorset HealthCare as lead provider will expire on 31<sup>st</sup> March 2020.

## Step 2: Intelligence and Communication

**What data, information, evidence and research was used in this EqlA and how has it been used to inform the decision-making process?**

**What has the data told us?**

### **Our Population**

Although these services are open access and available for the general population, data tells us that sexual health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans community, teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

### **The evidence to ensure good practice**

The data and research was used to identify and bring together the evidence and information to provide an outline of the service, best practice, policy ambition, the population served by the service, those in greater need. In order to clarify and assure commissioners that services and service delivery were working to ensure access for the appropriate priority groups in the right way to meet population need.

### **Helping shape consultation**

The data was also used to develop the consultation and the service specification and key questions for consideration during procurement.

### **Understanding policy and commissioning intentions**

The data also outlines framework and policy ambition for the need for different commissioners of sexual health services to work in collaboration to ensure seamless services for users.

### **Our Data Sources**

The following data, information, evidence and research has been used:

## Data

- Local demographic data
- Mandated communicable diseases data sets
- <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>
- <https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2017-18>
- Public Health Outcomes Framework data
- Historical and current contractual service data and reporting

## Information

- Annual Public Health England Conference presentations / posters
- Annual Dorset Young Researchers' reports
- Stakeholder consultation interviews with system leaders
- Local engagement/Friends and Family findings
- The Local Safeguarding Children's Board strategies and action plans
- Pending the Young Inspectors Report findings (due Sept 2019)
- Previous sexual health user engagement findings and reviews
- Joint Public Health Board Report (includes consultation summary)
- Contract management reports (existing sexual health contracts)
- User surveys to support model development
- View from Local Medical Committee (LMC) and Local Pharmacy Committee (LPC) on the populations they serve
- Internal stakeholder consultation

## Evidence

- Faculty of Reproductive and Sexual Health
- British Association of Sexual Health and HIV
- NICE guidelines for contraception
- Commissioning standards
- Basics of contraception & Genitourinary Medicine (GUM)
- National Survey of Sexual Attitudes and Lifestyles (NATSAL)

## Research

- Service models, specifications and procurement approaches from a number and range of Local Authority areas who have recently commissioned Integrated Sexual Health Services in England
- National research (e.g. Kings Fund)  
<https://www.kingsfund.org.uk/publications>

## What data do you already have about your service users, or the people your proposal will have an impact on?

Over 40,000 people access Sexual Health Dorset each year for information, support, tests and treatment. Predominantly by younger people 20 - 24 and 24 - 34 age groups as well as the other age groups across the age ranges. Nationally it is

thought that across the county more women use services than men and sexually transmitted infections are rising, but locally data shows us that these are not significant rises. Men who have sex with men also access specialist services for support. There are outreach programmes which work to support very vulnerable groups such as young people and working women

### **Contract Data**

Contract monitoring data that provides service activity demographics about service users by age postcode and activity and quality across service areas. The contract data outlines case studies where users were seen to benefit from accessing services with positive outcomes. There is also access to friends and family survey data and audit data.

### **Survey Data**

Providers of the service undertake surveys for users to complete, with an engagement prospectus in 2014, information and feedback from key population groups such as young people forums, gaymens programmes, a comprehensive user view survey undertaken in 2015 and other engagement programmes undertaken during 2015-18 within sexual health Dorset, which has informed service development over the last two years There are also smaller user surveys undertaken each time there is a service change.

### **What engagement or consultation has taken place as part of this EqIA?**

The information was used above in addition to the following

### **Engagement Data**

Initial stakeholder engagement with service interdependencies such as adult and children commissioners, local medical and pharmacy committees, Dorset Clinical Commissioning group, NHS England, has given Public Health Dorset a clear over view of priorities for different population groups eg people with special needs, looked after children those accessing other services such as substance misuse and young people's services.

### **Survey Data**

- Use of initial user surveys over time to ensure we address protected characteristics
- Young Inspectors report findings – due Sept 2019
- Internal stakeholder consultation regarding service design and priority groups
- The national lifestyle survey, which is undertaken every 10 years that provides a clear view of changing population behaviours
- Healthwatch initial engagement and plan for consultation during sexual health week mid September
- Links with NHSE to engage with people living with HIV
- General user engagement via website questionnaire

This information is used to inform the local integrated sexual health model improvements and input to the service specification.

<b>Is further information needed to help inform this proposal?</b>
None at this stage
<b>How will the outcome of consultation be fed back to those who you consulted with?</b>
<p>1) Stakeholder consultations are due to be collated and shared with relevant local stakeholders either directly or indirectly involved in shaping the service (a communications plan will be developed to support this)</p> <p>2) Feedback from consultations to date with young people have been provided to those consulted with</p>

### Step 3: Assessment

Who does the service, strategy, policy, project or change impact?

- If your strategy, policy, project or service contains options you may wish to consider providing an assessment for each option. Please cut and paste the template accordingly.

For each protected characteristic please choose from the following options:

- Please note in some cases more than one impact may apply – in this case please state all relevant options and explain in the ‘Please provide details’ box.

