Equality Impact Assessment (EIA)

Document control

Title of activity:	Integrated Sexual Health Service
Type of activity:	Award of contract to operate an Integrated Sexual Health Service
Lead officer:	Daren Mulley, Commissioning Manager
Approved by:	Vernal Scott, Corporate Equalities Officer
Date completed:	22nd May 2018
Scheduled date for review:	March 2020

Did you seek advice from the Corporate Policy & Diversity team?	Yes
Does the EIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

1	**Title of activity**	Integrated Sexual Health Service
2	**Type of activity**	The Provision of an Integrated Sexual Health Service
3	**Scope of activity**	Local Authorities have been mandated to ensure that the population has open access to sexual health services including; • comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception • prevention of the spread of sexually transmitted infections, which includes treating testing and caring for people with infections and notifying sexual partners of people with such infections.
4a	**Is the activity new or changing?**	Yes
4b	**Is the activity likely to have an impact on individuals or groups?**	
5	**If you answered yes:**	The service will have an impact on individuals and groups
6	**If you answered no:**	N/A

Completed by:	Daren Mulley, Senior Commissioning Manager
Date:	22nd May 2018

The EIA

Background/context:

While sexual relationships are essentially private matters, good sexual health is important to individuals and to society. Reducing rates of teenage pregnancy, protecting vulnerable groups from sexual abuse and exploitation, and improving diagnosis of HIV all have an impact on the quality of life for those affected, as well the resources required to respond to poor sexual health. The Integrated Sexual Health Service is central to achieving good sexual health in the Borough.

The commissioning of Genitourinary Medicine (GUM) and Contraception Sexual Health Services (CaSH) are mandatory services for Local Authorities. Under the Health and Social Care Act 2012, local authorities have a duty to secure the provision of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs) for their residents. This is mandatory and entails the key principles of providing services that are free, confidential, open access and not restricted by age.

In 2017, London Borough of Havering (LBH), Barking and Dagenham (LBBD), Havering and Redbridge (BHR) began the procurement of a three-borough Integrated Sexual Health Service (ISHS) operating across the three boroughs commencing 1st October 2018 for a period of 5 years initially with the option to extend for a further 3 year period on an annual basis at the sole discretion of the Councils. The procurement was led by LBBD and the contract for the delivery of the new service will be a multilateral contract developed by LBBD.

The new service will deliver evidence based Integrated Sexual Health Services that meet national guidance and fulfils the Council's statutory duties. The service will submit regular reports detailing performance (including service user feedback) and equalities data which will be monitored by the Council on a regular basis to ensure the Provider is meeting its contractual obligations.

The service will be clinically led by specialists in Sexual and Reproductive Healthcare and Genitourinary Medicine (Medical consultants and nurse specialists). It will be open access to all (universal) in line with statutory requirements and the national specification issued by the Department of Health and will deliver the following:

a) An open access basis and available to anyone requiring care, irrespective of their age, place of residence or GP registration, without referral
b) Provide a full range of sexual health services to women, men and children of any age, taking into account safeguarding responsibilities
c) Provide non-judgemental, evidence based care centred on recognised national best practice guidance where this exists
d) Have walk-in and appointment clinics, including evenings and Saturdays
e) Improved sexual health outcomes in relation to the incidence of sexually transmitted infections
f) Reduced incidence of late diagnosis of HIV
g) Improved access and availability of contraception and reduced numbers of unwanted pregnancies.
h) Stronger leadership in relation to reducing teenage conceptions and improving outcomes for teenage parents and their children

i) Improved links between sexual health services and other commissioned services working with young people and adults at particular risk of poor outcomes, e.g. substance misuse, mental health and public health nursing service
j) Improved sexual health and related outcomes for vulnerable groups: Children, young people and vulnerable adults through effective partnerships with schools, colleges, health, police and other statutory early help and children and family services
k) Improved protection for vulnerable groups at risk of infection, unwanted pregnancy, freedom from sexual exploitation, abuse, inappropriate relationships and freedom from female genital mutilation
l) More effective engagement of communities at significantly increased risk of HIV infection in effective screening programmes that will protect them and others from the poor outcomes associated with late diagnosis of HIV.

Age: Consider the full range of age groups

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The integrated sexual health service will be accessible to all ages and will therefore have a positive impact on this protected characteristic. Some of the specific services provided within this integrated model are targeted at vulnerable and most at risk populations, including those under 35 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.
Neutral		
Negative		

Evidence:

Sexual Health

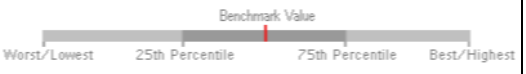
The Sexual and Reproductive Health (SRH) profiles have been developed by Public Health England (PHE) to support local authorities, public health leads and other interested parties to monitor the sexual and reproductive health of their population. They are presented as tables that provide the most recent snapshot of sexual and reproductive health in Havering. Tables 1 - 2 are tabular summaries for Havering providing a profile of current activity and performance of sexual health services compared to England.

