

Initial equality impact assessment screening form

This form is an equality screening process to determine the relevance of equality to an activity, and a decision whether or not a full EIA would be appropriate or proportionate.

Directorate:	Public Health
Service Area:	Sexual Health
Activity being screened:	Revised specification to commission Sexual Health services as one integrated service including Community and Contraceptive services and Genitourinary Medicine Provision
Officer(s) carrying out the screening:	Ken Ross Abbie Metcalfe Mary Hall (Independent Consultant)
What are you proposing to do?	<p>The proposal is to integrate services and commission via a tender for these services. These services will cover delivery of Sexual Health Public Health Outcomes Framework for England 2016-19. These are:</p> <ul style="list-style-type: none"> • Under 18 and under 16 conceptions • Chlamydia detection rates 15-24-year olds • People presenting with HIV at a late stage of infection. <p>Currently the service is delivered by two providers. The first provider covers Community and Contraceptive Services and the other GUM services. These services will be in line with the DoH commissioning guidance and the Framework for Sexual Health Improvement in England (2013)</p>
Why are you proposing this? What are the desired outcomes?	<p>The reason for this process is to ensure a more integrated approach to delivery to improve performance against the following:</p> <ul style="list-style-type: none"> • Ensure individuals understand the different Sexually Transmitted Infections (STI's) and associated potential consequences • Individuals understand how to reduce the risk of transmission • Individuals understand where to get access

	<p>to prompt, confidential STI testing and provision allows for prompt access to appropriate, high quality services including the notification of partners</p> <ul style="list-style-type: none"> • Individuals attending for STI testing are also offered testing for HIV • Reducing the onward transmission of and avoidable deaths from HIV remains a key priority area and integrated providers will be required to ensure individuals understand what HIV is and how to reduce the risk of transmission and how to prevent it. • Services must also ensure individuals get prompt access to confidential HIV testing. • Individuals diagnosed with HIV should receive prompt referral to care of a high quality • Individuals diagnosed with HIV should also receive early diagnosis and treatment of STI's <p>Put briefly the aim is to provide a service that meets the above targets and that residents find accessible and timely. This includes a range of groups including those under 16, though to older people. Within the population of Darlington there are some groups likely to be more affected than others by these issues and the service providers need to understand the issues faced by these various groups and individuals. The aim of this Equality Impact assessment is to ensure that these impacts are understood and where possible mitigation is put in place to deal with any negative impacts. The aim is also to use the learning from the consultation and impact assessment work to design a tender for high quality accessible services.</p>
<p>Does the activity involve a significant commitment or removal of resources? Please give details</p>	<p>Funding decision was taken as part of the MTFP in 2016.</p> <p>This commissioning process is about better services that are more accessible.</p>

Is there likely to be an adverse impact on people with any of the following protected characteristics as defined by the Equality Act 2010, or any other socially excluded groups?


As part of this assessment, please consider the following questions:

- **To what extent is this service used by particular groups of people with protected characteristics?**

- Does the activity relate to functions that previous consultation has identified as important?
- Do different groups have different needs or experiences in the area the activity relates to?

If for any characteristic it is considered that there is likely to be a significant adverse impact or you have ticked 'Don't know/no info available', then a full EIA should be carried out where this is proportionate.

Protected characteristic	Yes	No	Don't know/ Info not available
Age			NK
Disability			NK
Sex (gender)			NK
Race			NK
Sexual Orientation			NK
Religion or belief			NK
Gender reassignment			NK
Pregnancy or maternity			NK
Marriage or civil partnership			N/A
Other			
Carer (unpaid family or friend)	Y		NK
Low Income	Y		
Rural Location	Y		
Does the activity relate to an area where there are known inequalities/probable impacts (e.g. disabled people's access to public transport)? Please give details.			Whilst the service is not primarily about transport there may be issues that need to be discussed as part of the hub and spoke model. This may also have implications of cost for travel but these should be minimal. Timing of services may be an issue for young people, disabled people and older people. Venue and opening times may affect some targeted groups more than others. For example, provision based in schools colleges may not be available out of term time.
Will the activity have a significant effect on how other organisations operate? (e.g. partners, funding criteria, etc.). Do any of these organisations support people with protected characteristics? Please explain why you have reached this conclusion.			There will be an impact on the existing providers and their staff. Consultation and impact assessment work is ongoing to understand what this may be.

