Sexual Heath Service Commissioning Proposals
Full Equality Analysis

Section 1: General Information

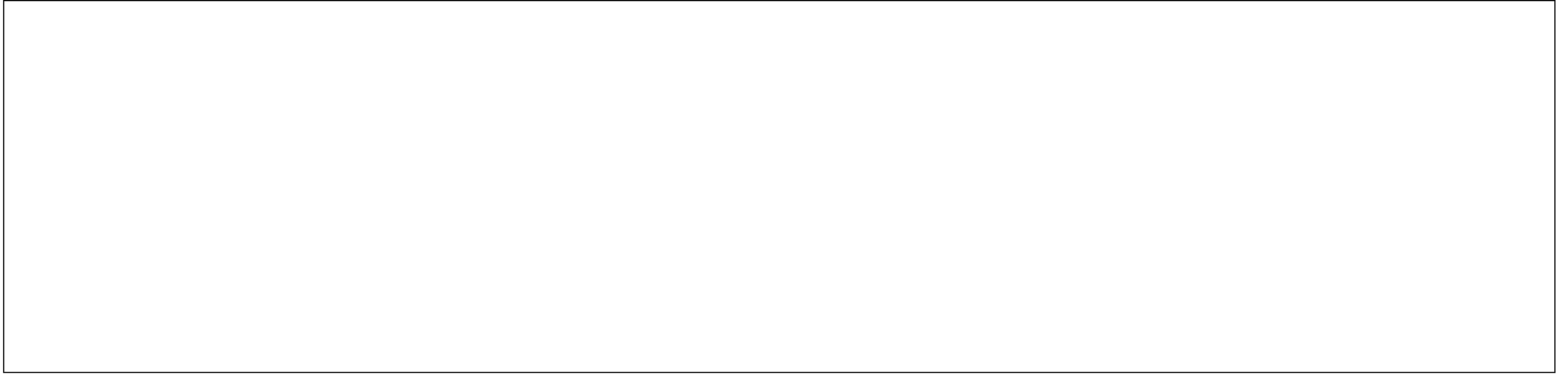
1a) Name of the service redesign proposal
Integrated Sexual Health Services

1b)Service area
Public Health - Sexual Health

1c) Service manager
Chris Lovitt

1d) Name and role of the officer/s completing the analysis

Chris Lovitt, Associate Director of Public Health
Reha Begum, Senior Public Health Strategist
Jacqueline Francis, Public Health Advisor



Section 2: Information about changes to services

2a) In brief please explain the proposals to redesign sexual health services and the reasons for this change

Since April 2013, there have been a wide range of agencies responsible for commissioning different parts of sexual health. Local Authorities are required to commission comprehensive sexual health services[1]. These include:

1. Contraception (including the costs of LARC devices and prescription or supply of other methods including condoms) and advice on preventing unintended pregnancy, in specialist services and those commissioned from primary care (GP and community pharmacy) under local public health contracts (such as arrangements formerly covered by LESs and NESs)
2. Sexually transmitted infection (STI) testing and treatment in specialist services and those commissioned from primary care under local public health contracts, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP), HIV testing including population screening in primary care and general medical settings, partner notification for STIs and HIV
3. Sexual health aspects of psychosexual counselling
4. Any sexual health specialist services, including young people's sexual health services, outreach, HIV prevention and sexual health promotion, service publicity, services in schools, colleges and pharmaciesiii

Whilst the level of the Public Health Grant received from central government has decreased since 2014 the costs of providing sexual health services have significantly increased making the short and long term current service model unaffordable.