Compared with benchmark: Better / Similar / Worse — Lower / Similar / Higher / Not Compared

Indicator	Period	Havering			England	England		
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Total prescribed LARC excluding injections rate / 1,000	2016	–	1,394	28.3	46.4	6.1		84.8
GP prescribed LARC excluding injections rate / 1,000	2016	↓	603	12.3	28.8	0.1		75.9
SRH Services prescribed LARC excluding injections rate / 1,000	2016	–	791	16.1	17.6	0.8		45.6
Under 25s choose LARC excluding injections at SRH Services (%)	2016	–	217	14.1%	20.6%	8.4%		45.1%
Over 25s choose LARC excluding injections at SRH Services (%)	2016	–	763	41.3%	35.7%	13.2%		62.6%
Women choose injections at SRH Services (%)	2016	–	521	15.4%	9.8%	1.0%		30.4%
Women choose user-dependent methods at SRH Services (%)	2016	–	1,885	55.7%	62.1%	40.6%		78.0%
Women choose hormonal short-acting contraceptives at SRH Services (%)	2016	–	1,570	46.4%	46.9%	24.3%		67.7%
Under 25s individuals attend specialist contraceptive services rate / 1000 - Females	2016	–	1,815	126.4	147.5	10.6		384.7
Under 25s individuals attend specialist contraceptive services rate / 1000 - Males	2016	–	97	6.6	15.1	0.4		73.4
Pelvic inflammatory disease (PID) admissions rate / 100,000	2016/17	↑	158	321.3	242.4	692.9		61.6
Ectopic pregnancy admissions rate / 100,000	2016/17	→	50	101.7	90.3	166.0		32.1
Cervical cancer registrations rate / 100,000	2011 - 13	–	23	6.0	9.6	18.7		4.4

Table 1: Snapshot of PHE's Sexual and Reproductive Health Profiles (Reproductive Health), Havering compared to England (data accessed May 2018)

Compared with benchmark: Better / Similar / Worse — Lower / Similar / Higher / Not Compared



Indicator	Period	Havering			England	England		
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2016	→	13	5.2	10.6	127.9		0.0
Gonorrhoea diagnostic rate / 100,000	2016	→	135	54.2	64.9	596.4		2.9
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2016	→	359	1,206	1882	524		5,427
Chlamydia proportion aged 15-24 screened	2016	↓	4,166	14.0%	20.7%	7.4%		58.5%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2016	↓	1,167	739	795	3,288		223
HIV testing coverage, total (%)	2016	↓	4,826	64.8%	67.7%	26.7%		91.8%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2014 - 16	–	15	37.5%	40.1%	100%		10.0%
New HIV diagnosis rate / 100,000 aged 15+	2016	→	11	5.3	10.3	105.4		0.8
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2016	↑	299	2.04	2.31	16.40		0.32
Total prescribed LARC excluding injections rate / 1,000	2016	–	1,394	28.3	46.4	6.1		84.8
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2016	↓	106	24.3	18.8	36.7		3.3
Under 18s conceptions leading to abortion (%)	2015	→	62	63.3%	51.2%	12.5%		82.4%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	↑	325	1.3	1.7	0.7		3.7

Table 2: Snapshot of PHE's Sexual and Reproductive Health Profiles (HIV and STIs), Havering compared to England (data accessed May 2018)

Sexually Transmitted Infections (STIs)

STIs are diseases that can be spread by unprotected sex. Persons with STIs do present with symptoms such as increased discharge, pain or ulcers but not everyone with an STI will have signs and symptoms of the condition. Compared to the London region, rates of new STI diagnoses in LBH are similar and below the national and London averages as shown in the figure below;

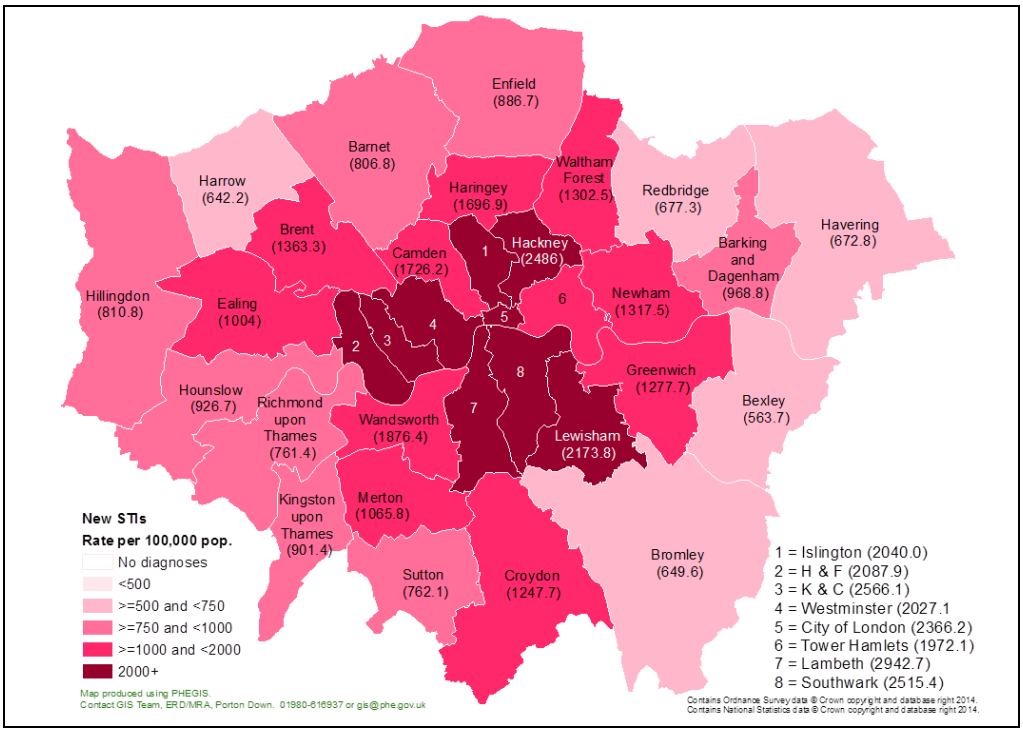
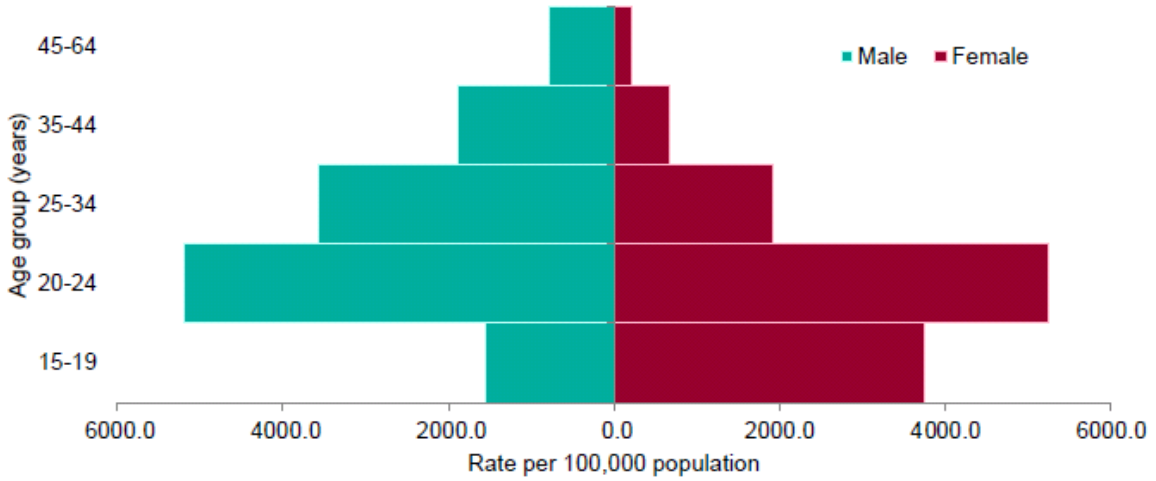


