

Equality Analysis (EIA) Form (Appendix 1)

A) Description

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

Herefordshire Integrated Sexual Health Service

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

Community wellbeing

Date of assessment

15/12/2022

Names and job titles of people carrying out the assessment

Julia Stephens - Senior Commissioning Officer

Accountable person

Matt Pierce – Director for Public Health

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 5224 individuals over a 12 month period.

Approximately 10% of attendances are from Welsh residents. 83% of attendees reported that they were heterosexual, 9.5% gay or lesbian and 5.8% as bi-sexual.

The council is recommissioning the service as the current contract ends March 31st 2024. The proposed budget will not be increased from when it was last commissioned in 2018 and may see a small budget reduction.

A public consultation has been carried out using an on line survey to assess the needs of local residents and face to face consultation at the current sexual health clinic. Consultation has also taken place with stakeholders.

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.

N/a

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

Open access to Herefordshire residents.

Who are the stakeholders? What is their interest?

Service users
Service Providers
Service Providers' employees
ICB
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 budget is not being increased since the service was last commissioned in 2018. This may affect the ability to deliver outreach services face to face. However as with the current contract there will remain a requirement for the service to deliver outreach opportunities which may be done in creative ways such as on line consultations as well as making available services within community pharmacies and online testing facilities.

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 some waiting times for LARC clinics post Covid but service users are able to access the service to their convenience. Walk in clinics have still restricted post covid due to Monkey Pox and it is anticipated that a mixture of walk in and appointment only options will be made available in the future depending on consultation results. The covid pandemic has changed the way health services operate and opened up new ways of working and reaching people. This has enabled creative ways in how we meet patient needs and from the consultation results will give us a picture on what best meets service users' needs.

Consultation is still live and on-going about the service and needs assessment will help shape the service redesign process for the future.

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>Recent migrants into Herefordshire including Ukrainian refugees and people for whom English is not their first language may encounter barriers accessing sexual health services. However, Herefordshire has an easily accessible translation / interpreter service which can be used. Opportunities are available in the new service for literature and websites to be translated into other languages.</p> <p>Therefore, the impact of the recommissioning of the sexual health service is assessed as neutral.</p>
Disability	<p>The service has been based in the same building as a charity supporting disabled adults and people with a learning disability. This enabled greater partnership working and understanding of the sexual health needs of this cohort. The service location currently has been redesigned to be fully accessible.</p> <p>Therefore, the impact of the recommissioning of the sexual health service is assessed as neutral.</p>
Age	<p>The majority of attendances were aged between 20-34 years.</p> <p>This analysis shows a equitable service provision currently, this may be adversely affected by a reduction in health promotion and educational outreach to younger people post pandemic.</p> <p>The impact of the recommissioning to the sexual health service is assessed as negative.</p>

Sex	<p>Of the 5224 attendees, 65% identified as female. The majority of staff delivering care and support is also female.</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 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 recommissioning of the service 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>
Gender reassignment	<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.</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>
Sexual orientation	<p>There are no single, reliable estimates of sexual orientation in the UK. The 2021 Census is the first to include topics on sexual orientation. Whilst the results of this data are yet to be made available.</p> <p>The service has recorded that of the 5224 patients seen per year, 9.5% were gay or lesbian and 5.8% as bi-sexual.</p> <p>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 a reduced physical outreach and instead a more on line/digital offer considered which may 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 recommissioning and service redesign 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>
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E) Consultation

Did you carry out any consultation?

Yes (on going & still live)

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

Data reported from current service provider.
 Consultation with the public via survey.

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
c)	Ensure service specification acknowledges outreach opportunities and retains focus on community wide provision.	Staff time, Internal	Prior to procurement	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.*