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Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
2.00 pm on Wednesday, 2nd April, 2014

Place
Diamond Room 2 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes** (Pages 3 - 8)

   (a) To agree the minutes of the meeting held on 5th March, 2014

   (b) Matters Arising

4. **Sexual Health Services Review and Re-tendering** (Pages 9 - 44)

   Report of the Director of Public Health

3.00 p.m.

5. **Local Care Data Programme**

   The officers will report at the meeting

   Richard Hancox, Associate Director, Clinical Strategy at Arden, Hereford and Worcestershire Area Team has been invited to the meeting for the consideration of this item.

3.45 p.m.

6. **Outstanding Issues Report**

   Outstanding issues have been picked up in the Work Programme

7. **Work Programme 2013-14** (Pages 45 - 52)

   Report of the Scrutiny Co-ordinator

8. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

9. **Meeting Evaluation**

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 25 March 2014

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 2nd April, 2014 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, C Fletcher, A Gingell (By Invitation), P Hetherton, J Mutton, H Noonan, H S Sehmi, D Spurgeon (Co-opted Member), S Thomas (Chair) and A Williams

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight
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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 5 March 2014

Present:

Members: Councillor S Thomas (Chair)

Councillor A Andrews (substitute for Councillor Noonan)
Councillor J Clifford
Councillor C Fletcher
Councillor P Hetherton
Councillor R Lakha (substitute for Councillor Sehmi)
Councillor C Miks (substitute for Councillor Ali)
Councillor J Mutton

Co-Opted Members: Mr J Mason, representing Mr D Spurgeon

Other Representatives: Gillian Arblaster, University Hospitals Coventry and Warwickshire
Dr Steven Allen, Coventry and Rugby CCG
Councillor C Edwards, Rugby Borough Council
Juliet Hancox, Coventry and Rugby CCG
Ruth Light, Coventry Healthwatch

Employees:

P Barnett, People Directorate
K Bichbiche, Chief Executives Directorate
S Brake, People Directorate
L Knight, Resources Directorate
L Newell, People Directorate

Apologies: Councillors M Ali, A Gingell and H Noonan
D Spurgeon

Public Business

54. **Declarations of Interest**

There were no disclosable pecuniary or other relevant interests declared.

55. **Minutes**

The minutes of the meeting held on 5th February, 2014 were signed as a true record. There were no matters arising.

56. **Commissioning Landscape for the City**

The Board received a presentation from Dr Steve Allen, Accountable Officer and Juliet Hancox, Chief Operating Officer, Coventry and Rugby Clinical Commissioning Group (CCG) detailing the progress and achievements of the CCG. Councillor Claire Edwards, Chair of the Customer and Partnerships Scrutiny Committee, Rugby Borough Council, attended the meeting for the consideration of this item.

The presentation set out the history to the establishment of the CCG which was one of the 20 largest in England, supporting 77 GP practices with a population of 466,000. Attention was drawn to the strengths of the organisation which included patients being at the heart of decision making; clinical commissioners with a track record of achievement; quality and safety; partnerships; and public involvement. Information was provided on the budget delegation for 2012/13 with the total budget being £556.6m.

The achievements of the CCG in the following areas were highlighted:

- Primary Care Quality and Safety
- Frail Older People
- Wellbeing in Mental Health
- Healthy Living and Lifestyle Choices
- Best Practice in Hospital Care

The presentation concluded with information on performance issues.

Members questioned the representatives on a number of issues and responses were provided, matters raised included:

- The importance of using language that could be understood by members of the public
- Further information about responsible prescribing for people over 85 and the role of pharmacists
- Concerns about the availability of GP appointments in the city
- The implications of the reduction of the management charge per patient which was down to £25 with a further cut anticipated
- The clinical sustainability of some specialist services
- The current situation at the George Eliot Hospital
- Further information about the availability of patient information for ambulance staff
- Managing too early or delayed patient discharges
- Further details on the CCG budget, in particular the percentage spend on mental health
- Should there be more investment in public health
- Measures to reduce frequent unnecessary attendance at A and E
- The number of beds in the city for dementia patients
- Quality in care homes, in particular the roles of the CCG and the CQC
- Safeguarding training
- How are GPs encouraged to share best practice
- Views on information sharing of patient’s records

RESOLVED that:

(i) The presentation and the progress made by the Coventry and Rugby CCG be noted.

(ii) Information on (a) mental health spending as a percentage of the total budget and (b) the number of dementia beds in the city be sent to all members.

57. **Referral by Healthwatch Coventry - Commissioning of Patient Transport Services**

The Scrutiny Board considered a briefing note of the Scrutiny Co-ordinator concerning a referral from Healthwatch Coventry relating to the commissioning of local Patient Transport Services. Ruth Light, Healthwatch Coventry attended for the consideration of this matter and outlined the organisations' concerns. Dr Steve Allen and Juliet Hancox, represented Coventry and Rugby Clinical Commissioning Group (CCG) and Councillor Claire Edwards, Rugby Borough Council was also in attendance.

The briefing note indicated that the Health and Social Care Act 2012 allowed Healthwatch to make referrals to the Local Authority Health Overview and Scrutiny Committee.

Patient Transport Services for Coventry and Warwickshire were provided by West Midlands Ambulance Service under an historic contract negotiated with local Primary Care Trusts. Late last year following a process of engagement with Healthwatch Coventry regarding the specification for a new tender, a decision was taken by the CCG to postpone the re-tendering of the contract with a one year extension being put in place to maintain the current provider.

