# Equality Analysis Report

| **Title of activity / Budget Proposal title and number**<br>Bedford Borough and Central Bedfordshire Sexual Health Services | **Committee meeting (decision maker) and date**<br>Public Health Senior Management Team in November 2015 |
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| **Service area**<br>Public Health – Sexual Health Services | **Lead officer**<br>Linda Willis |
| **Approved by**<br>Muriel Scott – Director of Public Health | **Date of approval**<br>October 2015 |
| **Description of activity:**<br>Since April 2013, Local Authorities have a duty to ensure 'open access' sexual health services are commissioned to meet the needs of their local population. This means that people can self-refer to a service of their choice regardless of location. This encourages the uptake of services and reduces the stigma associated with HIV and sexual ill health. A comprehensive Sexual Health Needs Assessment (SHNA) conducted in April 2015 recommended developing an integrated model for improving the provision of sexual health services across Bedford Borough and Central Bedfordshire. Nationally and locally there has been increasing recognition of the need to better integrate sexual health services and a number of similar models have emerged. Locally such models have been developed in Suffolk, Norfolk and Hertfordshire and more recently in Luton. An integrated model would enable an increased number of services to be provided in more venues across Bedford Borough and Central Bedfordshire. This will mean that people who are in most need of the service, particularly young people, will be able to access convenient places to be seen at a time to suit them. There will be more community venues offering services that are currently only available at acute hospitals and specialist clinics. This will mean that highly skilled specialists and consultants will have more time to concentrate on areas of work requiring their expertise. For most patients the proposals will provide a "one-stop shop" for sexual and reproductive health services. These changes will provide a more flexible and responsive service that can be achieved within the current levels of investment. It is proposed to improve sexual and reproductive health services by commissioning them as an integrated service. Services under local general medical contracts and locally enhanced services will still be available from individual GP practices and pharmacies. This will offer a more consistent high quality service as well as providing more choice to patients and will ensure cost-effectiveness. The proposals will cover the Bedford Borough and Central Bedfordshire areas. | |

**Please refer to the Equality Analysis Template Notes for guidance on completing this form.**

**Relevance Test**

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| 1. The outcomes of the activity directly and significantly impact on people, e.g. service users, employees, voluntary and community sector groups. | Yes | X | No | |
| 2. The activity could / does affect one or more protected equality groups. | Yes | X | No | |
| 3. The activity could / does affect protected equality groups differently. | Yes | X | No | |
| 4. One or more protected equality groups could be disadvantaged, adversely affected or are at risk of discrimination as a result of the activity. | Yes | X | No | |
| 5. The activity relates to an area where there are known inequalities. | Yes | X | No | |
| 6. The activity sets out proposals for significant changes to services, policies etc. and / or significantly affects how services are delivered. | Yes | X | No | |
| 7. The activity relates to one or more of the three aims of the Council's equality duty. | Yes | X | No | |
| 8. The activity relates to the Council's Corporate Plan objectives, is a significant activity and / or presents a high risk to the Council's public reputation. | Yes | X | No | |
| 9. An equality analysis of this activity is required. | Yes | X | No | |
| This activity has no relevance to Bedford Borough Council's duty to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations. An equality analysis is not needed. | | | | |
| **Explanation why equality analysis is not needed** | | | | |

**Scope of equality analysis**

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| **Who is / will be impacted by the activity's aims and outcomes?** | The main groups affected by this activity are sexual health service users and current sexual health providers. Local community and voluntary sector providers will not be directly affected by this process but will need to consider future partnerships with a new lead provider. |

| Which particular protected equality groups are likely / will be affected? | Sexual Health Services should be promoted and accessible to all sections of society including men, women and young people; people of all types of sexual orientation including the lesbian, gay and transgendered community; all types of religious and ethnic backgrounds; people who have a disability; people where English is not their first language and of different socio-economic groups. |
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**Evidence, data, information and consultation**