As part of the London Sexual Health Transformation Programme sub regions have been working together to prepare for joint commissioning of specialist sexual health services. In North East London (NEL - Newham, Tower Hamlets, Waltham Forest and Redbridge) we have collaborated to consult and develop a new service model. We are proposing to bring together sexual health and contraceptive services into a single service and commission an integrated sexual health and contraception service based at Stratford and Whitechapel to deliver a one-stop, walk-in service for sexual and contraception. Supporting these specialist services we will be seeking to commission at least two community based clinics in Tower Hamlets providing testing for sexually transmitted infections (STIs) and a wide range of contraception. Other community clinics will also be available in Waltham Forest and Newham and along with the local clinics these will be open access- meaning anyone can use these services regardless of residence.

The burden of STIs in Tower Hamlets is very high, in 2015 the borough had the 9th highest rates of new STIs excluding chlamydia diagnoses in 15-24

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[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf

year olds) for rates of; with a rate of 2,245 per 100,000 residents (compared to 815 per 100,000 in England). In 2015, there were 119 new HIV diagnoses in Tower Hamlets and the new HIV diagnosis rate was 49.8 per 100,000 population aged 15-59 years, the third highest rate in England (compared to 12.1 per 100,000 in England)[2].

To date a number of issues have been identified with current provision of sexual health services in Tower Hamlets such as:-

Inequity of service provision

- Residents do not currently receive the same universal sexual health services across the geographical area

Patient satisfaction

- Satisfaction with services vary with some users reporting issues with accessibility (long waiting times) and poor physical environment of services

Effectiveness and efficiency

- Although the vibrancy and variety of communities in Tower Hamlets is one of its biggest assets, this EqIA investigates if any of the protected characteristic groups may be affected. As outlined in section 2, this is informed by a range of evidence which has helped commissioners to refine proposals. In reviewing the proposals, there was a particular focus on known high risk groups, these groups were selected because the current services coupled with national and international evidence indicates that they can be disproportionately affected by poor sexual health. These groups are:
    - Under 25 year olds and in particular vulnerable young people
    - Some ethnic minority communities especially black African and Caribbean communities
    - Women of contraceptive age
    - Men who have sex with men (MSM)
    - Those with substance misuse problems

This EqIA has also been informed by the following:

- The overarching London Sexual Health Transformation Programme (of which NEL is one of seven sub-regions)
- A contraception analysis report that identifies the current needs of Tower Hamlets and NEL residents
- Engagement with over 5,000 NEL residents during the period of 2014-2016
- Additional engagement on the proposals during September - October with approximately 350 Tower Hamlets residents
- Consideration of prevailing NICE quality standards and best practice guidance from professional organisations.

[2] PHE Fingertips data https://fingertips.phe.org.uk/profile/sexualhealth/

2b) What are the equality implications of your proposal?

This EqIA reviews the impact of the proposed commissioning of both specialist sexual health services available at Whitechapel and Stratford and satellite clinics on the residents of Tower Hamlets. The proposed Whitechapel and Stratford clinics will be viewed as sub-regional centres of excellence for residents and will remain open access service. In addition to this centre of excellence, Tower Hamlets residents will also be able to benefit from new channels, and particularly this will involve a new London wide web based portal, which will enable home sampling for all ages. Tower Hamlets will also continue to promote sexual health services in GPs and community pharmacies.

All service provision is monitored against the nine protected characteristics and this monitoring will continue to ensure that services are both accessible and meet local needs. The two integrated specialist services at Stratford and Whitechapel will replace the current services provided by Genito Urinary Medicine (GUM) clinics and the Contraceptive and Sexual Health Services (CaSH) across Tower Hamlets, Waltham Forest and Newham. In Tower Hamlets these services co-located into a single building in Whitechapel in November 2016 supported by two satellite clinics. The new service model proposes at least two satellite clinics in Tower Hamlets and through the commissioning process we assess proposals to ensure they complement the specialist clinics at Stratford and Whitechapel and enable improved access.

Section 3: Equality Impact Assessment

With reference to the analysis above, for each of the equality strands in the table below please record and evidence your conclusions around equality impact in relation to the service redesign proposal.

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact. This analysis will inform the decision making process

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact.

