



North

Yorkshire County Council

Equality Impact Assessment (EIA): evidencing paying due regard to protected characteristics

May 2014

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

| | |
|---|--|
| Name of Directorate and Service Area | Health and Adult Services, Public Health: Sexual health services redesign and re-provision |
| Lead Officer and contact details | Katie Needham |
| Names and roles of other people involved in carrying out the EIA | Ruth Everson Georgina Wilkinson Carly Walker Caroline Townsend Victoria Marshall |
| How will you pay due regard? e.g. working group, individual officer | Working group |
| When did the due regard process start? | The draft equality impact assessment was made available on the North Yorkshire County Council website at the beginning of the sexual health services redesign and re-provision consultation (which took place between 6 th January to 28 th February 2014). Feedback from the consultation was used to develop the final assessment. |
| Sign off by Assistant Director (or equivalent) and date |  Lincoln Sargeant 6 June 2014 |

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

As from 1 April 2013, North Yorkshire County Council is required by regulation to commission HIV prevention and sexual health promotion, open access genitourinary medicine and contraception services for all age groups.

The system for provision of sexual health services in North Yorkshire is complex, and there are currently a wide range of providers delivering different types and levels of service to different target groups.

To date a number of issues have been identified with the current system:

- **Inequity of service provision**

The population of North Yorkshire do not receive the same universal sexual health service across the area.

- **Patient experience**

There is limited availability/opening times for Contraceptive and Sexual Health (CASH) services across North Yorkshire.

Currently different providers deliver CASH and Genito-Urinary (GU) services, and feedback from the engagement exercise suggests that these could be better integrated to provide more seamless service delivery for patients requiring both services.

- **Effectiveness and efficiency**

There is a lack of performance/activity data provided from some providers making it difficult to guarantee that services are currently providing value for money. Some sexual health staff are fully competent to deliver a wide range of sexual health screening services but are limited contractually to what they can currently provide.

Efficiencies could be gained by integrating chlamydia screening services with mainstream sexual health services, rather than having a separate stand-alone service as is currently provided. This is in line with national guidance. The Condom Distribution Scheme is currently managed by the North Yorkshire Public Health Team; however it would be more efficient for this to be commissioned through a community sexual health provider.

The Local Authority is now legally required to re-tender all these services. The review and subsequent re-procurement provides an opportunity to improve sexual health outcomes of our residents by ensuring the care and treatment people receive is comprehensive, high quality and seamless. Key principles have been developed to inform our sexual health commissioning to help achieve this goal. These have been informed by an engagement exercise conducted as part of the review. The key principles are:

- Priority to be given to prevention and early intervention with a focus on young people and most at risk populations.
- Services to be delivered by a professional integrated skilled sexual health workforce.
- Strong clinical leadership to be embedded across the local sexual health system.
- Encourage the use of evidence based practice, innovation and use of technology.
- Ensure rapid and easy access to services - including in rural areas- delivering services in appropriate settings.
- Ensure all contraceptive and STI diagnosis and treatment is dealt with in one place.

The outcome of the sexual health service review and re-procurement is 'All people in North Yorkshire experience good sexual health'. Although sexual health services will support all ages and population groups across North Yorkshire, there are a number of vulnerable groups and most at risk populations that may be positively affected by, and benefit from, proposed changes to local sexual health services. These include: men who have sex with men (MSM); Black African communities; Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) groups; people misusing drugs and alcohol, and sex workers.

These vulnerable and most at risk populations are national target groups. It must be noted that some of these target groups are very small in North Yorkshire, however these target communities have higher prevalence rates of STIs (including HIV) and therefore will be priority groups for targeted support within the sexual health services re-design. It is also acknowledged that some of the vulnerable groups and most at risk populations may be harder to reach in rural North Yorkshire than in an urban area, with groups being dispersed across the County.