Decision (Please tick one option)	EIA not relevant or proportionate:		Continue to full EIA: Yes
Reason for Decision		These services are far reaching and have particular impacts on some targeted groups. These groups include those covered by protected characteristics of Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual orientation and Marriage and Civil Partnership.	
Signed (Assistant Director)			
Date		October 2017	



Equality Impact Assessment Record Form

This form is to be used for recording the Equality Impact Assessment (EIA) of Council activities. It should be used in conjunction with the guidance on carrying out EIA in **Annex 2** of the Equality Scheme. The activities that may be subject to EIA are set out in the guidance.

EIA is particularly important in supporting the Council to make fair decisions. The Public Sector Equality Duty requires the Council to have regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Using this form will help Council officers to carry out EIA in an effective and transparent way and provide decision-makers with full information on the potential impact of their decisions. EIAs are public documents, accompany reports going to Councillors for decisions and are published with committee papers on our website and are available in hard copy at the relevant meeting.

Title of activity:	Re-Procurement of Integrated Sexual Health Services
Name of Directorate and Service Area:	Public Health
Lead Officer and contact details	Abbie Metcalfe
Assistant Director accountable for this EIA	Ken Ross
Who else will be involved in carrying out the EIA:	Mary Hall Gillian Reeves

When did the EIA process start?		24 th September 2017
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Section 2 – The Activity and Supporting Information

Details of the activity (describe briefly - including the main purpose and aims) (e.g. are you starting a new service, changing how you do something, stopping doing something?)

The aim is to commission a new integrated sexual health service. The service will meet current national framework standards and the aim is to have a more accessible high quality service covering three tiers of service provision and delivered through a hub and spoke model. Tiers 1&2 includes information on services available, referral routes, sexual history taking and risk assessment, holistic sexual health care for young people, pregnancy testing, supply of male and female condoms and lubricants, oral emergency contraception, intrauterine contraceptive devices, various forms of hormonal contraception, cervical screening, referral for antenatal care, referral for abortion care and sterilization, referral for female genital mutilation, STI testing and treatment, Chlamydia testing and case management, STI prevention, testing for HIV and other STI. This will be provided through a series of outreach or spokes. Tier 3 will provide more complex service through the main hub and will include the management of complex contraception issues, management of complex STIs, STI's in pregnant women, working with specialist HIV provision commissioned via NHS England, provision of post exposure prophylaxis after exposure to HIV and co-ordination and oversight for GUM training and clinical governance.

Why is this being proposed? What are the aims? What does the Council hope to achieve by it? (e.g. to save money, meet increased demand, do things more efficiently)

The aim is to have a service that is cost effective, accessible and of a high quality. The service will also meet the DoH National Framework and requirement for local authorities to commission open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons. It will ensure services also meet the demands of a changing population including the greater freedom of movement of the population including travel to and from areas with higher prevalence of HIV.

What will change? What will be different for service users/ customers and/ or staff?

There will be differences in where services are provided, when they are accessible but impact assessment work will enable mitigation to be investigated where there is evidence of negative impacts for individuals or groups.

What data, research and other evidence or information is available which is relevant to the EIA?

Work was undertaken in 2016 and a draft consultation and engagement report was developed. In addition there is evidence from performance information for existing provision that enables us to understand the service user experience and usage.

Engagement and consultation (What engagement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

A consultation plan has been developed and includes a survey to get the views and impacts on the wider population, targeted work including focus groups and workshops with targeted groups with protected characteristics. Workshops and face to face interviews are also planned with staff of existing providers. This will take place from the 25th September until the 18th December 2017.