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

Target Groups What impact will the proposal have on specific groups of service users and staff?	**Impact – Positive or Adverse**	**Reason(s)** • Please add a narrative to justify your claims around impacts and, • Please describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making
Race	Positive	• Evidence suggests that nationally and locally some ethnic minorities may be at risk of poorer sexual health outcomes (*See Appendix, Figure 1*). We will actively monitor services, at least quarterly, to ensure that access and uptake of services reflects need and so reduces inequalities. • We will also ensure that all services have access to interpreters and promote their services to communities where increased sexual health is evidenced. • In the event of low levels of uptake of services amongst any one ethnic minority we will require services to work on outreach models and community engagement to promote access, uptake and remove any perceived or actual barriers. • Where specific issues are known to exist e.g. female genital mutilation within some African communities

		we will require the service provider to deliver services or, where appropriate, refer to ensure need is addressed. • We know from national, regional and local engagement that issues of confidentiality are often uppermost in some people's concerns about seeking sexual health services. Some respondents to the engagement surveys raised concerns about a Whitechapel location being less discreet as it is a major "town centre". However, other respondents highly valued the greater potential anonymity of a busy "town centre" location. All sexual health services are required to have strict privacy and confidentiality requirements within the service specification with all staff receiving enhanced training on confidentiality. In the event that a user still feels unable to access a local or "town centre" service then they will still be able to choose to access any open access sexual health service throughout London and England. • It was identified in the sexual health needs assessment that white British teenagers are at greater risk of pregnancy than other young people. Access and uptake of services, including the young people's service, will be carefully monitored to ensure the needs of white British teenagers (male and female) are met. The new provider will be required promote and to collect demographic data on the usage of long acting reversible contraception (LARC) and this will enable resources to be focused on high need communities.
Disability	Positive	• Accessibility to proposed sites was a recurring theme in the recent engagement with service users and residents as not all current sites are fully accessible or perceived to be so. The service provider(s) will be required to meet and where possible exceed the requirements of the Equalities Act of 2010 to ensure their services are accessible to people with a disability. • The service will be required to promote equality and accessibility for disabled people through improved access and building design. The premises will be required to meet or exceed best practice standards including Accessible Information Standards • The provider will supply anonymised monitoring data on access and uptake of services by disability, including mental illness, learning disability, physical disability that they will be used by commissioners to address any access, uptake or accessibility issues. This work will be informed by JSNA, community development work and views of local disabled people and their careers and further integration of services across primary care • Ensuring service information is available in relevant formats to meet a range of needs e.g. for those with

		learning disabilities and physical impairments • An accessibility review will be required to be undertaken by the council's strategic partner within six months of the new service commencing and the provider will be required to participate in borough wide events promoting their services and employment opportunities to disabled people.
Gender	Positive	• Feedback from the engagement exercise suggests that service users would like to have access to both male and female workers. Services will ensure that patients can choose the gender of staff that provide services and will further ensure that transgender people are not discriminated against by divisions of gender. • A more equitable access ratio between female and male patients will be required and actively monitored. Current access of men to the CaSH service is lower than those attending GUM services reflecting a historic perception of the service as a "female" clinic and the misconception that contraception is for females. Services will be actively promoted, monitored and required to provide more equitable access to male and females. • Although the amount of contraception undertaken with female patients attending GUM has increased it is still lower than uptake of services at the CaSH service. By commissioning an integrated service with contractually binding increased provision of contraception we will ensure improved access to contraception. • The service priorities recognise the importance of long acting reversible contraception (LARC) for women, where Tower Hamlets has lower rates than England or London. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 21.7 for Tower Hamlets, 33.0 for London and 31.5 for England[3]; over the lifetime of this contract the uptake of LARC will be required to increase to the London and then the England average. • A review of sexual health service provision for street based commercial sex workers has identified that the needs of these clients will be provided through the Drugs Intervention Programme (DIP) who undertake street outreach with these clients. • The new drugs and alcohol service model in Tower Hamlets commenced in November 2016 and this requires providers to offer STI screening and level 2 contraception to all clients as a core part of the