Chart: Rate of new STI diagnosis, London boroughs, 2015

In addition, STIs are more prevalent in younger age groups (particularly the 15-19, 20-24 and 25-34 age groups). If STIs are left undetected and untreated, they may result in serious complications in later years.

Figure 4: Rate of new STIs per 100,000 residents by age group in London, 2016.
Data sources: GUMCAD, CTAD



Sources used:

Havering Council JSNA Sexual Health Chapter
Public Health England, Sexual and Reproductive Health Profiles
Public Health England, Spotlight on sexually transmitted infections in London, 2017

Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		This service will have a neutral impact on disabilities. The service will be contracted to meet all requirements around the Equality Act 2010 to ensure their services are accessible to disabled people. The specification outlines in detail the requirements to the Provider who is expected to comply with the Equality Act 2010 and the Public Sector Equality Duty and ensure that their staff is trained and competent in equality and diversity issues.
Neutral	✓	
Negative		

Evidence:

At present, there is a lack of specific data on the sexual health and reproductive health needs of individuals with disabilities. However, it is assumed a person's disability will inform and shape a person's sexual values, attitudes and sexual practices. As the service is an open access, confidential service, there are no obvious barriers for people accessing the service.The service specification states in its Principles of Care section that the Provider will:

- Use the Department of Health's "You're Welcome" criteria as guiding principles and ensure that Services are friendly to young people.
- Promote the independence, choice, dignity, privacy, respect, confidentiality and participation of service users
- Ensure services are inclusive and gender neutral (where appropriate), and acknowledge and respect a service user's gender, sexual orientation, age, physical or mental health ability, race, religion, culture, social background and lifestyle
- Give service users maximum possible choice of service within the resources available to meet their needs
- Recognise the right of service users to have appropriate control over the service they receive in order to gain the most personal and clinical benefit from it;
- Plan and provide the Service in partnership with: service users; their partners; family, friends or lay advocates, support workers; and other independent and statutory agencies as appropriate, to ensure that the Service responds sensitively and flexibly to individual needs
- Ensure that service users' views are taken into account in the delivery and development of the Service

Sources used:

Havering Council, Service Specification for the Provision of an Integrated Sexual Health Service, 2017

Sex/gender		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The integrated sexual health service will have a positive impact on this protected characteristic. Provider will demonstrate that the service is contributing to the delivery of local priorities, including those that focus on particular groups of women and men. The service will identify those being, or at risk of being, sexually exploited, aim to reduce health inequalities for those groups that experience poor sexual health, including MSM (men who have sex with men), lesbian and bi-sexual women.
Neutral		
Negative		

Evidence:

<u>Population Data</u>
52% of Havering's population is women and girls and 48% of the population are men and boys

<u>Issues to be considered for sports facilities</u>
Gender related issues regarding the changing facilities will need to be considered, for example, changing cubicles for mother and sons or fathers and daughters, or general privacy for parents with children.

<u>Issues to be considered for wider sport and physical activity participation</u>
Adults (16+) Participation in Sport (at least once a week),

2012/13	Havering	London	England
Men	37.3%	43.1%	40.9%
Women	28.2%	31.5%	30.7%

HIV: Men who have sex with men (MSM) are a key risk group for HIV in London (see charts below). In 2016, 45% of those living with diagnosed HIV in London were aged between 35 and 49 years, and 39% were aged 50 years and over (up from 17% in 2007). Males represented 71% of London residents living with diagnosed HIV in 2016 and females represented 29%.

