Northamptonshire County Council

Equality Impact Assessment

Name of proposal/policy	Re-procurement of Integrated Sexual Health Services	**Budget number (if applicable)**	
Service area responsible	Public Health and Wellbeing	**Cabinet meeting date**	12 /09/17
Name of completing officer	Frank Earley	**Date EqIA created**	31/08/2017
Approved by Director / Assistant Director	Lucy Douglas-Green	**Date of approval**	6/09/2017

The Equality Act 2010 places a '**General Duty'** on all public bodies to have '**Due regard'** to:

- **Eliminating discrimination, harassment and victimisation**
- **Advancing equality of opportunity**
- **Fostering good relations**

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant MUST include a link to the web page where this assessment will be published. If you require assistance in getting your EqIA published, please contact equalities@northamptonshire.gov.uk

PART 1

Description of current provision/policy and main beneficiaries/stakeholders

Local Authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including most sexual health services. The statutory legislative requirements for this are set out Section 6C of the NHS Act 2006, and local authorities are responsible for providing comprehensive, open access sexual health services. (Open access means available to anyone requiring care, irrespective of their age, place of residence or GP registration, without referral).

Currently Northamptonshire County Council commissions an Integrated Sexual Health Service which is provided by Northamptonshire Healthcare NHS FoundationTrust (NHFT), and includes Genito Urinary Medicine (GUM), Contraception, and an outreach service. The outreach service provides Chlamydia screening, sexual health and relationship education for young people, a c-card scheme (i.e. a free and confidential condom service for young people under 25 across Northamptonshire), and works with LGBT communities.

Northamptonshire County Council also commissions GPs to provide Long Acting Reversible Contraception (LARC), and Pharmacists to provide Emergency Hormonal Contraception (EHC). There are approximately 65 GP Practices providing LARC, and 24 local pharmacies providing EHC, with seperate contracts for these services. These contract arrangements require commissioning resource to manage, and the activity and quality of each individual provider is difficult to monitor. The current location of delivery through these arrangements is determined by the historical location of the individual providers.

In addition, Nene and Corby CCGs commission termination services provided by the British Pregnancy Advisory Service (BPAS), and contraception services delivered by gynaecological services. NHS England commissions contraceptive services under the GP contract, sexual assault referral centres, cervical screening, HPV immunisations and an HIV treatment service (the latter is provided by NHFT).

Main beneficiaries

- Northamptonshire citizens aged 15 years and above (although some services may extend to sexually active citizens aged below 15 years).
- Citizens with specific sexual health needs such as men who have sex with men (MSM), Black Africans, young people aged under 25 years, those living in areas of deprivation, those not currently accessing sexual health services locally, individuals working in the sex industry.

List of stakeholders

- Service Users – especially members of high risk population groups and any representative organisations
- Nene Clinical Commissioning Group
- Corby Clinical Commissioning Group
- Cambridgeshire and Peterborough CCG
- NHS England
- Secondary Care – in particular Gynaecology and Respiratory medicine
- General Practice

- GP Federations and Lakeside Healthcare
- Northamptonshire Healthcare NHS Foundation Trust
- Northamptonshire County Council
- Local Maternity Systems
- Child and Family Public Health Nursing Service
- Young People's Drug and Alcohol Services
- Adult Drug and Alcohol Services

Description of proposal under consideration/development

Northamptonshire County Council (NCC) wishes to procure a high quality Integrated Sexual Health Service that provides equitable access to self-help information and advice; preventive, diagnostic and treatment services; and timely referral to specialist services. The overall aim is to reduce unplanned pregnancies and the prevalence of Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus Infection (HIV) in the county, and to contribute to similar reductions in the population as a whole.

The intention is to develop a county-wide, open access, integrated sexual health service, managed by a single provider organisation. The Provider will be commissioned to deliver a comprehensive service, including LARC and EHC, that addresses local needs as identified in the Joint Strategic Needs Assessment, the recommendations in the local Contraceptive Health Needs Assessment (2015), and the most recent data from PHE on Local Authority HIV, sexual and reproductive health epidemiology (LASER) published in December 2016.

The Provider will be a very forward thinking organisation, capable of improving the delivery of local sexual health services using the principles of co-design and co-production, seeking to integrate services with other sexual health commissioners where possible to achieve improvements in outcome and cost-effectiveness. NCC will commission the Provider to act as a catalyst for change, empowering individuals and communities to become active in taking charge of, and improving, their sexual health and wellbeing.

The Provider will be responsible for identifying, developing and maintaining any partnership arrangements necessary to deliver the full range of service outcomes and for leading and managing any Delivery Partners.