The military population in North Yorkshire (based at Catterick garrison in the Richmondshire locality) will also be considered within the service re-design to ensure their particular needs are met.

The vision is to have an integrated sexual health service available in each locality across the County

Engagement and consultation

An extensive joint engagement exercise with City of York Council took place during August- October 2013 to establish what stakeholders views were on what the successful elements and challenges were with current service provision, as well as views on how services could be improved. Based on the feedback from the engagement exercise a proposed new system for delivery of services was developed.

North Yorkshire County Council and City of York Council held a joint public consultation on the proposed new system for delivery of sexual health services in both local authorities over an eight week period from 6th January 2014 to 28th February 2014.

A wide range of stakeholders fed into the engagement and consultation exercises including: current and potential service providers, service users, NHS organisations and local professional committees including the LMC (Local Medical Committee) and the LPC (Local Pharmaceutical Committee). In addition to the online questionnaire, feedback was received via two consultation events, consultation meetings and emails sent to public health team members

The consultation was designed to obtain views on: the proposed sexual health system, its key principles, and each of the services within scope to be commissioned

People were asked for feedback on service descriptions of each of the services proposed to be commissioned: Specialist Sexual health service, Community Outreach service for most at risk populations, HIV support service and targeted primary care services delivered in GP and Pharmacies.

Overall, consultation respondents were supportive of the new proposed model for delivery of sexual health services in North Yorkshire and York.

The decision has been made not to include sexual health services currently commissioned from GP practices and pharmacies in the services redesign procurement. This is due to the need to allow for flexibility in the development of

primary care sexual health services and for the development of the primary care market. Instead these services will continue to be commissioned as they are currently, as part of the public health primary care services contract.

A few comments from respondents stated that they felt it was important for the service to be able to respond to diversity and the range of at need groups. This will be addressed within service specifications, in particular the Community Outreach for at Risk Groups service specification.

For further information regarding the consultation please visit:
www.northyorks.gov.uk/shsconsultation

The new system will be implemented through a procurement process to identify suitable providers to deliver the new services.

Section 2. Why is this being proposed? (e.g. to save money, meet increased demand, do things in a better way.)

As noted in section 1, to date a number of issues have been identified with the current local sexual health system.

The Local Authority is required legally to re-tender all these services. The review and subsequent re-procurement will be used as an opportunity to improve sexual health outcomes of our residents by ensuring the care and treatment people receive is comprehensive, high quality and seamless.

Section 3. What will change? What will be different for customers and/or staff?

As noted in section 1, there are some core principles that have been developed to support improvements in sexual health service provision for the population of North Yorkshire. The Integrated Service will be delivered by an integrated sexual health workforce and there will be strong clinical leadership across the local sexual health system. Evidence based practice, innovation and use of technology will also be fundamental to effective service provision, and this will be made clear in service specifications to deliver the new services.

Currently, sexual health services are delivered by multiple providers across North Yorkshire. There is not currently consistent availability of and access to sexual health services for the local population. Equitable access to these services throughout the county is one of the main issues being addressed through the redesign and re-provision of services.

Currently sexual health services are delivered within clinics in hospital, primary care, and community settings, via online service provision, and via postal services (chlamydia). The proposal for the integrated sexual health service to be delivered

within each locality across North Yorkshire will ensure the population of North Yorkshire receives the same universal sexual health service, with equal access and choice for all population groups. The new integrated sexual health service will ensure there is a co-ordinated and managed central dedicated sexual health service booking service to ensure rapid and appropriate access to services for addressing the service user's needs.

Currently, service users and the general public find out about local sexual health services via the local sexual health service website www.yorsexualhealth.org.uk, via a health professional i.e. referral by GP/nurse or outreach activity, marketing material developed by service providers, or word of mouth. The requirement for effective marketing and publicity of services will be detailed within service specifications to ensure that people can easily access information on local sexual health services. Interfaces and referral pathways across the local sexual health system will also be detailed in service specifications to ensure the service user is sign posted and/or referred to appropriate services (including services broader than sexual health) more effectively.