Variety of methods were used including surveys for community as a whole and young people in particular. In addition, drop-in sessions were held, discussions with staff, providers and referrers were undertaken. Specific groups supporting those with protected characteristics were also approached to hold focus groups or circulate the survey, there was a slight delay in meeting with members of ARq (Refugees and Asylum seekers) but their valuable feedback has been included into the final consultation report.

The following activities were undertaken:

- 2 drop-in sessions to complete survey forms
- 2 visits to CASH to ask service users to complete survey forms, additional forms left with service and input manually
- GUM Clinic and additional survey forms left for service users
- 2 provider event
- Rise Carr College
- PHSE Conference
- Midwives Team Meeting
- School Nurses Meeting
- Health Visitors Meeting
- Mental Health Network
- Learning Impairment Network
- Darlington Arq
- GOLD
- Provider Forum
- Breastfeeding Group
- DAR Meeting
- Age UK Darlington OLGBT Group

In addition the surveys were distributed widely to schools, colleges, voluntary sector networks and also placed on websites hosted by Darlington Clinical Commissioning Group, Darlington Borough Council and Healthwatch Darlington

What impact will this activity have on the Council's budget? (e.g. cost neutral, increased costs or reduced costs? If so, by how much? Explain briefly why this is the case)

None – the integrated service will pool two budgets.

Section 3: Assessment

How will the activity affect people with protected characteristics?	No Impact	Positive impact	Negative impact	Why will it have this effect? (refer to evidence from engagement, consultation and/or service user data or demographic information, etc)
Age				<p>Issues here will be those linked to potential travel, costs, and times venues are available, the way information is distributed. Other issues may well arise during the consultation.</p> <p>Issues here related to accessibility of information and where it was available and in what format. Young people also wanted access to information on line but so too did older people. Individuals having a low reading age needed to be able to access information.</p> <p>Travel was an issue for younger people as it was costly and also difficult as they did not always have transport. This meant they need to ask parents for money or to take them to the service. This affected their confidentiality when attending services and could mean they did not access them increasing risk of unplanned pregnancy or STI's.</p> <p>Issue raised about age limit on C-card and a number of people felt this excluded them including older people and in particular older people from LGBT community.</p>
Disability (Mobility Impairment, Visual impairment, Hearing impairment, Learning Disability, Mental Health, Long Term Limiting Illness, Multiple Impairments, Other – Specify)				<p>Issues here will be those linked to potential travel, costs, and times venues are available, the way information is distributed.</p> <p>For certain groups changes of venues and personnel will have a more profound impact than for some other groups. There may also be issues about the need for a few people to be able to access services in their own home and this will require an understanding of the impact of this on individuals.</p> <p>The provision of accessible information will need to examine the need for interpreted materials and support for delivery of services.</p>

Sex (Gender)			<p>There may be issues here connected with where and how services are provided as for some groups it may require women only services if for example a women has experienced rape or sexual or domestic abuse</p> <p>Discussions with Refugees and Asylum seekers highlighted the need for women only services for a number of groups with strong religious or cultural issues that mean accessing these services could be problematic if no women only services or access to female professionals. This was not an issue for males.</p> <p>LGBT community also highlighted that Femidoms were not available through C-Card or at clinics, neither were dental dams.</p>
Race			<p>There are some communities who are at higher risk of some diseases because of a high prevalence in their country of origin.</p> <p>There are a number of significant issues here including:</p> <ul style="list-style-type: none"> • Low income making travel difficult • Low income and lack of how to get free medication • Cultural barriers to accessing services especially for women but also for men in terms of getting HIV/STI testing • Issues for Roma Gypsy Traveller community and the need for quick appointments as transient community • Language barriers and general lack of information for these groups • Information and support for FGM and the need to inform the community that this is a criminal offence and staff would need to report it
Gender Reassignment			<p>Issues here may relate to accessible venues where individuals feel safe and understood.</p> <p>Issues here are about information for the community and professionals about the needs of these residents. Specialist support and sessions were requested to improve access to support. Failure to get support could lead to increased physical problems but also to mental health issues.</p>
Sexual Orientation			<p>This will again impact on the way messages get out to the LGBT+ community and how they define their sexuality and the way that service providers build this into their delivery of the service.</p>