The Provider, once confirmed, will produce a Stage 1 implementation plan setting out clinical service delivery arrangements within three months of confirmation and a full implementation plan, which includes arrangements for delivery of all aspects of the specification including prevention initiatives, engagement of high risk groups, and training within 3 months of the contract commencing.

The Provider will work proactively with local Maternity services, the Child and Family Public Health Nursing Service, Targeted Early Help services, and Drug and Alcohol Services commissioned by NCC, in order to develop referral pathways, joint approaches to health improvement activity, and shared information platforms with the aim of promoting positive sexual health, increasing access to services and improving outcomes for those most at risk.

Data used in this Equality Impact Assessment (general population data where appropriate but each EqIA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqIA)	
Data Source (include link where published)	**Please summarise what the data tells us – for example "X number of people use this service, X are male, Y are female etc"**
Northamptonshire JSNA (2013) **https://www.northamptonshireanalysis.co.uk/jsna** **LASER (2016) data analysis**	The Joint Strategic Needs Assessment data on sexual health (2013) has been supplemented by the most recent data from Public Health England on Local Authority HIV, sexual and reproductive health epidemiology (LASER) published in December 2016. Analysis from the above identifies the following as key priorities: • Need to address high HIV prevalence in Corby and Northampton • Need to address HIV late diagnosis (across the county) • Need to increase Chlamydia proportion screened • Need to address the under 18 conception rate per 1,000 females aged 15 to 17 years in Corby, Northampton, Wellingborough and Kettering • Need to reduce under 25s having a second abortion • Need to increase percentage of abortions undertaken under 10 weeks • Need to increase STI testing rate • Need to extend Sexual and Reproductive Health services prescribing Long-acting reversible contraceptives (LARC) In terms of access to sexual health services, it should be noted that LASER data (2016) suggests that in South Northants and in Daventry considerable use is made of out of area services (47% of attendences made by residents of South Northants are to sexual health clinics are out of area; 31% of attendences made by residents of Daventry are to sexual health clinics are out of area).
Contraceptive Health Needs Assessment (2015) Details available via BIPM placeinformation@northamptonshire.gov.uk	County under 18 conception rates and termination of pregnancy rates in Northamptonshire, two key quality measures for contraceptive services, are statistically comparable to England averages (p1). However, certain districts and wards within Northamptonshire experience a statistically significantly higher under 18 conception rate, with prevalence rates highest in Corby (28.7),

	Kettering (27.8), Wellingborough (27.7) and Northampton (25.2) in 2015 compared to England average 20.8 per 1,000. This suggests that contraceptive need is greater and/or contraceptive practices differ between geographical areas, although Northampton will have the highest level of absolute need by virtue of overall population size (p20). A number of areas with high deprivation and teenage conception rates have limited access to contraception services. These service gaps need to be addressed if unplanned pregnancies are to be reduced (p34). 95% of contraceptive prescribing in Northamptonshire is undertaken in primary care by General Practitioners (GPs). Currently, around 85% of contraceptive prescriptions issued locally are for the hormonal contraceptive pill. Primary care service users do not report any issues regarding access to contraceptive services in primary care (p36). With regard to Long-acting reversible contraceptives (LARC), implants are more popular in younger age bands (ages 15 to 29), whereas IUD and IUS systems are more commonly inserted in older age bands (ages 30 to 44 years). Data relating to the acceptability of LARC (i.e. the proportion of females who retain LARC for the licensed duration) is not available – only unmatched data relating to LARC removal is currently collected and therefore conclusions cannot be drawn (p37).
Demographic analysis **https://www.northamptonshireanalysis.co.uk/jsna**	Demographic data taken into account in the Sexual Health Services Options Appraisal process (2017) and using 2014 data as a base line, highlights that local sexual health services need to take into account: • From 2014 to 2021 the population of Northamptonshire is forecast to increase to 755,100 (+6%). • From 2014 to 2021 the sexually active population (15-64) of Northamptonshire is forecast to increase to 465,100 (+2%). • From 2014 to 2027 the sexually active population (15-64) of Northamptonshire is set to increase at a linear rate of approximately 0.3% per year. • From 2014 to 2021 there is no significant change in the age range distribution of the sexually active population of Northamptonshire. These predicted demographic changes support the case for moving the emphasis of county sexual health services from treatment focused to prevention focused.