| What evidence have you used to analyse the effects on equality? | **National/Local Context and Evidence Base**<br>Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication; *A Framework for Sexual Health Improvement in England.*[1] Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. HIV and other sexually transmitted infections put a significant burden on NHS resources. It has been calculated that the cost of treating an HIV positive individual over the course of their lifetime is in the range of £250,000 - £300,000 *(DH, Effective commissioning of sexual health and HIV services, 2003).* Preventing each onward transmission of HIV could save up to £1million in terms of health benefits and treatment costs. The direct cost to the NHS of treating sexually transmitted infections (not including HIV) is in the region of £200 million per annum, not including the costs of managing complications *(DH, Effective commissioning of sexual health and HIV services, 2003).* Contraceptive services have been estimated to save the NHS in excess of £2.5 billion per annum as a consequence of enabling women to control their fertility and to avoid unintended pregnancies. It is estimated that for every £1 spent on contraceptive services, the NHS saves £11. The cost of teenage pregnancy to the NHS alone is estimated to be in excess of £62 million per |
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| | annum. Improvements in sexual health require a range of approaches from improved sex and relationships education in schools and the provision of sexual health information for the general and targeted populations, to the provision of accessible and high quality services for the provision of contraception and the testing and treatment of sexually transmitted infections *(NHSM, Manchester Sexual Health Commissioning Strategy, 2010)* It is recognised that investing in sexual health services can deliver cost savings for the NHS through preventing unintended conceptions (and the costs associated with maternity and abortion services) and reducing the incidence of sexually transmitted infections including HIV.<br><br>An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations. The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies including FSRH, BASHH, BHIVA, MEDFASH, RCOG and NICE and relevant national policy and guidance issued by the Department of Health and Public Health England. Providers must ensure commissioned services are in accordance with this evidence base.<br><br>The Public Health White Paper *Healthy Lives, Healthy People: Our Strategy for Public Health in England*[2] highlights a commitment to work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for sexually transmitted infections (STIs)[3], contraception, abortion, health promotion and prevention). From the 1st April 2013, Local Authorities have been mandated[4] to commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception) and the Department of Health has produced guidance[5] to assist Local Authorities to commission these and other sexual health interventions. It is recognised that with these latest NHS reforms, providers of integrated sexual health services will need to work collaboratively across a number of organisations, responsible for commissioning |

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| | different elements of care – Local Authority, NHS England and Clinical Commissioning Groups.<br><br>A joint Sexual Health Needs Assessment conducted in 2014/15 for the populations of Bedford Borough and Central Bedfordshire identified gaps in provision and priorities for action to inform the re-commissioning of services in 2016. It set out a number of key recommendations to underpin and inform the development of an inclusive, coordinated, comprehensive and effective approach to sexual health improvement for the local population. Adopting this approach will positively impact on equality in society, the economy and health of Bedford Borough and Central Bedfordshire. The SHNA was underpinned by the Joint Strategic Needs Assessment, Community Profiles, Census and Deprivation data. |
| **What consultation did you carry out with protected equality groups to identify your activity's effect on equality?** | **Service User Consultation**<br>A questionnaire was developed targeted at the general public, which aimed to capture information on: awareness of local sexual health services; use of local sexual health services; satisfaction with services used; views on current services and recommendations for improvement. The questionnaire was available online and disseminated to the public via the two Council's communications teams and through Healthwatch in Bedford Borough and Central Bedfordshire. During a meeting with Bedford Healthwatch it was agreed that they would circulate the questionnaire through their network of community groups and focusing especially on young people and black and ethnic minority (BME) groups. Following low response to the online survey, the Bedford Hospital GUM clinic and Brook/Terrence Higgins Trust were approached and asked to circulate paper versions of the questionnaire to service users attending their clinics over a one week period. Completed questionnaires were entered into the online version so that a full dataset could be analysed.<br><br>**Provider Consultation**<br>We developed a questionnaire for all local sexual health providers covering the following topics: patient satisfaction, current service model, challenges and recommendations for improvement Telephone or face to face interviews were held with the two GUM clinics, using the questionnaire as a topic guide. The other services were sent the questionnaire for self-completion. |
| **What does this evidence tell you about the different protected groups?** | **National evidence shows:**<br><br>**Sexually Transmitted Infections** |

