

Equality Analysis (EIA) Form (Appendix 1)

A) Description

Name of service, function, policy (or other) being assessed

Herefordshire Integrated Sexual Health - The review of funding in line with savings targets.

Directorate or organisation responsible (and service, if it is a policy)

Adults and Wellbeing

Date of assessment

29 January 2018

Names and job titles of people carrying out the assessment

Kayte Thompson-Dixon - Contracts Officer
Amy Pitt – Integration and Better Care Fund Manager

Accountable person

Martin Samuels – Director for Adults and Wellbeing

What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

The Authority must exercise a number of health service functions set out in section 2B of the NHS Act 2006, the Health and Social Care Act 2012, and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. In order to satisfy these obligations the Authority wishes to secure the provision of the Services and the Provider wishes to provide the Services.

The services required are for the provision of an equitable integrated community-based sexual health model of care that brings together prevention and three levels of sexual health services, and an equitable provision of level 1 and 2 community-based contraceptive and sexual health services, across the county. The services will work collaboratively to provide seamless access at all levels of care and in partnership with primary care, and community and voluntary services. This will range from Prevention and Self-management activities (e.g. information and advice on safe sex, sexually transmitted infections (STIs) and HIV prevention, building resilience, awareness of sexual health and contraception services and chlamydia screening, including internet-based) through Basic and Intermediate (level 1 and 2) care (e.g. testing and management of uncomplicated STIs, provision of a full range of contraception, assessments and referrals to specialist services, counselling and outreach services for vulnerable populations) to Specialist (level 3) services (e.g. management of complicated STIs and complex contraception, interface with HIV care

and treatment services and coordination of a clinical network).

HISH provides a service with a combination of open access drop in and bookable appointments for residents. They also carry out outreach where necessary and work in collaboration with local schools, colleges and GP practices.

On average the service sees approximately 228 individuals per quarter (2017/2018). Approximately 10% of attendances are from Welsh residents. The majority of attendances are from heterosexual females ages between 20 and 34 years.

The council is reviewing current spend against services in line with efficiency savings and has identified a need to review the current spend on sexual health services for the financial year 2018/2019 and beyond.

The council has discussed reasonable adjustments to the budget with the current service provider to achieve savings of approximately £300,000, reducing the budget to £1,089,675.

Location or any other relevant information

The service will be countywide.

List any key policies or procedures to be reviewed as part of this assessment.

Who is intended to benefit from the service, function or policy?

Open access to Herefordshire residents and Welsh residents.

Who are the stakeholders? What is their interest?

Service users
Service Providers
Service Providers employees
CCG
GP Practices
Community & voluntary sector organisations
Health & Social Care Practitioners
Elected members

B) Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/ delivery meets the requirements of the Equality Act 2010, i.e.

- **Eliminates unlawful discrimination, harassment and victimisation**
- **Advances equality of opportunity between different groups**
- **Fosters good relations between different groups**

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor

from the partner/contractor in order to ensure that they meet the requirements of the Act?

Herefordshire Council expects all contracted providers to comply with the Equality Act 2010 and have their own Equality policies available.

During the contract period the service will be monitored quarterly to ensure that the required outcomes are delivered and the equality considerations are observed.

Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe:

Negative impacts.

The remodelled service is not intended to have any negative impacts; however, the following considerations will be regularly monitored.

The primary aims of a revised service model are to promote health and wellbeing in a targeted way reducing the need for ongoing or longer term care and support.

The reduction in budget may affect service opening times and restrict access to a 5 day a week service. This would have a potential impact on attendances at GP practices.

The reduction in budget may affect outreach and health promotion activity limiting service reach to more vulnerable groups.

A reduction in budget may affect staffing numbers and there may be a risk of redundancy to existing members of staff.

C) Information

What information (monitoring or consultation data) have you got and what is it telling you?

The current service provider submits data and analysis of activity and service provision and developments on a quarterly basis. This tells us that the service is performing well, there are limited waiting times for clinics and service users are able to access the service to their convenience. It also tells us that there are a significant number of attendances from Welsh residents. Anecdotally the service reports a number of attendances from female service users unable to get contraceptive appointments at GP practices.

Online testing has proven to be highly effective and is a popular choice for service users, costs associated with this must be urgently reviewed as the providers original forecast for this has been vastly overspent.