Public Health England (PHE) best practice guidance (2015) **https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan** **Framework for Sexual Health Improvement in England (2013)** **https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england**	As noted in Public Health England's (PHE) "Health promotion for sexual and reproductive health and HIV Strategic action plan" (2015), sexual ill health is not equally distributed across the population. Strong links exist between deprivation and STIs with some of the highest burden borne by men who have sex with men (MSM) and black and minority ethnic (BME) groups. National guidance from PHE (2015) and in the Framework for Sexual Health Improvement (2013), notes that certain population groups are particularly affected by poor sexual and reproductive health, and suggests that interventions targeting specific communities should be developed to ensure that they do not exacerbate feelings of isolation, discrimination or stigma. These groups include: • **Young people** Many adverse sexual health outcomes occur in young people, regardless of their sexuality. All young people need to have the knowledge and ability to seek help and guidance. Activities should promote and enable access to appropriate contraception, screening for STIs (especially chlamydia via the National Chlamydia Screening Programme) and condom use. In Northamptonshire, typically about 50% of diagnoses of new STIs reported in the latest LASER data (2016) were in young people aged 15-24 years (compared to 45% in England), but with some slight variation across the county (with East Northants and South Northants in line with England average or slightly lower, respectively). • **Men who have sex with men** Gay, bisexual and other men who have sex with men (MSM) experience a disproportionately high burden of STIs and HIV. Health promotion activities targeting MSM should aim to prevent the transmission of STIs and HIV by encouraging condom use, promoting safer sex and regular testing and screening, as well as supporting measures to control outbreaks of STIs. A whole system approach is needed to combat stigma and discrimination and address other inequalities for MSM identified as being associated with sexual ill health (including mental wellbeing and alcohol and drug use). • **Women of reproductive age** Although women aged 15 to 44 make up just 20% of the population of England, they experience the greatest burden of poor reproductive health. This includes unplanned pregnancy, which is

	associated with poor maternal and child outcomes. All women of reproductive age should have universal access to services offering the full range of contraceptive options, as well as information on the effectiveness of different methods. In addition to this universal approach, there should be targeted support for those at greatest risk of unplanned pregnancy, such as women from black and minority ethnic groups, women who have had two or more children, those aged less than 20 and those with lower educational attainment. As noted in the Contraception Needs Assessment (2015) undertaken for Northamptonshire, certain districts and wards within Northamptonshire experience a statistically significantly higher under 18 conception rate than others (with prevalence rates highest in Corby (28.7), Kettering (27.8), Wellingborough (27.7) and Northampton (25.2) in 2015 compared to England average 20.8 per 1,000). • **Disadvantaged people** In addition to the risk groups groups noted above, the Options Appraisal exercise undertaken by Public Health Team in January 2017 identified that for STI and HIV prevention in Northamptonshire, screening and care should include programs tailored to the needs of disadvantaged young people, people with problem drug and alcohol use, homeless people, people with mental health problems, black African communities with high prevalence rates of HIV and men who have sex with men. These needs and stakeholder engagement should be identified within the process of developing, monitoring and evaluating sexual health policies, plans and programmes.
National policy context **https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england**	Reducing the transmission of Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs) requires a systematic and co-ordinated approach. The National Framework for Sexual Health Improvement (2013) recommends that the prevention of HIV and STIs should be targeted at those populations most at risk of infection; in England, this includes young people, gay and bisexual men and some black and ethnic minority groups. The Framework also includes the recommendation that, “the best way for sexually active people of any age to avoid an STI is to use a condom when they have sex. It is important that young people should be able to access condoms easily and feel confident about carrying and using them”. In terms of sexually transmitted infections (STIs), national research suggests that there are several population groups at particular risk:

	• Young people: the majority of STI diagnoses made among heterosexual GUM attendees in 2014 were among those aged 15 to 24, who accounted for 63% (57,558/91,901) of chlamydia diagnoses, 55% (8,722/15,814) of gonorrhoea, and 42% (12,223/29,240) of genital herpes. • Men who have sex with men (MSM): the majority of syphilis and gonorrhoea diagnoses among male GUM clinic attendees are among MSM (86% and 68% respectively in 2014). In 2014, rapid increases in rates of STI diagnoses were reported, in particular syphilis (46% increase from 2013) and gonorrhoea (32% increase). There is growing concern nationally that an increase in sexual risk behaviour due to sexualised drug use and social networking apps for finding casual partners may be leading to increased transmission of STIs. • The highest rates of STIs among adults are seen among people of black African and black Caribbean ethnicity, and the majority of these cases are among persons living in areas of high deprivation. These high rate of STI diagnoses are most likely due to a combination of cultural, economic and behavioural factors (PHE Health promotion for sexual and reproductive health and HIV: strategic action plan, 2016 to 2019 p19). To address the issues noted above, best practice recommendations from Public Health England (PHE) state: • Local prevention activities need to focus on groups at highest risk, including young adults, black ethnic minorities and MSM. • Key sexual health improvement messaging needs to stress that consistent and correct use of condoms can significantly reduce risk of STIs, and in addition that rapid, open access to treatment and partner notification can reduce the risk of complications and infection spread. Best practice guidance note that regular testing for HIV and STIs is essential for good sexual health, and consequently: o Anyone under 25 who is sexually active should be screened for chlamydia annually, and on change of sexual partner. o MSM should test annually for HIV and STIs and every three months if having condomless sex with new or casual partners. o Black ethnic minority men and women should have a regular STI screen, including an HIV test, if having condomless sex with new or casual partners. Central to preventing onward transmission of STIs is early diagnosis through increased testing (for example, partner notification) and screening - for example, the National Chlamydia Screening Programme (NCSP). Chlamydia is the most prevalent STI in England and often has no