				<p>The community felt that there was not enough understanding about their needs and that products offered through C-Card were restricted and did not include femidoms. They also said that only having 1 sachet of lube increased their risks of anal sex problems and infections. They felt that professionals did not understand their needs and that specialist support would improve access. The group often value anonymity and sometimes processes where a lot of information was requested made them anxious.</p> <p>Forms etc used by the services still ask for male/female gender and this form of identification is not appropriate for some people. Allowing people to self-identify would reduce anxiety and enable residents to feel more accepted.</p>
Religion or belief				<p>For some communities there are strong religious beliefs and practice that may mean for example they need extra support when faced with issues of pregnancy abortion, contraception, female genital mutilation or HIV.</p>
Pregnancy or maternity				<p>Again certain groups within the population may need support to access services and to access help in a timely manner. How staff are trained to support these individuals will be important.</p> <p>Issues were raised here about the waiting times for access to some services. Midwives stated that sometimes it was difficult to get contraception, especially long term contraception before the post-natal period ended.</p> <p>Access to emergency contraception was not available through all pharmacies and also there could be a delay if the pharmacist was not in. The method of emergency contraception available also made a difference to the time in accessing this service and again could lead to more unplanned pregnancies with the impact that brings.</p>
Marriage or civil partnership				<p>Covered by other characteristics and no legal issues.</p>

How will the activity affect people who:	No impact	Positive Impact	Negative Impact	Why will it have this effect? (Refer to evidence from engagement, consultation and/or service user data or demographic information, etc)
Live in a rural location?				<p>The move to a hub and spoke model may mean that some individuals will need to travel for more complex procedures.</p> <p>This was a particular issue for residents in outlying areas where there was no bus service. Work will need to take place to look at ways to ensure access to services from these areas.</p>
Are carers?				<p>Carers may be impacted upon because of transport and timing of clinics etc.</p> <p>Parents and carers raised the issue that if they had to travel a distance for some services this may mean they are unable to do so as need to be back to pick young children up from school. There would also be costs involved if they needed to get additional childcare.</p>
Are on a low income?				<p>For most people there will be no increase in cost of provision but it may be an issues for those needing to travel for more complex procedures.</p> <p>Transport issues have been raised above.</p>

Section 4: Cumulative Impacts

<p>Cumulative Impacts – will the activity affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men – state what you think the effect might be and why, providing evidence from engagement, consultation and/or service user data or demographic information, etc)</p> <p>Are there any other activities of which you are aware which might also impact on the same protected characteristics?</p>
<p>No</p>

Section 5: Analysis

a) How will the activity help to eliminate discrimination, harassment and victimisation?

Providing services in places where people feel safe should help to reduce harassment and victimisation. (need to revisit after consultation)

b) How will the activity help to advance equality of opportunity?

The services are open access and through understanding the community should be more accessible to all residents of Darlington

c) How will the activity help to foster good relations?

During the engagement/ consultation process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

The key findings are summarized after feedback from each of the elements of the consultation. This executive summary is a brief analysis of the key issues that need to be picked up when preparing specifications or tenders in relation to these services. Readers are encouraged to look at the responses as a whole to get the finer details and address these issues directly.

a) Information

- Access to information is a key issue and it needs to be readily available in a range of venues. These venues vary according to groups needing information but go much wider than GP surgeries and include community centres, schools, colleges and support groups.
- Information needs to be accessible for disabled people, those needing it in other languages or having low reading abilities.
- Information also needs to be distributed in different formats including Online, leaflets, social media and face to face. This varies from group to group and details are given in the report.
- Information needs to include what services are available when and where and be up to date. C-Card services and Emergency Contraception are key areas to provide information including how and when you can get these services.
- Clear information was needed about what types of contraception were provided and where this was available. How to get screened for STI's and HIV also needed to be publicised more and was a particular issue for some groups

b) Accessibility

- Overall people want a service in the centre of Darlington that is easy to access by public transport if necessary and has parking nearby that is not expensive.
- Some people also wanted some services to be available locally and this is an issue for rural areas some of whom have no bus service.
- Cost is an issue for some people including for transport and getting medication, this could result in non-use of services and increased risk of the spread of STI's.

