APPENDIX E

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	Procurement of sexual health services currently delivered in GP practices and pharmacies across Bristol
Directorate and Service Area	Public Health – Sexual Health
Name of Lead Officers	Thara Raj and Annette Billing

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?
The proposal relates to the procurement of the sexual health services that GP practices and community pharmacies currently deliver through contracts with Public Health Bristol. The current contracts run until 30 September 2017. The services relate to the provision of contraception and STI testing and treatment, and are designed to improve the sexual health outcomes of the residents of Bristol as required under the Health and Social Care Act 2012. Local authorities have a mandated responsibility to provide, or make arrangements to secure the provision of open access sexual health services in their area. During 2016/17 Bristol Public Health procured a new integrated sexual health service in collaboration with North Somerset and South Gloucestershire local authorities and the accompanying CCGs. The contract was awarded to University Hospitals Bristol NHS Foundation Trust (UHB) as lead provider, with UHB subcontracting to a number of local NHS trusts and national voluntary sector providers, including Brook and Terrence Higgins Trust. The service which was launched in June 2017 operates under the brand name 'Unity'. The primary care sexual health services were not included in the scope of the tender for the integrated sexual health service. This decision followed an open consultation with key stakeholders and advice from legal and procurement teams. It was agreed that a separate process needed to be followed which allowed the local authority to comply with European Union (EU) law by

ensuring a fair and transparent process.

While the current delivery of sexual health services contains many examples of achieving positive and innovative outcomes, there is a need for improved outcomes in several areas:

- The Chlamydia Screening Programme needs to target higher risk people more effectively, this will be evident if the diagnosis rate increases.
- Rising rates of sexually transmitted infections need to be addressed.
- Reductions in teenage pregnancy rates need to be sustained.
- Better access to long activing reversible methods of contraception (implants, intrauterine devices and injections) will reduce unintended pregnancy, abortion and repeat abortion.
- Some groups are at higher risk of poor sexual health, and this inequality must be reduced.
- Bristol is now considered a high prevalence area for HIV and continues to have a high rate of late HIV diagnosis

Future sexual health services will need to adapt to changes in society. The new integrated sexual health service is responding to the opportunities provided by online technology, trends in risky sexual behaviour, and emerging groups at high risk. Primary care services will play a key part as important access points across the city for the delivery of non-specialist services where required. Populations are predicted to rise while pressure on budgets will require an increased focus on prevention and delivering cost effective services.

The aim is to provide an integrated sexual health service network delivering a high quality, cost effective, timely and equitable sexual health service to the population of Bristol, improving outcomes and reducing inequalities.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

In addition to the Department for Health *Framework for Sexual Health Improvement* (2013) information and data, which shows the national picture, Bristol Public Health undertook a comprehensive local needs assessments ahead of the tender for integrated sexual health service . This is available to be read in conjunction with this EqIAA at https://www.bristol.gov.uk/policies-plans-strategies/joint-strategic-needs-assessment-jsna

Issues identified through the needs assessment process on Bristol include:

- Bristol's population is growing and also becoming more ethnically diverse, particularly in younger age groups; therefore services need to be able be flexible to meet increasing demand and to be accessible to diverse population needs.

- High diagnosis rates of syphilis, gonorrhoea and genital warts have been observed in Bristol. Whilst this is in part due to improved testing it is also likely to be due to increased infection rates in the population.

- Teenage pregnancies in Bristol have shown a steep decline since 2007 and are now similar to the national average. The efforts to reduce these rates need to be sustained.

- Long Acting Reversible Contraception uptake remains low, particularly in young people. Conversely oral emergency contraception use is high amongst young people. As LARC methods are more effective forms of contraception, consideration should be given to increasing uptake.

- The diagnosed prevalence rate of HIV in Bristol is over 2 per 1000 residents aged 15-59 years, meaning that Bristol has now passed the threshold for increased HIV testing.

- Bristol has a higher rate of late diagnosis of HIV than that seen nationally. Heterosexuals and Black Africans are at higher risk of late diagnosis.

- There is some evidence of low uptake of services for BME and LGBTQ groups. Services need to ensure they are accessible to all high risk and equalities groups and promote their services appropriately.

- Future plans and services need to reflect the needs of key population groups who have been identified with a higher risk of poor sexual health outcomes, particularly vulnerable young people, MSM, people with learning difficulties, certain BME groups, people involved in sex work, homeless people.

- Evidence suggests that both locally and nationally sexual health behaviours are becoming more risky. Changing cultures have led to emerging needs such as the practice of chemsex (use of injecting drugs to increase sexual pleasure), sexual exploitation, forced marriage, female genital mutilation, sexual harassment, sexual bullying and sexism. Sexual health professionals need to be responsive to these emerging needs.