	symptoms. To address this, the NCSP aims to test all sexually active under-25s annually, or with each change of partner,as a routine part of primary care and sexual health consultations. The national Framework for Sexual Health Improvement (2013) recommends that local arrangements for Chlamydia screening: • Ensure that the programme remains accessible to young people. • Integrate screening into wider sexual health service provision and increasing screening in primary care, particularly in general practice. • Focus outreach screening to those young people with limited access to sexual health services, for example homeless young people, looked-after young people and those leaving care. • Expanding internet testing services, which are particularly attractive to young men. • Promote annual screening for young people (and additional testing on each change of partner), with adherence to treatment and partner-notification professional guidelines. In relation to HIV prevention, the national Framework for Sexual Health Improvement (2013) recommendations are that interventions should focus on supporting people diagnosed with HIV both to protect their sexual health (for example to avoid STIs) and reduce onward HIV transmission. Nationally, HIV prevention work is focused on UK-based Africans and gay and bisexual men, with three key goals: • To increase HIV testing to reduce undiagnosed and late diagnosed HIV in both communities. • To support sustained condom use and other behaviours that prevent HIV in both communities. • To tackle stigma within both communities and more widely. The Framework notes that increasing the availability of HIV testing in non-specialist healthcare settings in line with existing good practice will play a key role in tackling HIV, particularly in local areas with a high prevalence of HIV. In addition, effective strategies for the reduction of HIV transmission should include a combination of interventions, for example improving awareness and diagnosis of primary HIV infection; improving access to risk counselling and Treatment as Prevention; and enhanced partner notification using new technologies such as social media.

	With regard to unplanned pregnancies, national guidance from Public Health England (PHE) recommends that reducing the burden of unplanned pregnancy (whether this leads to maternity, miscarriage or abortion) should be based around the following: marketing; easy access to high quality information for informed decision making; easy access to the full range of contraception (particularly the most effective long-acting reversible contraception [LARC], the implant, intrauterine systems [IUS] and intrauterine device [IUD]) for pregnancy prevention; and accessible pregnancy testing with rapid referral into abortion services for unwanted pregnancy. These services should be delivered alongside promotion of safer sexual and health-care seeking behaviour. To achieve this, every effort should be made to eliminate local barriers to pregnancy diagnosis and where requested, abortion referral, STI testing and contraception provision (which should be made available free and confidentially at easily accessible services). Alongside the effective clinical response, promoting safer sexual behaviour among individuals –including use of the most effective contraceptives, condom use and regular testing remains crucial. In Northamptonshire, local Sexual Health Services have integrated contraceptive and GUM services over time, but it is recognised nationally that there is still a stigma attached to sexual health services, including HIV services, and further work is needed to reduce this stigma and encourage uptake of services. Guidance from NICE states that, while all methods of contraception are effective, Long-acting reversible contraceptive (LARC) methods such as contraceptive injections, implants, the intra-uterine system or the intrauterine device (IUD) are much more effective at preventing pregnancy than other hormonal methods, and are much more effective than condoms. However, a condom should also always be used to protect against STIs. A local review of LARC provison in Northamptonshire (2016) noted that uptake of LARC was in keeping with national figures (i.e. 12% women aged 16-49 in 2008-9 according to NICE), when compared with use of the oral contraceptive pill (OCP) and the male condom - around 25% for each method. Prescribing figures in Northamptonshire show a clear preponderance of provision of the oral contraceptive pill across all geographical areas. This is in spite of robust evidence that increasing LARC uptake decreases the rates of unintended pregnancy, and also that all currently available LARC methods are more cost effective than the OCP, even at one year of use.