Positive Impact	<ul style="list-style-type: none"> <li>• Positive impact on a large proportion of protected characteristic groups</li> <li>• Significant positive impact on a small proportion of protect characteristics group</li> </ul>
Negative Impact	<ul style="list-style-type: none"> <li>• Disproportionate impact on a large proportion of protected characteristic groups</li> <li>• Significant disproportionate impact on a small proportion of protected characteristic groups.</li> </ul>
Neutral Impact	<ul style="list-style-type: none"> <li>• No change/ no assessed significant impact of protected characteristic groups</li> </ul>
Unclear	<ul style="list-style-type: none"> <li>• Not enough data/evidence has been collected to make an informed decision.</li> </ul>

Age:	<i>neutral</i>
What age bracket does this affect?	all ages
Please provide details:	<p>The service is open access to all ages with targeted education/prevention elements focussed on key populations such as school-age young people</p> <p>Greater targeted support and access to outreach services for higher risk and vulnerable adults</p>

Disability:	<i>neutral</i>
Does this affect a specific disability group?	the service is open access for all ages and so can effect any disability group
Please provide details:	The service adheres to the equally Act as part of their policy within service terms and conditions and working practice

Gender Reassignment & Gender Identity:	<i>neutral</i>
Please provide details:	<p>The current and future services are provided irrespective of gender identity with the existing integration of the service bringing greater equity of access for all genders.</p> <p>An integrated service has already increased access for LGBTQ groups across Dorset and will remain so in the new service contract.</p>

Pregnancy and maternity:	<i>positive</i>
Please provide details:	<p>The future service specification will have a greater focus on integrated pathways for those individuals identified with specific prevention/contraception /health needs.</p> <p>The specification recognises the benefits of working with other services including maternity and termination of pregnancy services along with school nursing to improve timely access to contraception.</p>

Race and Ethnicity:	<i>neutral</i>
Please provide details:	The current and future services equally provide for all ages irrespective of Race and Ethnicity.

Religion or belief:	<i>neutral</i>
Please provide details:	The current and future services equally provide for children, young people and their families irrespective of religion or belief.

Sexual orientation:	<i>positive</i>
Please provide details:	<p>The current and future services equally provide for all ages irrespective of Sexual Orientation with specific services for men who have sex with men (MSM) and outreach for vulnerable groups (i.e. LGBTQ groups).</p> <p>Access to services for vulnerable groups will increase through service integration in the new contract and mainstreaming relevant services.</p>

Sex:	<i>neutral</i>
Please provide details:	As with gender, the current and future services are provided irrespective of gender identity with the integration of the service bringing greater equity of access for all sexes.

Marriage or civil partnership:	<i>neutral</i>
Please provide details:	The service is open to access by individuals and those wishes to attend with their partner, whilst maintaining confidentiality of the patient.

Carers:	<i>neutral</i>
Please provide details:	For all groups; the service is configured to be accessible within financial limitations. The provider will be responsible for monitoring provision.

Rural isolation:	<i>positive</i>
Please provide details:	<p>Rurally isolated – good examples of positive outreach with those in these areas and increased access to digital approaches will improve access within these communities.</p> <p>In order to meet service user needs in one appointment, some services may need to be centralised. This could have a negative impact on some rural areas.</p> <p>However, the new model aims to be responsive with outreach services and an integrated approach which can flex to meet needs across Dorset. Consultation suggests users are happy to travel to specialist venues to receive the care they need on one visit.</p> <p>Changes to outcomes will be regularly reviewed by the commissioner and provider to understand if there have been any negative impacts from these changes (i.e. increases in unwanted pregnancies).</p> <p>Sexual health is a service within a landscape of other services and the population will continue to receive some services within the community (i.e. GPs and pharmacies for emergency hormonal contraception, or long acting reversible contraception,).</p> <p>General services which are delivered by GP practices for contraception and STI testing on request.</p>

Single parent families:	<i>neutral</i>
Please provide details:	<p>For all groups; the service is configured to be accessible within financial limitations. The provider will be responsible for monitoring provision.</p> <p>Sexual health is a service within a landscape of other services and the population will continue to receive some services within the community (i.e. GPs and pharmacies for emergency hormonal contraception, or long acting reversible contraception).</p> <p>General services which are delivered by GP practices for contraception and STI testing on request.</p>

Poverty (social & economic deprivation):	<i>neutral</i>
Please provide details:	<p>For all groups; the service is configured to be accessible within financial limitations. The provider will be responsible for monitoring provision.</p> <p>Sexual health is a service within a landscape of other services and the population will continue to receive some services within the community (i.e. GPs and pharmacies for emergency hormonal contraception, emergency contraception or long acting reversible contraception).</p> <p>General services which are delivered by GP practices for contraception and STI testing on request.</p>

Military families/veterans:	<i>neutral</i>
Please provide details:	For all groups; the service is configured to be accessible within financial limitations. The provider will be responsible for monitoring provision.

## Step 4: Acton Plan

Provide actions for **positive**, **negative** and **unclear** impacts.

If you have identified any **negative** or **unclear** impacts, describe what adjustments will be made to remove or reduce the impacts, or if this is not possible provide justification for continuing with the proposal.

Issue	Action	Person(s) responsible	Deadline	How will it be monitored?
EqlA	amend EqlA following outcome of procurement and scrutiny	SC	September	contract lead and commissioning group
Procure	to deliver sexual health Procurement successfully in line with EqlA	SC	January 2020	contract lead and commissioning group
Monitor	ensure contract performance in line with EqlA	SC	quarterly	contract lead

## Step 5: EqlA Sign Off

Officer completing this EqlA:	Sophia Callaghan	Date:	16th August 2019
Equality Lead:	Susan Ward-Rice	Date:	23/08/19
Directorate Board Chair:	Pete Bartlett	Date:	22/08/2019

\* To include Diversity Action Groups