- There is a concern about the increasing sexualisation of society particularly the effect on young people. Strategies should be developed to prevent the harmful effects of this trend.

- Reducing the late diagnosis of HIV needs to be addressed across the area. Key to this is encouraging regular testing amongst high risk groups including MSM and Black Africans.

- The downward trend in the numbers of teenage conceptions needs to be maintained.

- The rising rates of STI diagnoses need to be addressed through increased prevention efforts, including improved access to STI testing and condoms in order to reduce further transmission of infection. MSM, BME and deprived groups are disproportionately affected by STIs and these inequalities need to be addressed.

- The numbers of repeat terminations should be reduced. Increasing the knowledge, awareness and access to contraception options would improve this situation.

- There are some concerns regarding data quality and issues around comparing data across different providers.

Local service provision might be improved through the following:

- Marketing of services should take advantage of technological developments such as social media, text and online booking and triage.
- An improved system of collecting data that allows the inclusion of complex individual details.
- A coherent branding and dedicated website for sexual health promotion and services, with marketing targeted specifically for high risk groups.

The service specification is key to ensuring that the new services are designed and delivered in the most effective ways to meet the needs of those requiring access to services. The development of the service specification is key to ensuring that the new service meets the needs of the whole community, but in particular to ensure that providers find appropriate ways to reach the most vulnerable local groups and individuals.

2.2 Who is missing? Are there any gaps in the data?

A further needs assessment analysis will review the uptake of current services by people with protected characteristics.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

Commissioners recognised that an essential step in the design of the new integrated sexual health service was a period of public consultation on a set of draft plans. This took place from 1 November 2015 to 31 January 2016. The report is included in Appendix B. The consultation considered sexual health services as a whole, including those currently available in GP practices and community pharmacies.

The aim was to better understand the needs and preferences of a wide range of current and potential service users as well as those interested in protecting and improving sexual health and wellbeing across our whole population. This included proactively seeking the views of people who are at higher risk of poor sexual health outcomes so that sexual health services can effectively tackle health inequalities.

The feedback received through the consultation will be used to shape the service specifications for the services currently delivered by GP practices and

community pharmacies. It will influence the minimum requirements asked of potential providers around the quality of the services they would deliver.

A wide range of feedback was received during the consultation period. In particular, views were expressed through three key methods:

1) An online and printed survey
2) A series of focus group discussions targeting groups at higher risk of poor sexual health outcomes
3) A number of public events, discussion forums and a survey facilitated by local stakeholders

The Care Forum Focus groups with Vulnerable Groups

In addition to the general public survey above, the councils jointly commissioned a voluntary sector organisation The Care Forum to organise and facilitate focus groups with representatives of specific vulnerable populations at higher risk of poor sexual health outcomes. Those with protected characteristics who participated included:

- Men and women
- Black and minority ethnic residents
- Those who identified as LGBTQ+
- Individuals with learning disabilities
- Young people

A great many points were made about access to services through these focus groups, and many of which were echoed in the public consultation survey report.

Brook Young people's own survey

In addition to these planned events Brook developed their own survey, the findings of which were then cross-checked with the other data collected. In the main, the findings were consistent with the concerns about young people's needs heard through the public survey.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigourous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?
The main negative impact of the proposal affects everyone, as the main risk to public services is shrinking budgets. The risk to people with protected characteristics could be higher, but this risk could be mitigated within the requirements of the services to target particular groups at highest risk of poor sexual health outcomes.
3.2 Can these impacts be mitigated or justified? If so, how?
Mitigation is being undertaken through specific requirements to consider these groups in the service specification. The service priority will be to ensure the needs of vulnerable groups are met. The ability of providers to do this effectively will be measured through contract monitoring and evaluation.
3.3 Does the proposal create any benefits for people with protected characteristics?
The new integrated sexual health service specification requires Unity to ensure that "the sexual health of young people and vulnerable groups will be prioritised in the sexual health system and across the network." Unity will create the links to ensure that where appropriate vulnerable groups access sexual health service in primary care settings. The term 'young people' refers to those aged under 25. The term vulnerable groups refers to those listed below. These groups may change over the duration of the contract so should be reviewed on a regular basis. • Homeless • Looked after children • Care leavers • People with learning disabilities • Commercial sex workers • Substance misusers • Asylum seekers • Lesbian, gay, bisexual, transgender and other minority sexuality- or gender-identified people • Men who have sex with men • Some ethnic groups, including black Africans and Gypsy and Travellers • People living in areas of multiple deprivation • Trafficked people • Offenders • Those experiencing or at high risk of sexual exploitation, coercion or violence. • People living with HIV

There is some overlap in needs of those described in the National Framework for Sexual Health Improvement as 'vulnerable groups' at higher risk of poor sexual health outcomes and those 'protected characteristics' described in the Equality Act.