[3] Tower Hamlets LASER, 2014

		service offer. Reciprocal hosting arrangements between sexual health and drugs and alcohol providers has also been specified within service specifications to ensure the needs of male and female clients who access the substance misuse services are met. • The screening rates of cervical screening across London has dropped since 2013; rates in sexual health services have reduced as NHS England has not sought to commission sexual health services to provide screening. Provision will be made in the new service model for NHS England to subsequently implement commissioning of opportunistic screening of high risk women; women who do not meet the NHS England criteria for screening to be undertaken in sexual health services will be actively encouraged to register at their GP where screening will be undertaken.
Gender Reassignment	Neutral	• Services to support the sensitivities relating to gender identity will be included within the service specification. • Services will be required to actively promote services and monitor uptake by gender reassignment status.
Sexual Orientation	Positive	• Gay, bisexual and men who have sex with men constitute a disproportionate percentage of all new STIs and these rates have been increasing in recent years especially in relation to syphilis and gonorrhoea infections[4]. In 2014 61.5% of new STIs Tower Hamlets residents were amongst men who have sex with men. • An increasing number of gay, bisexual and men who have sex with men have recently chosen to access services outside of the borough at services which have been marketed and tailored to their preferences. The new service model will be required to learn from factors known to appeal to this key target group and ensure that greater local access is provided. • Treatment pathways for positive cases (including partner notification) will be improved through enhanced partner notification system will be part of the new service specification to ensure greater notification rates sexual partners of index cases who were met through sexual networking apps. • There is currently an NHS England trial of HPV vaccination amongst gay men and provision will be made within the service specification for this to be rapidly rolled out subject to NHS England commissioning

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357451/2014_09_17_STIs_HIV_in_MSM_in_London_v1_0.pdf

		intentions • The responsibilities for the commissioning of PrEP are still awaiting confirmation through a legal process. Subject to the outcome of the review and the commissioning intentions of agencies deemed responsible, provision will be made within the service specification for this to be rapidly rolled out.
Religion or Belief	Neutral	• The location of one of the specialist service clinics at Whitechapel has been identified by a small number of people through engagement exercises as being a barrier to access to services due to its perceived close proximity, 0.3 miles, from the East London Mosque. • Religion or belief is not a protected characteristic that is routinely completed by service users and not all service providers collect this information. However using ethnicity as a proxy for religious belief there does not appear to be significant evidence that the current location is acting as a barrier to service access. • We will monitor, and where appropriate implement mitigations to ensure that access and uptake of services in Whitechapel is not impacted on by perceived or actual proximity to places of worship. • Outreach workers will continue to work with Faith Leaders and will continue to be mindful of using different approaches when dealing with individuals and faith groups. • The E Service with home sampling will enable residents to access some services via a postal kit and for other services a resident can choose to use Stratford or any other open access clinic across London or England.
Age	Positive	• There is evidence that there is a disproportionate burden of sexual health ill health amongst young people and increasing rates of STIs amongst older people • Twenty six percent of diagnoses of new STIs in Tower Hamlets (2014) were in young people aged 15-24 years (compared to 46% in England). This includes those tested in genitourinary medicine clinics (GUM) only (*See appendix, figure 2*). The chlamydia detection rate per 100,000 young people aged 15-24 years in Tower Hamlets (2014) was 1876.8 (compared to 2012.0 per 100,000 in England). In 2013, the under-18 conception rate per 1,000 females aged 15 to 17 years in Tower Hamlets was 18.7, while in England the rate was 24.3[5].

[5] Tower Hamlets LASER Report, 2014

		• All integrated level 3 sexual health services will be available for all people aged 13 years and over (appropriate safeguarding measures to protect vulnerable children and adults will be followed in all cases, including for those under 13 years old who seek service provision). • Specific sessions for young people will continue to be commissioned alongside this service and this will include delivering sessions at Universities, Colleges and within schools and youth settings. • The services will be required to ensure all marketing and advertising appeals to a wide age range and especially young people using various platforms • Although statistically smaller than young people, an increased incidence of STIs has been recorded amongst older people (50 years and over). This indicates that the location of the Tower Hamlets centre of excellence and the satellites must be accessible, and suitable for older people. For example, by ensuring that the clinics are on bus routes and that there is provision for blue badge parking • The E-service will offer an increased opportunity to provide home sampling for STIs
Socio-economic	Neutral	• Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from GUM clinics show a strong positive correlation between rates of new STIs and the index of multiple deprivations across England. The relationship between STIs and SED is influenced by a range of factors such as the provision of and access to health services, education, health awareness, health-care seeking behaviour and sexual behaviour. • We will mitigate the impact of deprivation in lower uptake of services and poorer health outcomes by ensuring that the Whitechapel site is located within close (walking distance) to a range of public transportation. • All sexual health services for the testing and treatment of STIs, including HIV, are required to be open access and free at the point of delivery regardless of any immigration or other. • We will require services to be open out of hours and with Saturday hours so that people who work shift work or cannot get time off work during normal working hours can access services. The E service and home sampling will also enable improved access.
Marriage and Civil Partnerships.	Neutral	• Open access service will be available in Tower Hamlets. It is unlikely that there will be an impact in regards to this equality strand.

Pregnancy and Maternity	Neutral	• Emergency hormonal contraception will be accessible from the Whitechapel clinic and the satellite clinics free of charge and for all ages (in accordance with safeguarding measures) • In accordance with the NICE standards access and uptake will be promoted to new mothers through mid-wives of contraceptive methods • The service specification will require the provider to have robust pathways from a range of services including termination of pregnancy. Among the under 18 conceptions, the proportion of those leading to abortion was 71.6%, while in England the proportion was 51.1%. The rank (out of 294*) within England for the under 18 conceptions leading to abortion was 26 (1st has the highest percentage.[6]

[6] Tower Hamlets Laser Report, 2014.

Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered at least one alternative way of delivering the change which has less of an adverse impact.

Adverse impact	Please describe the actions that will be taken to mitigate this impact
Reduction in access or uptake of services	All services are regularly monitored against the nine protected characteristics and any reduction in access or uptake of services will lead to recovery plans being implemented by providers and monitored by commissioners.
Failure to procure services	In the event that the procurement does not succeed or that services cannot be provided from Whitechapel or Stratford then services are likely to continue in current locations pending assessment of next steps. As necessary any additional services may be commissioned on an interim basis to meet immediate deficits in service provision.
Expected provider efficiencies significantly reduce service provision and adversely impact on services provided to 9 protected characteristics	In the event that national reduction in funding led to a need to reduce service provision then this will be identified to the Health and Well Being Board. If additional funding and or provider efficiencies cannot be found then services will be reviewed and reprioritised to ensure the most vulnerable users are prioritised.

If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

Section 5: Future Review and Monitoring

It is not anticipated that there will be any significant impact or that any impact that is subsequently identified will not be able to be mitigated. There will be ongoing review of service data via quarterly meetings against the nine protected characteristics and an annual review and, as necessary, remedial action will be undertaken.