Tick the relevant box for each line by using a capital 'P' to make a ☐	Based on the above information, what impact will this proposal have on the following groups?			
	Positive	**Negative**	**Neutral**	**Unsure**
Sex	X			
Gender Reassignment	X			
Age	X			
Disability	X			
Race & Ethnicity	X			
Sexual Orientation	X			
Religion or Belief (or No Belief)			x	
Pregnancy & Maternity	X			
Human Rights (Please see articles in toolkit)	X			
Other Groups (rural isolation, socio-economic exclusion etc)			x	

Initial impact	
Explain your findings above	**Actions identified to mitigate, advance equality or fill gaps in information**
The intention is to procure a high quality Integrated Sexual Health Service that provides equitable access to self-help information and advice, preventive, diagnostic and treatment services and timely referral to specialist services. A key aim of the re-procurement or Section 75 agreement process for commissioning sexual health services in Northamptonshire is for the future Integrated Sexual Health Service Provider to work closely with the high risk population groups (including young people, men who have sex with men, people from Black and Minority Ethnic communities - especially those from black African communities with high prevalence rates of HIV, women of reproductive age, people with problem drug and alcohol use, homeless people, people with mental health problems, and men who have sex with men) using the principles of co-design and co-production, not only to	The Provider, once confirmed, shall produce a full implementation plan, which includes arrangements for delivery of all aspects of the specification including prevention initiatives, and engagement of high risk population groups within 3 months of the contract commencing.

improve access to sexual health services but to fundamentally shift the focus of local service delivery from treatment to prevention, empowering individuals and communities to become active in taking charge of, and improving, their sexual health and wellbeing. It will be a universal service but will have targeted elements aimed at reducing inequalities in access and outcomes for high risk and under-represented groups. The contract will require the Provider to act as a catalyst for change, empowering individuals and communities to become active in taking charge of, and improving, their sexual health and wellbeing.	

Do you need to undertake further work (e.g. consultation, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part 2
In terms of further work to support the delivery of improved sexual health services in Northamptonshire, consultation is required with all potential service users but with specific emphasis on members of high risk groups noted above (including young people, men who have sex with men, people from Black and Minority Ethnic communities - especially those from black African communities with high prevalence rates of HIV, women of reproductive age, people with problem drug and alcohol use, homeless people, people with mental health problems, and men who have sex with men) to better understand their needs in relation to service access, education and information. As noted above, certain districts and wards within Northamptonshire experience a statistically significantly higher under 18 conception rate than others with prevalence rates highest in Corby (28.7), Kettering (27.8), Wellingborough (27.7) and Northampton (25.2) in 2015 compared to England average 20.8 per 1,000. This suggests that contraceptive need is greater and/or contraceptive practices differ between geographical areas, which is a feature that requires further investigation by the new Provider. The issue of usage of out of area sexual health services is something to be investigated further (i.e. that in South Northants and in Daventry considerable use is currently made of out of area services; 47% of attendences made by residents of South Northants are to sexual health clinics are out of area; 31% of attendences made by residents of Daventry are to sexual health clinics are out of area). Investigation and consultation about the variations noted above will be lead by the new provider, and completed during first 3 months of contract.

A further breakdown of current service usage information is provided below from recently published data by PHE (LASER 2016)

Percent of all attendances by **South Northamptonshire** residents at specialist SHCs:
(only specialist SHCs with more than 10 attendances included)

Clinic name	**% of all attendances**
Northampton General Hospital	49.9
Orchard Health Centre	27.9
Milton Keynes University Hospital	6.9
Ashwood Centre	2.8
Churchill Hospital	2.7
Milton Keynes GUM Services	2.0
Dean Street Clinic (GUM)	1.1
St Bartholomew's Hospital	0.6
St Mary's Hospital London	0.6
Bedford Hospital	0.6

LASER data for South Northamptonshire (2016)

Percent of all attendances by **Daventry** residents at specialist SHCs:
(only specialist SHCs with more than 10 attendances included)

Clinic name	% of all attendances
Northampton General Hospital 58.5	58.5
Hospital of St Cross 18.8	18.8
Ashwood Centre 9.0	9.0
Orchard Health Centre 3.0	3.0
Coventry & Warwickshire Hospital 2.7	2.7
St Peter's Health Centre - Leicester 0.8	0.8
Loughborough Health Centre 0.7	0.7
Warwick Hospital 0.6	0.6

LASER data for Daventry (2016)

PART 2 – if required

Consultation, follow up data and information gathered from actions identified above	
	What does this information tell us?

Final impact analysis (taking the findings from Part 2 into account) – including review date if required