Some vulnerable groups or most at risk populations may need some specialist information or equipment for example information in an easy read format. The requirement to make these available will also be made clear in service specifications.

Local sexual health services are free to access and will continue to be free.

Providers are, and will be, contractually obliged to be compliant with North Yorkshire County Council requirements and policy relating to equality, and will be expected to be able to demonstrate this through contract monitoring.

Section 4. What impact will this proposal have on council resources (budgets)?

Cost neutral? Y

Increased cost? N

Reduced cost? N

Please explain briefly why this will be the result.

Funding for services will come from the ring-fenced public health grant. Efficiencies and incentives are being applied to the budget for these services.

| Section 5. Will this proposal affect people with protected characteristics? | No impact | Make things better | Make things worse | Why will it have this effect? State any evidence you have for your thinking. |
|--|------------------|---------------------------|--------------------------|--|
| Age | | Y | | The proposed integrated sexual health service will be accessible to all ages. Some of the specific services provided within this integrated model are targeted at vulnerable and most at risk populations, including those to under 25 year olds. Guidance recommends that specific services are made available to young people as evidence indicates this age group is more at risk of poor sexual health. ¹ |
| Disability | | Y | | The successful provider(s) will be expected to meet all requirements around the Equality Act 2010 to ensure their services are accessible to disabled people. |
| Sex (Gender) | | Y | | <p>Services will be open access to all. Some services within the proposed integrated sexual health service will target men who have sex with men as a most at risk population.</p> <p>Feedback from the sexual health service review engagement exercise suggests that service users would like to have access to male and female workers. Inclusion of requirements relating to this will be considered in the development of service specifications.</p> |

¹ Department of Health. (2013). A Framework for Sexual Health Improvement in England. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf Accessed 23/5/14

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| Race | | Y | <p>Services will be open access to all. Evidence indicates that Black African communities are at higher risk of infection from HIV. They are the second largest group in the UK affected by HIV, with 38 per 1,000 living with the infection (26 per 1,000 in men and 51 per 1,000 in women). Black-Africans and Black-Caribbean's, particularly heterosexual men, are at greater risk of late diagnosis (66% compared to 47% among white heterosexual men) and would potentially benefit from earlier identification and treatment.²</p> <p>In 2011 49% of Black and Black British women who had had an abortion had had one before, as compared to 36% of women overall.³</p> <p>The North Yorkshire and York sexual health needs assessment notes that gonorrhoea diagnoses for 2010 in the region were highest amongst the Black or Black British ethnic group.</p> <p>As part of the integrated sexual health service, the Community outreach service for most at risk populations will be required to deliver targeted support to Black African communities.</p> |
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² Health Protection Agency.(2013). HIV in the UK: 2013 report. Available from http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140300680 Accessed 23/5/14

³ National Collaborating Centre for Women's and Children's Health. (2005).,Long-acting reversible contraception- the effective and appropriate use of long-acting reversible contraception. Available from <http://www.nice.org.uk/nicemedia/pdf/CG030fullguideline.pdf> Accessed 27/5/14.

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|---------------------|--|---|--|---|
| | | | | It is acknowledged that the numbers of Black-Africans and British Black-Africans in North Yorkshire is extremely low (> 1% of population) and dispersed throughout the county ⁴ The service provider will be expected to be able to demonstrate how they will approach targeting this and other at risk populations without stigmatising them. |
| Gender reassignment | | Y | | The proposal is to have open access services available in each North Yorkshire district. The Community Outreach for Most at Risk Populations service will provide targeted support to lesbian, gay, bisexual, transgender and questioning (LGBTQ) groups. |
| Sexual orientation | | Y | | The proposal is to have open access sexual health services available in each North Yorkshire district. Research commissioned by Stonewall indicated that a high proportion of lesbian and bisexual women and gay and bisexual men have never been tested for STI's. Also evidence suggests that gay and bisexual men who use particular illegal drugs (as well as alcohol) are more likely to engage in risky sexual behaviour. ⁵ |

⁴ North Yorkshire and York Sexual Health Needs Assessment, (2014). Further details available from the North Yorkshire Public Health Team.