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| | • Out of all 326 local authorities in England, Bedford Borough has the 53rd highest rate of STIs. This is higher than our neighbouring local authorities in PHE South Midlands and Hertfordshire (SMH) centre. The overall rate of STI diagnoses in Central Bedfordshire is among the lowest in the country (ranked 249 highest of 326 Local Authorities), however, we are currently unable to determine whether this reflects lower STI prevalence or under-diagnosis, with lower levels of testing.<br><br>• Similar to the national picture in Bedford Borough and Central Bedfordshire young people are at highest risk of STIs, accounting for 59% and 56% respectively all new STI diagnoses in 2013, and are more likely to be re-infected. MSM, Black African communities and areas of high deprivation are also disproportionately affected by STIs.<br><br>• In Bedford Borough the Gonorrhoea diagnosis rate was the 41st highest in England in 2013, the trend is increasing and the rate of re-infections is high. In Central Bedfordshire the rate is below the national average, although increasing in line with national and regional trends, and the reinfection rate is low compared to national levels.<br><br>• In Bedford Borough the Chlamydia detection rate at 2993 per 100,000 continues to be above the recommended level set by PHE (2300 per 100,000), at which it should be having an impact on prevalence, testament to a successful local screening programme. In Central Bedfordshire the Chlamydia detection rate at 1190 per 100,000 is significantly worse than nationally and the recommended level set by PHE (2300 per 100,000), this is too low to affect prevalence and therefore screening coverage must be increased.<br><br>**HIV**<br><br>• Bedford Borough is a high HIV prevalence area with 2.2 diagnoses per 1000 in 2013, and MSM and black African communities are disproportionately affected. Central Bedfordshire is a |

not a high HIV prevalence area, with 1.29 diagnoses per 1000 in 2013; however, MSM and black African communities are disproportionately affected by HIV.

- 77% of HIV cases were diagnosed late in Bedford Borough in 2011-2013, this is much higher than the proportion of late diagnoses nationally, which is 45%. The proportion of HIV cases were diagnosed late in Central Bedfordshire in 2011-2013 was 47%; this is statistically similar to the national and PHE Centre levels.

**Reproductive Health**

- The teenage pregnancy rate in both Bedford Borough and Central Bedfordshire is declining locally and remains lower than national average. Deprived communities continue to be disproportionately affected and require sustained support.

- In Bedford Borough the rates of abortions and repeat abortions among under 25s are similar to the national average and PHE Centre, however, the proportion of abortions carried out after the recommended 10 week gestation limit is significantly higher than the PHE Centre and has increased 2012 to 2013. The total abortion rate in Central Bedfordshire at 14.9 per 1000 (females 15-44) in 2013 is significantly lower than the national and regional average. The rate of repeat abortions among under-25s and the proportion of abortions under 10 weeks are similar to national and regional rates.

**Key local findings from consultation with Service Users and Stakeholders:**

- Not enough female doctors – patients have to request female doctors in advance as there are not female doctors on every shift. An issue for drop-in patients particularly.
- Requests for more evening and weekend clinics
- Waiting times for some drop-in clinics can be lengthy

**Staff reported the following concerns with the current services:**

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| | • Problematic that GUM can no longer offer family planning services. This was the most frequent concern identified. A number of staff were particularly concerned that young people accessing the clinic seeking contraception were at risk of unintended pregnancies, as they might not organise an appointment with another service promptly (due to embarrassment or logistical challenges). A risk of staff deskilling was also identified with some nurses trained to deliver LARCs, but who are now unable to use these skills.<br>• More out of hours appointments needed<br>• Missing commercial sex workers and vulnerable groups – need for targeted outreach work<br>• Psychosexual services currently can only take patients aged 16 years and above. Occasionally receive enquiries from GPs wanting to refer younger patients, possibly related to sexual abuse. Would like to be able to take 'Fraser competent' young people 13 and above.<br>• Not getting many referrals from hard-to-reach groups – trying to improve links with women's refuge and explore barriers to access (e.g. whether self-referral would be beneficial)<br><br>**Recommendations for improvement:**<br><br>• Family planning should be available in GUM clinics<br>• More outreach work, especially for commercial sex workers and dedicated Boys and Young Men's Worker and further capacity for the one to one programme.<br>• Need for an integrated service providing sexual health, screening, diagnosis and family planning all in one centre<br>• Increase uptake from BME/hard to reach groups. There needs to be robust research to really understand the in-depth needs of these groups and to see how services could be made more accessible to them in future.<br>• Expanding service provision to provider increased access across Bedfordshire<br>• Funding for LGBT support services and LGBT Education in schools to address homophobic bullying, provide a positive environment especially for young people who are starting to explore their sexual orientation and may want advice, support and a safe place to meet other |