The proposed services may benefit the groups with protected characteristics in the following ways:

General:

- The service shall be inclusive for the populations of Bristol with staff trained to ensure services are targeted and delivered to communities and individuals regardless of age, ethnicity/race, religion, gender, disability or sexuality who might be at risk of sexual ill health.
- The services will be centred on service users and delivered in a non-judgemental, culturally sensitive and empathetic manner.
- Information to promote the services will need to be appropriate for those at risk, particularly young people and vulnerable groups, and should be developed in close collaboration with these groups. A tailored and segmented approach will be used in developing information and educational material to take account of the diverse needs of these groups.
- Through strong leadership and effective management, the sexual health system will ensure young people and vulnerable groups are prioritised throughout the system.

Specific:

1. Age – some of the services will be specifically offered to young people, such as emergency contraception in community pharmacies, in recognition that some young people may otherwise services. Also, the service will need to ensure that information, advice and services are differentiated for different age groups, in particular for younger and older people.
2. Disability – access to services will improve through a requirement to consider those with specific access requirements, and to ensure all services have made reasonable adjustments in order to comply with equalities legislation. Increased awareness of need through equalities training and any additional support required will be provided by the service.
3. Gender reassignment – the service specification will require staff to receive equalities training and also specific training around transgender/ CIS equalities awareness and monitoring.

4. Marriage and civil partnership – no specific benefit other than that covered by equalities training
5. Pregnancy and maternity – all services will be required to meet equalities and employment standards, as employers and as service providers, in relation to supporting women to have a healthy pregnancy and breastfeed. Relevant outcomes from these services are for lower rates of unintended pregnancies, and specifically to sustain the reduction in teenage pregnancies.
6. Race – the integrated sexual health service requires the providers to consider tailored methods of reaching black and minority ethnic groups, and in particular black Africans who are at higher risk of HIV. These groups may in turn be signposted to GP practices, pharmacies and other providers as appropriate.
7. Religion or belief - see 'general' points above. Training for staff will include religious diversity and the need for equal access regardless of religion or culture.
8. Sex – Services will be accessible to men and women, and training will be provided to staff on the specific needs of women and men who experience domestic abuse or sexual exploitation.
9. Sexual orientation – feedback from the public further increased he requirements within the evaluation criteria for the new integrated sexual health service. This in turn will have a positive impact on the accessibility of primary care services in order to meet the needs of LGBTQ+ people.

The process of awarding contracts will require each provider providing assurance that they meet the minimum requirements to deliver the service. Among many other requirements, the council will require evidence that the provider operates in accordance with the Equality Act 2010 and the s.149 Public Sector Equality Duty.

3.4 Can they be maximised? If so, how?

Benefits can be maximised through the regular analysis of data (e.g. data covering service-user satisfaction, outcomes etc.) in order to inform and ensure continuous improvement in delivery. Having a sound relationship with providers will enable us to have a dialogue about continuous improvement i.e. what works for different people, how can we meet the needs of those who are not being engaged, what can be done to engage them, what skills can be developed amongst the workforce to ensure they are equipped to recognise and meet the needs of service-users where we know that needs will be

different etc..

Commissioners are constantly communicating with their equivalents from other areas of the country to ensure that local equalities practices are improved by learning from other good practice.

Contract monitoring will include regular feedback about equalities. If performance is not adequate then officers managing the contract will take action to ensure improvement.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?
The feedback from the following have been combined with the analysis from this equality impact assessment to ensure the procurement process, and in particular the **service specification** and the minimum requirements criteria contain robust requirements relating to equalities: • The local sexual health needs assessment • The public consultation on sexual health services • The Care Forum focus groups • Other stakeholder engagement (including Brook's survey)
4.2 What actions have been identified going forward?
Amendment of service specification Amendment of minimum requirements criteria Contract monitoring will include robust requirements for the provider to collect appropriate data relating to equalities. This will be analysed by commissioners to ensure services are meeting the requirements within the service specification that relate to equalities.
4.3 How will the impact of your proposal and actions be measured moving forward?
Through the evaluation of minimum criteria during the tender process.

Through service contract monitoring from the start of the new sexual health services contract, including regular service user and potential service user feedback.

Service Director Sign-Off: Becky Pollard Director of Public Health	Equalities Officer Sign Off: Simon Nelson Equalities and Community Cohesion Officer
Date:	Date: