

## **Sexual Health Service**

### **Evidence based equality analysis**

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

Local Authority Public Health have a lead role to improve health, and to co-ordinate efforts to protect the health of its local population. They also arrange for the provision of mandated sexual health services for the local population including HIV/Sexually Transmitted Infection (STI) testing services, STI treatment services (excluding HIV treatment) and contraception services on an open-access basis in line with requirements set out in Local Authorities (Public Health Functions) Regulations 2012. These include:

- Advice on preventing unintended pregnancy;
- HIV/STI testing services, STI treatment services (excluding HIV treatment), and including Chlamydia Screening as part of the National Chlamydia Screening Programme (NCSP);
- Sexual Health aspects of psychosexual counselling.

The service will improve sexual health by delivering a range of interventions across the life course; with a focused direction of travel towards prevention, building resilience and self-esteem, along with consistently promoting healthy choices. The service will provide open and easy access, cost-effective, high-quality provision for contraception and prevention, diagnosis and management of sexually transmitted infections (including HIV), according to evidence-based protocols.

Access to the service shall be available through various channels, including a digital and clinic offer, in order to effectively respond to the need across the borough and take into account inequalities. The service will need to have approaches for specific client groups as detailed in the specification with an emphasis on prevention and early intervention, and reducing risky behaviour wherever possible.

### **Consultation**

Planning, improvements and any potential or proposed changes to services must be discussed and planned for at as early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned

by the Local Authority or other commissioners. Mechanisms for engagement with service users and local populations should always include consultation. Key stakeholders, service users, carers and those from under represented population groups, including a diverse range of representatives from protected characteristics under the Equality Act 2010 must have full involvement in decisions which affect their life, including the choice of a particular form of support treatment or care.

As part of the Quality Assurance Cycle, the service shall be required to provide evidence of how the views and experiences of the service users, carers, staff and referring agencies have been used to improve quality, inform decision making and actively develop the service.

## **Equality and Diversity**

The Service must operate an Equality and Diversity Policy which complies with the requirement of all current equality legislation, and in particular, the Equality Act 2010 and any subsequent amendment of the act. The following protected characteristics are set out in the Equality Act 2010, Age, Sex, Race, Religion and Belief, Sexual Orientation, Disability, Pregnancy and Maternity, Gender Reassignment and Marriage and Civil Partnership.

The Service must issue their own written policies covering anti-discriminatory practice and harassment. All employees working with service users must receive equality and diversity training and be competent to apply the above policies.

The Service will ensure employees understand, and are sensitive to, the particular needs of minority groups. Equality training will be provided to ensure support is provided in a culturally sensitive way. All services should be able to meet special communication needs, such as, providing translators or interpreting services, where requested or necessary.

The Service will actively monitor the implementation and impact of its Equality and Diversity policies and provide the Commissioner with reports when requested.

## **Digital**

There is an increased focus on digital offer opportunities being made available across the Public Health agenda. Digital is best seen as a way of doing things rather than just a list of technologies and tools. Above all digital refers to working in a different way and putting users and people in the middle of what we do. It is about an open, faster culture and it is about learning by doing.

Digital services and products include (but are not restricted to):

- maintaining or redeveloping existing websites and content

- the new PHE intranet
- digital ways of engaging
- mobile applications
- collaboration tools
- social media channels
- the databases that support and connect all of these.

**The service will help ensure delivery of the three key themes of the Council Plan.**

The first key theme of the Council’s Corporate Plan 2016 – 2020 “Helping the Borough Thrive” is ***Thriving Residents***. The new service will enable residents of the Borough to continue to access preventative services, supporting them to improve their health and wellbeing, and providing specialist treatment and advice when required. This in turn will support families to provide an environment that enables children to get the best possible start in life, and the service will have a particular focus on seldom heard groups.

The second key theme is ***Thriving Communities***. The service will be required to deliver benefits to communities by engaging with local networks and third sector providers, in order to bring services to areas with most need. It will focus on prevention of ill-health and supporting self-sustained well-being.

The third key theme is ***Thriving Economy***. The success of this service will improve the health of the workforce overall and reduce the burden of ill-health, particularly long-term, on the local economy.

Lead officer: Neil Boardman, Public Health Programme Lead

Stakeholders: New provider organisation, service users, potential service users, Clinical Commissioning Groups, NHS England, Local Pharmaceutical Committee, Local Medical Committee, Looked After Children’s Services, Childrens and Adults Commissioners, Learning Disability Services, Safeguarding, Elected Members, respective Council services (internal procurement, legal, finance).