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| | LGBTQ young people.<br>• Develop more Psychosexual Therapy for young people, such as those exhibiting overly sexualised behaviour or victims of CSE. Current service is more adult focused and may need to use an alternative, more young-person friendly, setting e.g. Brook clinics to deliver this. Some suggestions young people may prefer group therapy, so this should be considered.<br>• If an integrated sexual health service was provided, psychosexual counsellors could directly support GUM nurses and health advisors. "Psychosexual Therapy should be available within sexual health clinics as an integral part of the service delivery and have the flexibility for outreach (e.g. into refuges), to conduct group work if there is a clinical need and to offer clinical skills training. Services within sexual health need to be brought together and delivered alongside each other to offer staff support and encouragement, to improve the quality of delivery to patients" |
| **What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the activity?** | On re-commissioning the services, the specification will identify equality criteria and on mobilisation of the new service continuous evaluation will be made on impacts through the performance assurance framework key indicators to ensure all equality groups are positively impacted and any negative impacts identified and mitigated.<br><br>Specific research will be commissioned to look at increasing the uptake of services from BME and Hard to Reach Groups as identified in consultation with Providers. |

## General Equality Duty

| Which parts of the general equality duty is the activity relevant to? | | | |
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| | Eliminate discrimination, harassment and victimisation | Advance equality of opportunity | Foster good relations |
| Age | The service will provide contraception and sexual health services for young people (under 18 years, to include the provision of | Provide clinic-based services, clinical outreach activities, and education outreach activities (i.e. non-clinical outreach, e.g. planning | Outreach services for high-risk groups e.g. Looked After Children, Young People in the Criminal Justice System and will be scoped |

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|  | contraception and emergency contraception, diagnosis and treatment of sexually transmitted infections, pregnancy testing and discussion, and related activities that will be set out in the service specification. This service will be confidential service, free at the point of use, offering both walk-in and booked consultations and accepting self-referrals and referrals from other agencies.<br>The overall aim will be to improve the sexual health of young people by providing confidential, non-judgemental and accessible contraception and sexual health services that adhere to all legal and safeguarding requirements. | and delivering SRE sessions in schools and colleges), as defined in this service specification. Across the centres there will be a minimum of 6 sessions dedicated to young people (under 25 years of age) per week provided at convenient times. This will include nurse-led clinical level 1 service or advice/signposting support service offering condoms, chlamydia and gonorrhoea screening. | in collaboration with the Commissioner. The service will adhere to the You're Welcome standards, having due regard to access to the service, promotion of the service, consent and confidentiality, the clinic environment, involvement of young people, and staff training. |
| Disability |  | Explore the sexual health needs of specific vulnerable and minority groups, including sex workers, migrants, travellers and people with disabilities. |  |
| Gender reassignment | The new service will comply with the Framework for Sexual Health Improvement in England (2013) with activity required to tackle stigma, discrimination and prejudice often associated with sexual health matters | Explore the sexual health needs of specific vulnerable and minority groups, including sex workers, migrants, travellers and people with disabilities. |  |

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| Pregnancy and maternity | | | |
| Race | Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. | | |
| Religion or belief | | | |
| Sex | | The new sexual health services will be made available to all men and women of all ages. Waiting areas will ensure it is not discernable what a service user is attending. Services are confidential, non-judgemental and accessible. | |
| Sexual orientation | Sexual ill health is not equally distributed within the population. | | |

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| | Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. | | |
| Marriage & civil partnership | | | |

**Impact on equality groups**

| Based on the evidence presented what positive and negative impact will your activity have on equality? | | | | |
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| | Positive impact | Negative impact | No impact | Explanation |
| Age | X | | | The new service will offer dedicated young peoples services more easily accessible in an increased number of locations across the area. |
| Disability | X | | | The new service will be specified to consider the needs of people with disabilities |
| Gender reassignment | X | | | The new service will be specified to meet the needs of minority and vulnerable groups |
| Pregnancy and maternity | X | | | The new service will ensure all service users receive best advice and information on sexual health matters including pregnancy and contraception |
| Race | X | | | The new service will ensure services meet the needs of BME communities in the ensuring all information is provided for people whose first language isn't English. |

| Religion or belief | X | | | The new service will ensure all information and services are respectful of all recognised religions and beliefs |
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| Sex | X | | | The new service will ensure equal access for both men and women whilst being respectful of gender in service user consultations |
| Sexual orientation | X | | | The new service will ensure equal access to people of all types of sexual orientation including the lesbian, gay and transgendered community; |
| Marriage & civil partnership | | | X | |
| Other relevant groups | X | | | The new service will meet the sexual health needs of specific vulnerable and minority groups, including sex workers, migrants, travellers and people with disabilities. |