- Confidentiality will also impact on whether people access services and again this is more of an issue for some groups and individuals including young people, LGBT and some ethnic groups
- Services need to be available after school, college and work and whilst some people preferred appointments most people seem to prefer walk-in services.

c) C-Card service

- Service needs greater publicity and products provided need to be reviewed as not suitable for all groups.
- Provision is currently restricted by age and a number of groups raised this and it could reduce the opportunity for some people to practice safe sex
- Needed to be able to register in a more confidential setting

d) Screening and Testing for STI's

- Staff were less in favour of online Chlamydia screening than the public. Both surveys highlighted that people would prefer to do the test at home but then have access to face to face support.
- Again a central venue was favoured for provision of this service and the service needed to be confidential.
- More education in schools but also with a range of other groups including older people about the importance of regular testing and the risks of infertility and ill-health if left untreated.
- Cultural barriers needed to be overcome and testing undertaken as a matter of routine for HIV when blood tests were taken. More details can be found within the report.



e) Partnership working

- Communication needed to be improved between the range of health providers, referrers and groups supporting service users.
- Training and updating of skills was an issue raised by a number of referrers and providers of elements of the service
- Link to other services outside this remit such as HIV care, midwifery and health services will be important
- A support line for health professionals could be beneficial

Conclusion

A wide range of services are included in this procurement and the consultation did not cover all of the areas. It has provided a wealth of information about the needs of the community and how they believe services can best be provided. It also asked referrers and staff for their views to ensure that practical issues and concerns they had could be addressed. The aim of this work is to enable the development of a new service that is effective, efficient and will improve the services that are already in place. Whilst people did raise issues about the current services it should be noted that most people appreciated the services being offered.

Section 6 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed 	Name:	Abbie Metcalfe
	Date:	31.01.18
	Job Title:	Public Health Business Officer
Assistant Director:		
Signed 	Name:	Miriam Davidson
	Date:	08.02.18
	Service:	Director of Public Health

Section 7 – Reporting of Findings and Recommendations to Decision Makers

<p>Next Steps to address the anticipated impact (Select one of the following options and explain why this has been chosen – remember we have a duty to make reasonable adjustments so that disabled people can access services and work for us)</p>
<p>a) No negative impact on people because of their Protected Characteristics and therefore no major change is needed to the activity (There is no potential for discrimination or adverse impact identified)</p>
<p>b) Negative impact identified – recommend continuing with the activity (Clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue. The EIA identifies potential problems or missed opportunities. Officers will advise to change the proposal to reduce or remove these adverse impacts, or the Council will achieve its aim in another way which will not make things worse for people. There must be compelling reasons for continuing with the proposal which will have the most adverse impacts.)</p>
<p>c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact (The EIA identifies potential problems or missed opportunities. The Council will change the proposal to reduce or remove these adverse impacts, or it will achieve the aim in another way which will not make things worse for people)</p>
<p>d) Actual or potential unlawful discrimination – stop and remove the activity (The EIA identifies actual or potential unlawful discrimination. It should be stopped.)</p>
<p>Explanation of why the option above has been chosen (Including any advice given by legal services)</p>
<p>B – as above</p>
<p>If the activity is to be implemented how will you find out how it is affecting people once it is in place? (How will you monitor and review the changes?)</p>

Through the mobilisation plan the new provider will be expected to engage will service users throughout the process. Service Users' feedback forms/surveys will be available from the commencement of the new service.

Section 8 – Action Plan and Performance Management

List any actions you need to take which have been identified in this EIA, including post implementation reviews to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date

Performance Management	
Date of the next review of the EIA	March 2019
How often will the EIA action plan be reviewed?	Annually
Who will carry out this review?	Public Health Team in liaison with the new Provider.