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	<b>Neutral</b>	<b>Positive</b>	<b>Negative</b>
Target group / area			
<b>Race and ethnicity</b> (including Gypsies and Travellers; migrant workers, asylum seekers etc.)	Language barriers can be addressed through ensuring that professionals (provider) are able to access interpreter services and language telephone lines, when required.	<p>The Service will be open to all members of the community and the provider will be asked to provide outreach services to 'seldom seen' groups in the borough and to ensure diversity characteristics of service users are monitored to assess service accessibility.</p> <p>There will be development of outreach support services and additional targeted point of care capacity in community settings.</p>	<p>If the interpreter is not physically present, therefore not having face-to-face contact with the individual, all issues may not be expressed.</p> <p>Low – resources available in a number of different languages; appointments can be arranged for convenience.</p> <p>Use of an interpreter could result in miscommunication or understanding.</p> <p>LOW – appropriate</p>

		Resources are available in a number of different languages, and there will be a range of translation methods made available for face to face and via the telephone.	governance/compliance and quality assurances processes in place.
<b>Disability</b> (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)	The new service will be required to maintain compliance with disability access requirements as per the service specification.	An increased focus on digital access self-serve processes may improve access for some groups with disabilities where fewer attendances at service centres may be required.  Accessibility is a core aspect of the service specification including in relation to physical access to premises. All premises will be fit for purpose for the services delivered in that particular location, be well maintained and compliant with the Equality Act.  Resources will be available in Easy read and Braille.	Literacy levels or the disability prevents the use of the digital provision.  Low – resources and access available in a range of accessible formats (i.e. Braille, Easy read) and locations.
<b>Sex</b>	The service is characterised by being available to anyone requiring care, irrespective of gender.  The new service will be required to demonstrate their ability to offer	There are elements of the service (e.g. contraception) that specifically target women and will continue to have a positive impact on their wellbeing.  The service will offer outreach services and health promotion to men who are engaged in more	

	services equally to both genders.	risky sexual behaviour.  Both men and women will have the opportunity within the sexual health service to request to be seen by a clinician of their own sex.	
<b>Gender identity</b> (gender reassignment)	The new service will be required to maintain equality of access as required in the specification.	Due to the nature of the service, there will be staff who are able to ensure a positive service is delivered. The service is required to ensure there is a pathway in place for those who express an interest in gender reassignment, and are appropriately referred.  Provision of appropriate gender neutral washrooms.	
<b>Religion and belief</b>	The new service will be required to maintain equality of access as required in the specification.  The service is required to demonstrate awareness and sensitivity to religious and cultural beliefs.		
<b>Sexual orientation</b> (including heterosexual, lesbian, gay, bisexual)	The service will be required to demonstrate their ability to offer services to people of any sexual orientation.	Some elements of the service will be specifically targeted at men who have sex with men (MSM) and those who identify as being Lesbian, Gay, Bisexual and Transgender (LGBT).	

		<p>Any potential or proposed changes to services must be discussed and planned for at as early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned by the Local Authority or other commissioners.</p> <p>Stakeholders will include: LGBT community, MSM, WSW, gay and bi-sexual men and women, trans and non-binary community.</p> <p>Sub-contractors are skilled to provide services to these groups.</p> <p>Self-testing will be provided through the service's website including offering MSM testing kits; this benefits the MSM community who are at greater risk of STI prevalence.</p>	
<p><b>Age</b> (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older older people 81+. The age categories are for</p>	<p>The service is required to develop a service model that is conducive to a lifecourse approach to sexual health, and have clear care pathways in place with the full range of service providers for</p>	<p>The service is required to provide relevant and effective services for sexually active people of all ages, and is required to adhere to the safeguarding requirements set out in the specification.</p> <p>The specification highlights the</p>	<p>People may not be able to access or have the skills to utilise the digital provision, however, the increase in digital services should be seen to complement rather than replace physical services which will still be available.</p>