**Commissioned services**

| **What equality measures will be included in Contracts to help meet the three aims of the general equality duty?** | To eliminate harassment, discrimination and victimisation, advance equality of opportunity and create good relations the new specification and contract includes the development of a comprehensive sexual health communications strategy aiming to raise awareness among the public, particularly those in higher risk groups, of where to access appropriate services for their sexual health concern. This should include an official launch for the public health funded website www.safesexinbeds.co.uk<br><br>Key service outcomes are also built into the specification to address the three duties to increase equality of access to young people and young adults, men who have sex with men, BME and vulnerable groups. Monthly reports are required on Number of clients by Age (Bands, u16, and then 5 year age bands), Gender, Ethnicity, Disability and Sexuality. These reports will also include specific measures on the % of patients seen from top 25.6% IMD in Bedfordshire and the number of outreach sessions conducted with high risk groups e.g. vulnerable young people, BME communities and Mental Health service users. |
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| What steps will be taken throughout the commissioning cycle to meet the different needs of protected equality groups? | A comprehensive sexual health needs assessment was conducted in April 2015 to identify the needs in both Bedford Borough and Central Bedfordshire. This recommended the development of an integrated sexual health model bringing together a number of disparate sexual health services. Through this process the needs of service users (across all groups) and providers was identified and current gaps in services highlighted. These gaps have been prioritised and risk assessed and an options appraisal conducted to determine the optimum model of delivery. A comprehensive specification has been written to look to test the market for a new contract to start in September 2016. The equality duty will be built into the PQQ and ITT process. As described above performance criteria and indicators have been specified in the contract to meet the three duties and protect the needs of the identified equality groups. These will allow for the monitoring of providers under contract management. |
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**Actions**

| | What will be done? | By who? | By when? | What will be the outcome? |
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| **Actions to lessen negative impact** | The development of a comprehensive sexual health communications strategy aiming to raise awareness among the public, particularly those in higher risk groups, of where to access appropriate services for their sexual health concern. | Lead Commissioner | 2015/16 | To ensure all groups are aware of the new services what is delivered where and how often. |
| **Actions to increase positive impact** | The development of a comprehensive specification and contract. Ensuring the equality duty is built into PQQ and ITT process. | Lead Commissioner | 2015/16 | Clear specification of general duty to new provider and measures in place to routinely monitor compliance with duty. |

| Actions to develop equality evidence, information and data | Monthly reports are required on Number of clients by Age (Bands, u16, and then 5 year age bands), Gender, Ethnicity, Disability and Sexuality. These reports will also include specific measures on the % of patients seen from top 25.6% IMD in Bedfordshire and the number of outreach sessions conducted with high risk groups e.g. vulnerable young people, BME communities and Mental Health service users | Lead Commissioner | 2015/16 | Monthly monitoring data and contract management action. |
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| **Actions to improve equality in procurement / commissioning** | As above the inclusion of general duty in PQQ and ITT process to ensure built into new provider delivery model | Lead Commissioner/New Provider | 2015/16 | Built into assurance framework and new delivery model. |
| **Other relevant actions** | Specific research will be commissioned to look at increasing the uptake of services from BME and Hard to Reach Groups including sex workers, migrants, travellers and people with disabilities. | Lead Commissioner | 2015/16 | To inform future commissioning priorities and continue to fulfil and enhance equality duties. |

**Recommendation**

| No major change required | | |
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| **Adjustments required** | | |

| Justification to continue the activity | X | |
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| Stop the activity | | |

**Summary of analysis**

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| Sexual Health Services should be promoted and accessible to all sections of society including men, women and young people; people of all types of sexual orientation including the lesbian, gay and transgendered community; all types of religious and ethnic backgrounds; people who have a disability; people where English is not their first language and of different socio-economic groups. A joint Sexual Health Needs Assessment conducted in 2014/15 for the populations of Bedford Borough and Central Bedfordshire identified gaps in provision and priorities for action to inform the re-commissioning of services in 2016. It set out a number of key recommendations to underpin and inform the development of an inclusive, coordinated, comprehensive and effective approach to sexual health improvement for the local population. Adopting this approach will positively impact on equality in society, the economy and health of Bedford Borough and Central Bedfordshire. The SHNA was underpinned by the Joint Strategic Needs Assessment, Community Profiles, Census and Deprivation data.<br><br>Through the re-commissioning process due consideration has been given to the Borough Council's statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010. The specification and future contract makes this duty explicit to the new provider and puts indicators in place to ensure these are achieved and maintained throughout the contract period. |

**Monitoring and review**

| **Monitoring and review** | **Review date** |
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| Formally has part of contract performance review with new provider | December 2016 |