Figure 5: Number of new HIV diagnoses by age group and gender (A) and probable route of infection in males (B), London residents, 2016

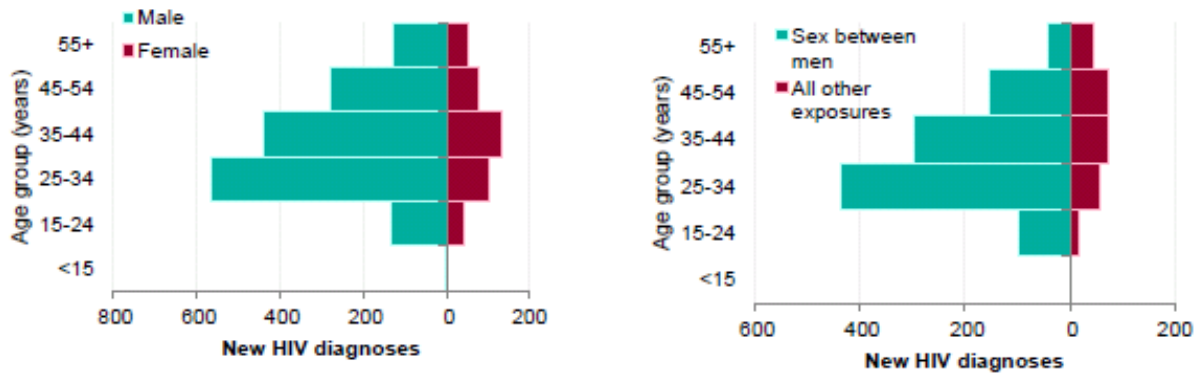
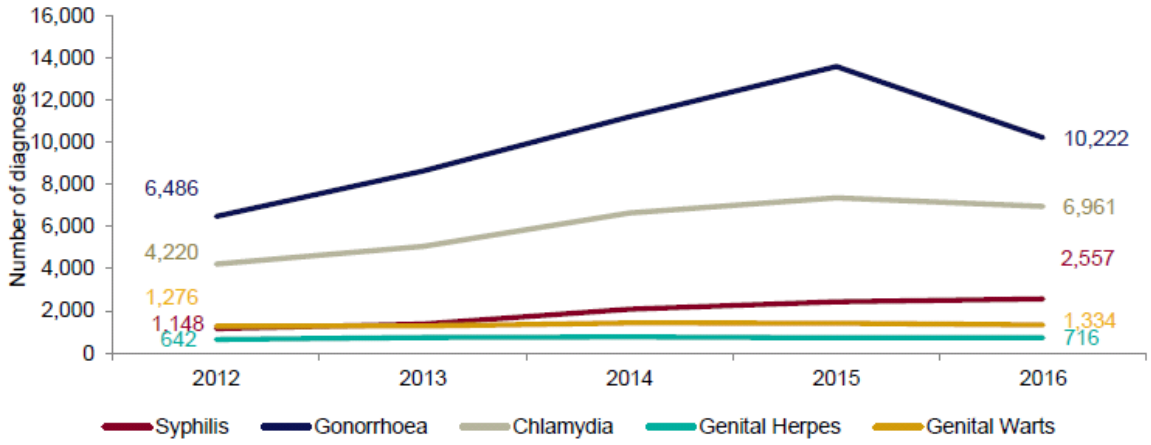


Figure 7: Diagnoses of the five main STIs among MSM in specialist SHCs: London residents, 2012-2016. Data source: GUMCAD data only



Sources used:

Office of National Statistics, 2011 Census
Public Health England, Annual Epidemiological Spotlight on HIV in London, 2017
Public Health England, Spotlight on sexually transmitted infections in London, 2017

Ethnicity/race		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The integrated sexual health service will have a positive impact on this protected characteristic. It will provide a service that is contributing to the delivery of local sexual health priorities, including those that focus on particular groups from BME (black and minority ethnic) communities. The service will also work to increase uptake of HIV testing, and increased awareness of risky behaviours such as recreational drug use to
Neutral		
Negative		

		ensure reduction in late HIV diagnosis and new infections amongst BME groups.

Evidence:

Population Data

2014 (Projection)	Number	Percentage of Population(%)
All ethnicities	246,269	100.00
White	211,126	85.7
Black Caribbean	3,335	1.4
Black African	9,485	3.9
Black Other	4,524	1.8
Indian	5,813	2.4
Pakistani	1,820	0.7
Bangladeshi	1,205	0.5
Chinese	1,662	0.7
Other Asian	4,467	1.8
Other	2,833	1.2
BAME	35,144	14.3

Between the 2001 and 2011 Census, Havering had the biggest increase of BAME groups out of all the London Boroughs. The last census saw 17% of the population define themselves as BAME, which is the lowest in London.