<p>illustration only as overriding consideration should be given to needs)</p>	<p>children, young people, adults and older people.</p>	<p>importance of engaging with the seldom heard and vulnerable cohorts to ensure they are aware of and can access services including:</p> <ul style="list-style-type: none"> <li>• Young People: The service is required to use the Department of Health's You're Welcome quality criteria when planning and implementing changes and improvements, in order for the service to be young people friendly where appropriate;</li> <li>• Older People: Who are still sexually active, including those who are still working and who may also be ending previous long-term relationships and entering into new ones.</li> </ul> <p>To ensure continuous service improvement, a quality provision and a service responsive to the populations needs, we will expect the provider to use a number of methods to seek the views of service users. This should include working with those most at risk of poor sexual health and the most vulnerable groups e.g. young people.</p> <p>Continual development of outreach</p>	<p>Low – access available in a range of locations, and appointments can be arranged for convenience.</p>
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		<p>services will help alleviate sexual health inequalities amongst younger people.</p> <p>Health promotion campaigns aimed at older people/ people entering new relations to ensure equity of access of all age groups.</p>	
<b>Carers</b>	<p>The service will be offered to all individuals irrespective of their caring status. If a service user wishes their carer to be involved to support them, this will be accommodated.</p>	<p>An increased digital offer may increase service accessibility for those with caring responsibilities. The service will be asked to consider service location and accessibility, and in particular to ensure that the service is available out of normal working hours including evenings and weekends.</p> <p>The service will be asked to provide outreach services, particularly targeted to provide sessional support services for young carers who may not ordinarily be able to easily access sexual health services, education and testing.</p>	
<b>Rural communities</b>	<p>The new service will be required to maintain equality of access as required in the specification.</p>	<p>An increased digital offer will support some people living in rural areas to access the services they need without the need to travel.</p>	<p>For some elements of service, individuals will be required to access via more centralised hubs if they are unable to utilise digital provision.</p> <p>Low – a person centred approach</p>

			allows for a range of options available and preferences to be selected as appropriate.
<b>Areas of deprivation</b>	The service is designed to have targeted interventions and levels of support aligned to levels of need and to take account of additional needs associated with social deprivation.	<p>The service will take into account the potential barriers to accessing support faced by individuals who live in more deprived communities.</p> <p>Some aspects of the service will be specifically required to target areas of deprivation e.g. sexual health outreach screening and promotion.</p> <p>Digital provision can help to keep transport costs down for service users.</p>	<p>For some elements of service, individuals may be required to access via more centralised hubs if they are unable to utilise digital provision.</p> <p>Low – a person centred approach allows for a range of options available and preferences to be selected as appropriate.</p>
<b>Human rights</b>	The service is required to demonstrate compliance with the Human Rights Act as it applies to young people and adults.	This forms an integral part of the principles and approach the service is taking. In addition service users will be encouraged to take an active part in the development and delivery of services. Safeguarding for both adults and young people will form a core element of the service delivery model.	
<b>Health and wellbeing</b> (consider both the wider determinants of health such as education, housing, employment,	<p>The service aims to have a positive impact on the lifestyles of service users, their families and their communities.</p> <p>The impact of the services</p>	The provider will ensure that the service establishes working arrangements, and care or support pathways that will deliver integrated and collaborative interventions for wider health and wellbeing benefits, and community	There is a potential risk of health inequalities related to digital STI testing in terms of differential engagement with digital services among different groups, however, the available evidence does not demonstrate any clear evidence

environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)	provided will reduce demand on health and care systems.	safety as well as the prevention, treatment and recovery from STIs. The provider will have clear care pathways in place with the full range of service providers for children, young people, adults and older people.	that e-STI testing leads to inequalities, but this is an important consideration when planning the service.  Low – as evidence does not demonstrate a clear link.
<b>Procurement/partnership</b> (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	The service will be obliged through contracts to ensure equality compliance and actively review and address equality issues on a regular basis.	Equality compliance should be improved through embedding equality in the service contract and raising awareness across service provision.	

**Evidence:**

Integrated wellbeing service specification 2019-2024

- Business case
- Consultation response

**Action plan:**

<b>Actions required</b>	<b>Key activity</b>	<b>Priority</b>	<b>Outcomes required</b>	<b>Officer responsible</b>	<b>Review date</b>
Consultation	Must engage with population groups as part of consultation for any amendments/ changes/ planning or developments within the service	Medium	Consultation response	Neil Boardman	September 2020
Equality Analysis	Requirement for the	Low	Completed equality	Neil Boardman	October

	service to complete an equality analysis (EA). Note. Any change warrants a review of the EA.		analysis report from the Service		2020
Contract meeting reviews	Quarterly review meetings to ensure compliance and quality assurance	Medium	Quarterly monitoring reports from service and meeting minutes	Neil Boardman	April 2020

<b>Sign off</b>	
Lead officer:	Neil Boardman
Approved by Tier 4 Manager:	Donald Read
<b>Moderation and/or Scrutiny</b> – virtual moderation by People Directorate Equality Group	
Date: 10 May 2019	
<b>Date analysis to be reviewed based on rating</b> (high impact – review in one year, medium impact - review in two years, low impact in three years)	Three years