Appendix

Figure 1: Rates of new STIs by ethnic group in Tower Hamlets and England (GUM diagnoses only): 2014

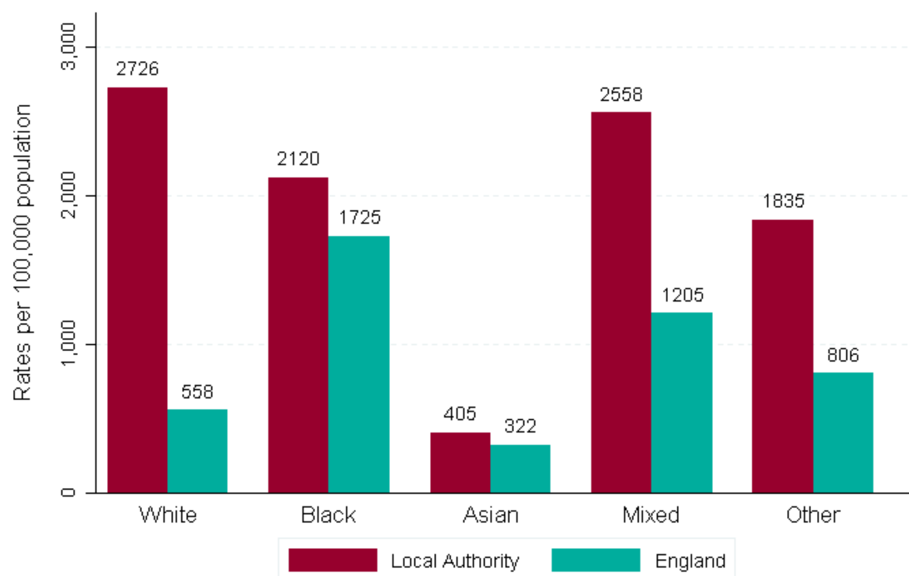
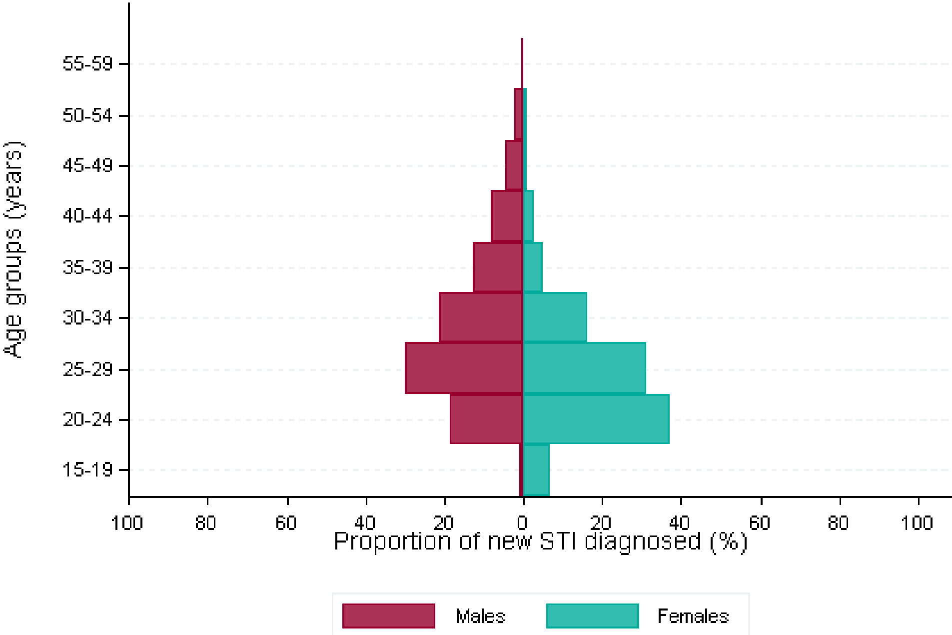


Table 1: Number and proportion of new STIs by ethnic group (GUM diagnoses only): 2014

Ethnic group	Number	%
White	3130	67.8
Black or Black British	395	8.6
Asian or Asian British	390	8.5
Mixed	265	5.7
Other ethnic groups	255	5.5
Not specified	180	3.9

Source: Tower Hamlets LASER Report, 2014

Figure 2: Proportion of new STIs by age group and gender in Tower Hamlets: 2014



Source: Tower Hamlets LASER Report, 2014