D) Assessment/Analysis

Describe your key findings (e.g. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

Strand/community	Impact
Race	<p>The 2011 census identified that 6.3% of residents of Herefordshire were not white British.</p> <p>Numbers and ethnicity required from service*</p> <p>Recent migrants and people for who English is not their first language may encounter barriers accessing sexual health services.</p> <p>However, Herefordshire has an easy accessible translation / interpreter service.</p> <p>Therefore, the impact of the changes to the budget of the sexual health service is assessed as neutral.</p>
Disability	<p>In the 2011 census 18.7 % of people said they had some form of limiting, long term health problem or disability.</p> <p>Of the 4102 attendances to date in 2017/2018 only 13 were conducted outside of the clinic base suggesting that the majority of service users are not limited in accessing the service.</p> <p>Therefore, the impact of the budget changes to the sexual health service is assessed as neutral.</p>

Age	<p>Analysis of the 4102 attendances to date in 2017/2018 show that service users were ranging in age from younger than 15 years to over 50 years. The majority of attendances were from those aged 20-34 years.</p> <p>This analysis shows an equitable service provision currently, this may be adversely affected by a reduction in health promotion and educational outreach to younger people.</p> <p>The impact of the budget changes to the sexual health service is assessed as negative.</p>
Sex	<p>Of the 4102 attendance to date in 2017/2018 2677 were female and 1425 were male. This is broadly reflective of the population as a whole.</p> <p>The majority of staff delivering care and support is also female. According to the 2011 Census (table DC6110 for ref), 80% of people working in the 'human health and social care' industry in Herefordshire are females, compared to 47% of the total workforce across all industries.</p> <p>It is envisaged that the associated changes made to service delivery from budget changes will not affect the level of attendances in relation to sex.</p> <p>Therefore, the impact of the budget changes to sexual health services is assessed as neutral.</p>
Faith/religion	<p>The 2011 census identified that 67.8 % of residents in Herefordshire identified themselves as Christian. 23% of people said they had no religion.</p> <p>However, the religion of service users is not currently routinely collected by the service for the council.</p> <p>The service is offered open access to all residents of Herefordshire and chaperoning for appointments is available.</p> <p>The impact of the budget changes to sexual health services is assessed as neutral.</p>
Marriage/civil partnership	<p>This information is not currently collected by the service for the council.</p> <p>The impact of the budget changes to the sexual health service is assessed as neutral.</p> <p>However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>

<p>Gender reassignment</p>	<p>There is no official estimate of the number of transsexual people either locally or nationally.</p> <p>This information is not currently routinely collected by the service for the council. The impact of the budget changes to the sexual health service is assessed as neutral.</p> <p>However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>
<p>Sexual orientation</p>	<p>There are no single, reliable estimates of sexual orientation in the UK. However, a quality of life survey undertaken in 2008 1.1 percent of respondents identified as Lesbian, Gay or Bisexual. A national survey indicated 1.5 % which would equate to 2,100 people in Herefordshire.</p> <p>Of the 4102 attendances at the service to date in 2017/2018 an average of 3% of service users identified as being either Gay, Lesbian or Bisexual.</p> <p>The impact of the budget changes to sexual health services is assessed as neutral. However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>
<p>Pregnant women & women on maternity leave</p>	<p>The service predominantly sees female service users, many of whom are seeking contraceptive advice and fitting. Some service users who are seen are pregnant and are assisted with GU medicine and/or referral to TOP providers (which this service is not commissioned to deliver).</p> <p>There is potential for reduced outreach in service to have less contact with vulnerable service users, some of whom may also be pregnant or have recently given birth.</p> <p>The impact of the budget changes to the provision of sexual health services is assessed as negative.</p> <p>However, this will be monitored over the contractual term to ensure compliance with the Equality Act and that service users are treated with dignity and respect.</p>

E) Consultation

Did you carry out any consultation?

Yes No

Describe other research, studies or information used to assist with the assessment and your key findings.

Data reported from current service provider.
 Consultation to take place following negotiations with service provider.

Do you use diversity monitoring categories? Yes No
(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories?

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?

Monitoring data will be collated as part of routine contract management.

F) Conclusions

	Action/objective/target OR justification	Resources required	Timescale	I/R/S/J
a)	Ensure that service providers assessors routinely record diversity monitoring indicators and protocols	Staff time, internal and partners	Quarterly as per contract	I
b)	Review feedback from complaints, handbacks etc. during contractual period to see if there is a disproportionate impact on those that share a protected characteristic.	Staff time, internal	Quarterly as per contract	I

- (I)** *Taking immediate effect.*
- (R)** *Recommended to Council/Directors through a Committee or other Report*.*
- (S)** *Added to the Service Plan.*
- (J)** *To be brought to the attention of the Equality Manager.*