⁵ Department of Health. (2013). A Framework for Sexual Health Improvement in England. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf Accessed 23/5/14

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|--|------------------|---------------------------|--------------------------|--|
| | | | | <p>The Community Outreach for Most at Risk Populations service will provide targeted support to lesbian, gay, bisexual, transgender and questioning (LGBTQ) groups.</p> <p>The proposed service descriptions consulted on during the consultation stage were developed taking into account feedback from LGBTQ groups gathered as part of the sexual health review engagement exercise.</p> <p>Consultation feedback was received from stakeholders highlighting a desire for outreach to LGBTQ groups and training for medical professionals on LGBTQ issues. LGBTQ groups are identified as a specific group for targeted support, and training for professionals will be addressed within the training model.</p> |
| Religion or belief | Y | | | Open access services will be available in each North Yorkshire district. The successful provider(s) will be expected to meet all service user needs relating to religion or belief. |
| Pregnancy or maternity | Y | | | We have no evidence of an impact in relation to pregnancy/maternity. |
| Marriage or civil partnership | Y | | | We have no evidence of an impact in relation to marriage or civil partnership. |
| Section 6. Would this proposal affect people for the following reasons? | No impact | Make things better | Make things worse | Why will it have this effect? Give any evidence you have. |

| | | | |
|----------------------|--|---|---|
| Live in a rural area | | Y | <p>The proposal is to have an integrated sexual health service available in each North Yorkshire district. The proposed new service model includes an element of outreach that will take services to where people are if there is a need.</p> <p>In bids submitted to deliver services the provider will also be expected to evidence how they are working in innovative ways to target the very rural areas.</p> <p>Post consultation:</p> <p>Feedback was received from stakeholders regarding concerns of how providers would ensure access to services given the rurality of North Yorkshire. Service specifications will be clear on the requirements for providers to address this.</p> |
| Have a low income | | Y | <p>Services will be available in each North Yorkshire district to improve access to services and a reduction in the need to travel. All contraceptive pills and implants are available free, as is testing and treatment of sexually transmitted infections. Emergency Hormonal Contraception is available free to young people aged 14-24.</p> |

Section 7. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men?) State where this is likely to happen and explain what you think the effect will be and why giving any evidence you have.

No known impact.

Section 8. Only complete this section if the proposal will make things worse for some people. Remember that we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us.

Can we change our proposal to reduce or remove these adverse impacts?

Can we achieve our aim in another way which will not make things worse for people?

If we need to achieve our aim and can't remove or reduce the adverse impacts get advice from legal services. Summarise the advice here. Make sure the advice is passed on to decision makers if the proposal proceeds.

Section 9. If the proposal is implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

The impact of the proposed integrated sexual health service will be measured by applying an outcomes based accountability framework to contract monitoring.

Indicators have been developed as measures to help quantify the achievement of the integrated sexual health service outcome 'All people in North Yorkshire experience good sexual health'.

Performance measures will be developed for each service element within the new integrated sexual health service to measure the effectiveness of services delivered.

Section 10. List any actions you need to take which have been identified in this EIA

| Action | Lead | By when | Progress |
|--|----------|---------|---|
| Service specifications will clearly state requirements of providers to address the issues identified in this document. | KN/GW/CT | 28/7/14 | Work on service specifications currently ongoing |
| Dialogue with providers on how they will address issues identified in this document. This will be as part of the evaluation of provider bids, and will also be included in post-contract award negotiations with the successful provider(s). | KN/GW/CT | 28/7/14 | Work on procurement documentation currently ongoing |