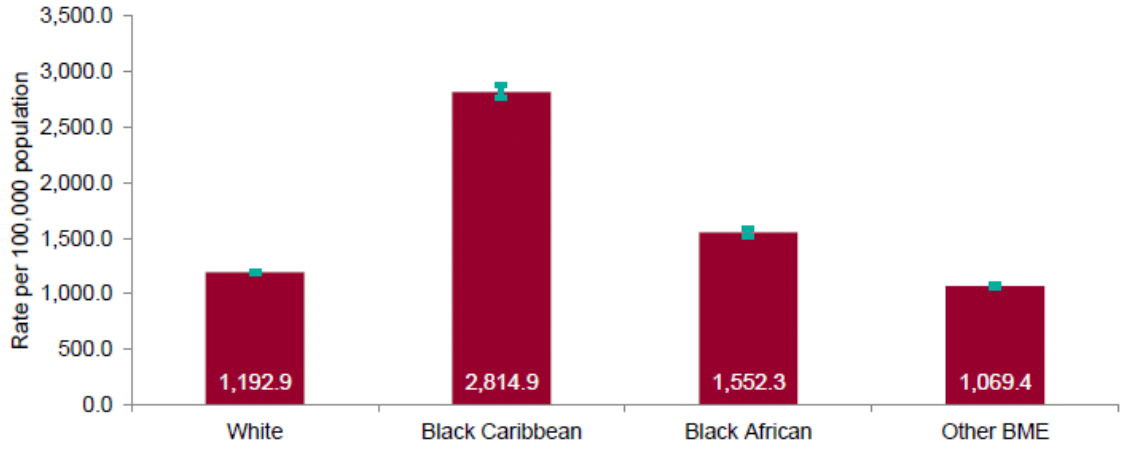
According to the 2011 Census, Havering has the highest percentage (95.4%) of residents aged 3+ who have English as a main language and 4.57% do not speak English as a main language.

The top five languages (after English) are:

- Lithuanian (980, 0.4%)
- Polish (829, 0.4%)
- Punjabi (595, 0.3 %)
- Bengali - with Sylheti and Chatgaya (490, 0.2%)
- Tagalog/Filipino (430, 0.2%).

STIs: The impact of STIs remains greatest in black ethnic minorities in London, as the figure below shows;

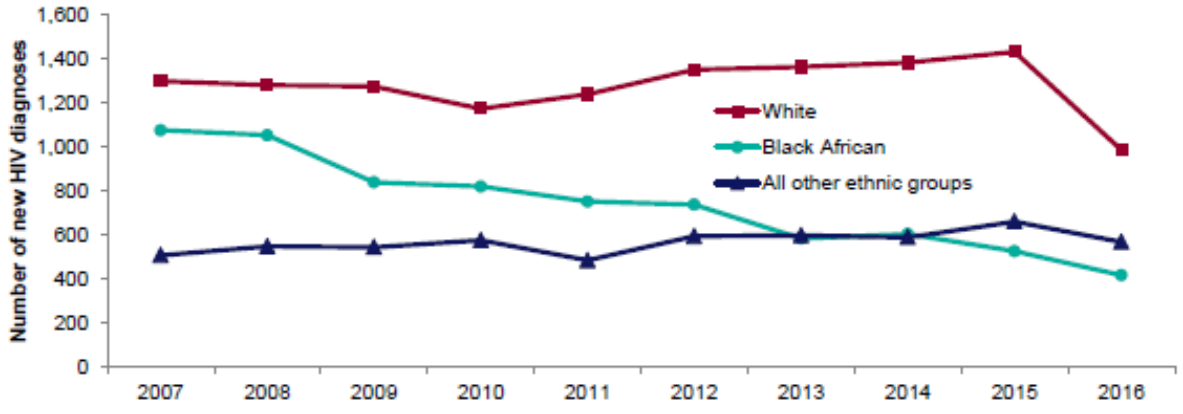
Figure 5: Rates by ethnicity per 100,000 population of London residents diagnosed with a new STI: 2016. Data sources: GUMCAD, CTAD



HIV: In 2016, 48% of London residents living with diagnosed HIV were white and 31% were black Africans. However, due to the relative sizes of the white and black African populations the rate per 1,000 population was much higher in black Africans (27.1 per 1,000) than in the white population (4.8 per 1,000).

Figure 6: Number of new HIV diagnoses by ethnic group (adjusted for missing ethnic group information), London residents, 2007-2016

Please see footnote on interpreting trends*



Sources used:

Office of National Statistics, 2011 Census
Public Health England, Annual Epidemiological Spotlight on HIV in London, 2017
Public Health England, Spotlight on sexually transmitted infections in London, 2017

Religion/faith: Consider people from different religions or beliefs including those with no religion or belief		
Please tick (✓) the relevant box:		**Overall impact:** The integrated sexual health service will have a neutral impact on this protected characteristic. The Provider will provide an open access service that will be made available to the population of Havering including those from different religions or beliefs including those with no religion or belief. The service will be contracted to meet all requirements around the Equality Act 2010 to ensure their services are accessible to disabled people. The specification outlines in detail the requirements to the Provider who is expected to comply with the Equality Act 2010 and the Public Sector Equality Duty and ensure that their staff is trained and competent in equality and diversity issues.
Positive		
Neutral	✓	
Negative		

Evidence:

At present, there is a lack of specific data on the sexual health and reproductive health needs of individuals who hold religious or non-religious beliefs. However, it is assumed religious faith or non-religious beliefs will inform and shape a person's sexual values, attitudes and sexual practices. As the service is an open access, confidential service, there are no obvious barriers for people from different religions or no religion accessing the integrated sexual health service.

The service specification states in its Principles of Care section that the Provider will:

- Use the Department of Health's "You're Welcome" criteria as guiding principles and ensure that Services are friendly to young people.
- Promote the independence, choice, dignity, privacy, respect, confidentiality and participation of service users
- Ensure services are inclusive and gender neutral (where appropriate), and acknowledge and respect a service user's gender, sexual orientation, age, physical or mental health ability, race, religion, culture, social background and lifestyle
- Give service users maximum possible choice of service within the resources available to meet their needs
- Recognise the right of service users to have appropriate control over the service they receive in order to gain the most personal and clinical benefit from it
- Plan and provide the Service in partnership with: service users; their partners; family, friends or lay advocates, support workers; and other independent and statutory agencies as appropriate, to ensure that the Service responds sensitively and flexibly to individual needs
- Ensure that service users' views are taken into account in the delivery and development of the Service

Sources used:

Havering Council, Service Specification for the Provision of an Integrated Sexual Health Service, 2017

Sexual orientation		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The integrated sexual health service will have a positive impact on this protected characteristic. The Provider will ensure that the service is contributing to the aim of reducing health inequalities for those groups that experience poor sexual health outcomes in particular men who have sex with men (MSM).
Neutral		
Negative		

Evidence:

HIV: Men who have sex with men (MSM) are a key risk group for HIV in London (see charts below). In 2016, 45% of those living with diagnosed HIV in London were aged between 35 and 49 years, and 39% were aged 50 years and over (up from 17% in 2007). Males represented 71% of London residents living with diagnosed HIV in 2016 and females represented 29%.

Figure 5: Number of new HIV diagnoses by age group and gender (A) and probable route of infection in males (B), London residents, 2016

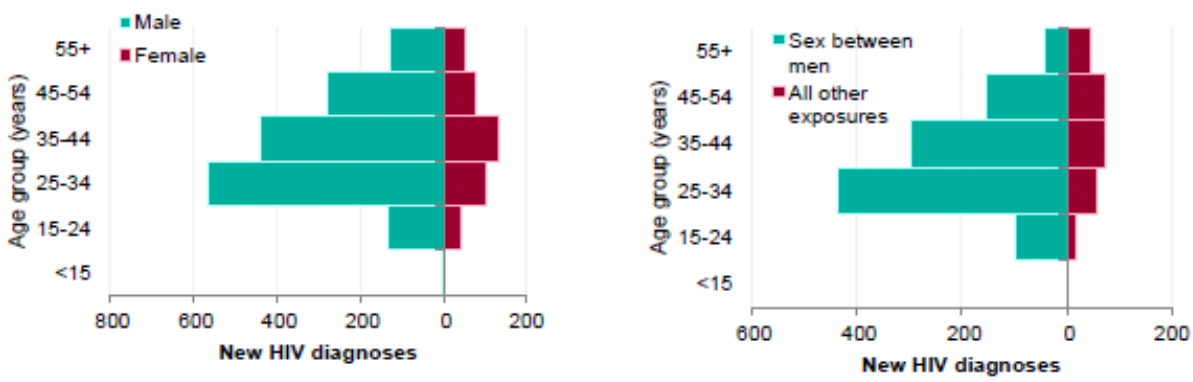
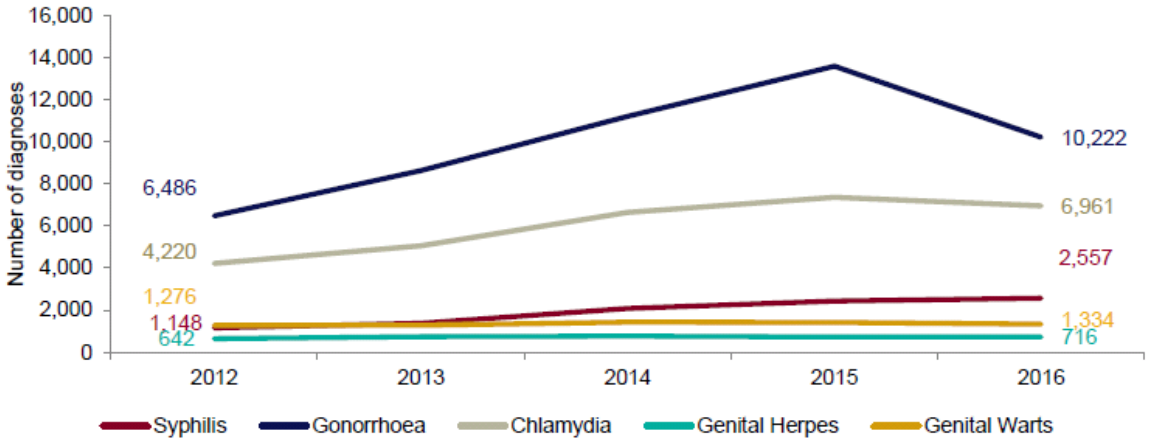


Figure 7: Diagnoses of the five main STIs among MSM in specialist SHCs: London residents, 2012-2016. Data source: GUMCAD data only



Sources used:

Public Health England, Annual Epidemiological Spotlight on HIV in London, 2017
Public Health England, Spotlight on sexually transmitted infections in London, 2017

Gender reassignment:		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		The service is likely to have a neutral impact on this protected characteristic. The Provider will provide an open access service that will be made available to the population of Havering including this protected group. The Provider will be expected to meet all service user needs by taking account of equality, discrimination and good relations between protected groups in the way that it deliver services, buy goods and services and employ people.
Neutral	✓	
Negative		

Evidence:

At present, there is a lack of specific data on the sexual health and reproductive health needs of individuals who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth. There are no perceived physical barriers for this group of people to access the sexual health service.

The service specification states in its Principles of Care section that the Provider will:

- Use the Department of Health's "You're Welcome" criteria as guiding principles and ensure that Services are friendly to young people.
- Promote the independence, choice, dignity, privacy, respect, confidentiality and participation of service users
- Ensure services are inclusive and gender neutral (where appropriate), and acknowledge and respect a service user's gender, sexual orientation, age, physical or mental health ability, race, religion, culture, social background and lifestyle
- Give service users maximum possible choice of service within the resources available to meet their needs
- Recognise the right of service users to have appropriate control over the service they receive in order to gain the most personal and clinical benefit from it
- Plan and provide the Service in partnership with: service users; their partners; family, friends or lay advocates, support workers; and other independent and statutory agencies as appropriate, to ensure that the Service responds sensitively and flexibly to individual needs
- Ensure that service users' views are taken into account in the delivery and development of the Service

Sources used:

Havering Council, Service Specification for the Provision of an Integrated Sexual Health Service, 2017

Marriage/civil partnership: Consider people in a marriage or civil partnership		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		The service is likely to have a neutral impact on this protected characteristic. The Provider will provide an open access service that will be made available to the population of Havering including this protected group.
Neutral	✓	
Negative		

Evidence:

There is a lack of specific data on the sexual health and reproductive health needs of individuals who are married or in civil partnerships. There are no perceived barriers for people who are married or civil partnership to access the provision of the integrated sexual health service.

Sources used:

Not applicable

Pregnancy, maternity and paternity:		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The service will have a positive impact on this protected characteristic. The integrated sexual health service will contribute to reducing unintended conceptions in all ages and repeat terminations through a range of measures including increased availability, uptake and continuing use of long acting contraceptive methods (LARC), have a clear referral pathway to abortion providers (commissioned by the NHS), and liaising with those providers to ensure prompt contraception provision following termination. The service will also facilitate access to NHS commissioned abortion services to ensure minimal delay in care**.**
Neutral		
Negative		

Evidence:

With regards to pregnancy, teenage pregnancy is a significant public health issue in England. Teenage parents are prone to poor antenatal health. The babies born to teenage mothers are more likely to have a low birthweight and higher infant mortality rates. Teenage mothers are less likely to finish their education, less likely to find a job, and more likely to end up as single parents or bringing up their children in poverty. Children born to teenage mothers run a much greater risk of poor health and have a much higher chance of becoming teenage mothers themselves.

Improving access to effective contraception, together with efforts to raise aspiration amongst vulnerable young people and the provision of effective sex and relationship education, is an essential part of a comprehensive approach to reducing teenage conception rates. Rates of teenage conception in Havering are similar to the national average with the rate declining in recent years (see chart below). However, a minority of wards in the north of Havering has higher rates (see chart below).

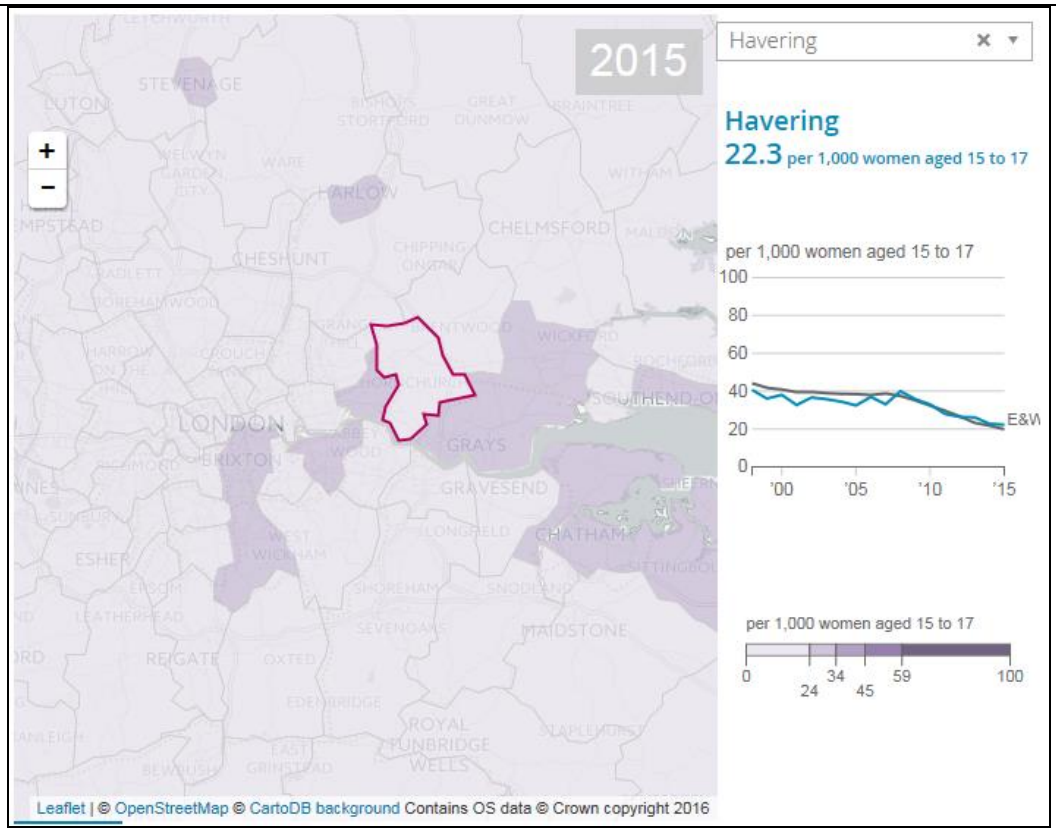


Chart: Under 18 conception rate

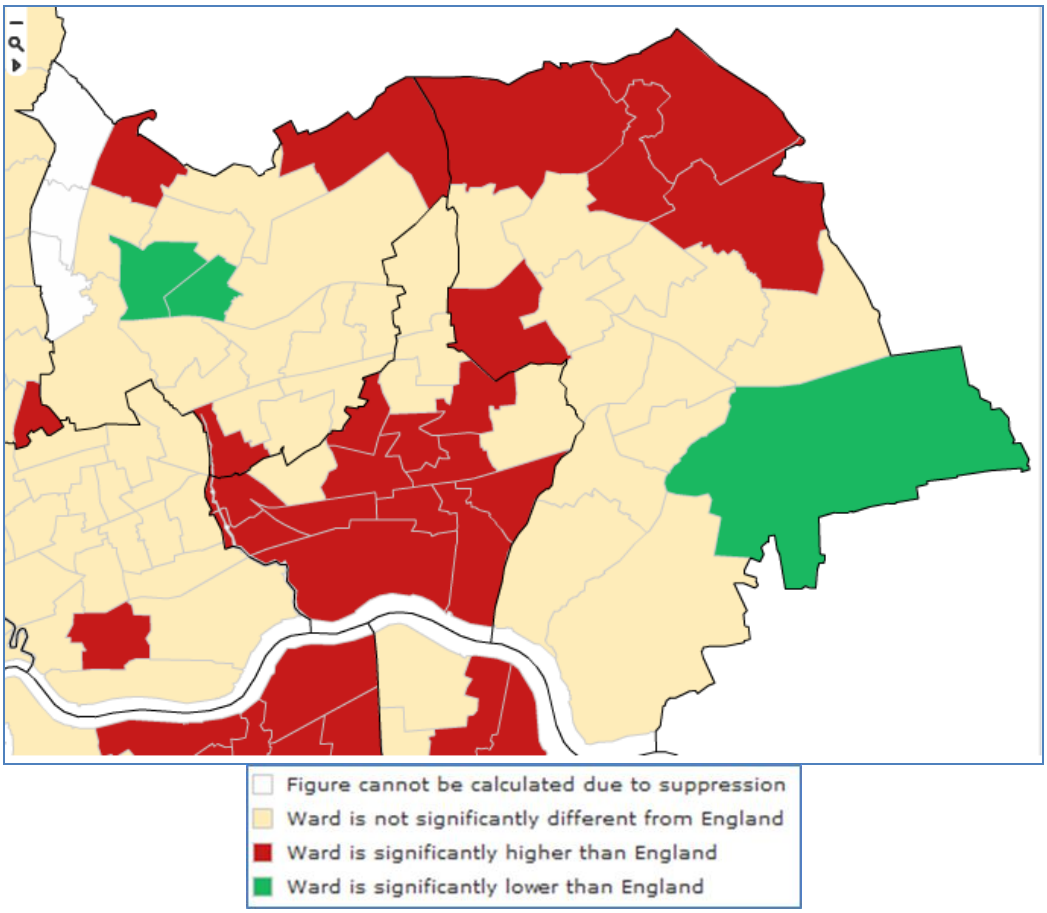


Chart: Ward level teenage pregnancy rates (significance of ward level rate of U18 conceptions against England median rate); ONEL boroughs, 2012-2014

Sources used:

Havering Council, Service Specification for the Provision of an Integrated Sexual Health Service, 2017

Socio-economic status: Consider those who are from low income or financially excluded backgrounds		
Please tick (✓) the relevant box:		**Overall impact:** As an integrated sexual health service, the Service must provide open access services accessible to all patients eligible for free NHS treatment, irrespective of borough of residence and socio-economic status. It is therefore likely to have a positive impact on this characteristic. Furthermore, equality is promoted through the service in a number of ways: a) A particular focus on prevention and sexual health promotion among young people – for example, improving sex and relationships education and ensuring provision of free contraception. b) A specific objective in the contract to meet the needs of people from high risk groups, including young people, people from black ethnic groups, LGBT people and people with disabilities. c) Strengthening community-based services and consideration of alternative methods of service delivery, such as online services and self-testing – with the aim of reducing stigma and encouraging greater use of services, particularly by men and young people. d) An objective to ensure that robust safeguarding arrangements are in place, which includes issues such as sexual exploitation and FGM which disproportionately affects women and girls.
Positive	✓	
Neutral		
Negative		

Evidence:

As with many health outcomes, sexual health is patterned by socioeconomic inequalities, with those from disadvantaged groups often being more at risk of poor sexual health outcomes. Improving the sexual and reproductive health of the population is therefore a key goal, including addressing inequalities in sexual health by providing information and advice, evidence based behaviour change interventions, access to the most effective forms of contraception to meet needs, and timely access to testing, treatment and follow-up for STIs and HIV, including partner notification. Those groups who are at risk of poorer sexual health outcomes or access include men and women from some black and minority ethnic (BME) groups; gay, bisexual and other men who have sex with men (MSM); young people; male to female transpeople; and people selling sex, among others. Across all groups, deprivation is a major risk factor for poorer sexual health outcomes. Other high risk populations may emerge, reflecting demographic and behaviour changes within the population.

Sources used:

Havering Council, Service Specification for the Provision of an Integrated Sexual Health Service, 2017