The letter from Healthwatch Coventry requesting the Board to investigate the matter which detailed their specific concerns was appended to the briefing note. A response from the CCG setting out the reasons for delaying the issues and the involvement of Healthwatch was set out at a second appendix.

John Mason, Coventry Healthwatch, reported on the concerns of David Spurgeon regarding the transport of patients for dialysis treatment.

Members of the Board questioned the representatives and responses were provided, matters raised included:

- Concerns about quality issues and the failings of the current service
- Further details about the tender process that was halted
- Examples of areas of concern
- How the current contract could be better managed
- An assurance that the CCG would talk to patients and staff about the service requirements
- The need to learn from past mistakes to make the current situation better.

There was an acknowledgement from the CCG that the current service was not good enough and that the tender process needed to deliver a better quality service.

RESOLVED that:

(i) The Coventry and Rugby Clinical Commissioning Group (CCG) be recommended to look into the requirements of the existing contract for the commissioning of patient transport.

(ii) The CCG be recommended to consider the use of penalty clauses in the new contract for patient transport.

(iii) Representatives from the CCG be requested to attend a future meeting of the Disability Advisory Panel when the Panel consider the issue of allowing personal fold down walkers or personal wheelchairs in the patient transport vehicles.

(iv) In light of the experiences of Healthwatch Coventry, the CCG be recommended to work closely with Healthwatch when commissioning the new contract for patient transport and in any other issue involving patient transport.

58. **Physical Healthcare of Learning Disability and Mental Health Patients**

The Scrutiny Board considered reports from University Hospitals Coventry and Warwickshire (UHCW) concerning the care of patients with learning disabilities and the hospitals response to mental health inspections by the Care Quality Commission. A briefing note from the Council's Head of Mental Health and Learning Disabilities advising members on the purpose and process required to fulfil the legal responsibilities under the Mental Capacity Act was tabled at the meeting. Gillian Arblaster, Associate Director of Nursing, UHCW, attended the meeting for the consideration of this item.

The report concerning the care of patients with learning disabilities provided an overview of the work being undertaken at UHCW in relation to the development of pathways of care and enhancing the experiences of patients with a learning disability who accessed services and received care at the hospital. There had been a number of reports and inquiries published since 2011 relating to the care received by people with learning disabilities. Key findings were that the quality and effectiveness of health and social care afforded had been shown to be deficient in a number of ways.

The report identified areas of good practice in particular partnership working with the Acute Liaison Team, education and training and reasonable adjustments. Areas for improvement were enhanced identification of patients with a learning disability; process for trigger serious incident or mortality review for people with learning disabilities.

Members questioned the representative, in particular asking for examples of how, in a ward with lots of patients, would nursing practices would change.

The briefing note indicated that the Mental Capacity Act applied to everyone who worked in health and social care and was involved in the care, treatment or support of people over 16 years of age who may lack capacity to make decisions for themselves. The Act was accompanied by a statutory Code of Practice which explained how the Act worked on a day to day basis and provided guidance. Attention was drawn to the work of the Independent Mental Capacity Service which provided advocates to help particularly vulnerable people who lack capacity to make important decisions about serious medical treatment and changes in accommodation.

Members questioned the officer on a number of issues and responses were provided, matters raised included:

- Who would determine the best person to make a decision on behalf of a vulnerable person
- The treatment of a person with mental health needs compared to someone requiring treatment for a physical health issue
- The training available for staff and the opportunities for joint training between different organisations
- The options available for joint working
- A framework indicator set relating to the prevention of premature deaths

RESOLVED that:

(i) Any future reports to be considered by the Board to be circulated with the agenda for the appropriate meeting to allow members the time and opportunity to understand all the relevant issues.

(ii) The City Council and University Hospitals Coventry and Warwickshire (UHCW) be requested to undertake joint working around training relating to learning disability and mental health.

(iii) UHCW be requested to give consideration as to how they can contribute to the development of a framework indicator set for the CCG relating to the prevention of premature deaths for vulnerable patients.

59. **Outstanding Issues Report**

The Board noted that all outstanding issues had been included in the work programme, Minute 60 below refers.

60. **Work Programme 2013-14**

The Board noted their work programme for the current year, in particular the issues to be considered at the last two meetings for 2013/14.

61. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 5.00 pm)

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Public report
Cabinet

Health and Social Care Scrutiny Board (5) 2nd April 2014
Cabinet 13h May 2014

Name of Cabinet Member:
Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:
Director of Public Health

Ward(s) affected:
All

Title:
Sexual Health Services Review and Retendering

Is this a key decision?
Yes

The proposals within the report require funding in excess of £1m per annum.

Executive Summary:

From the 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health (SH) services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.

Coventry City Council is looking to tender for sexual health services jointly with Warwickshire County Council during 2014/15, and discussions are under way with the NHS England Specialised Commissioning Team with regard to their responsibilities for HIV treatment services and the possibility of joint commissioning. The incumbent contractor of the main contract in Coventry is Coventry and Warwickshire Partnership Trust and notice was issued on the contract on 17th March 2014, with a view to the new contract commencing on 1st April 2015. The current contract value is approximately £4m for Coventry (and £3m for Warwickshire).

This report includes a summary of the review of sexual health services which has been undertaken (including a consideration of the health needs in Coventry related to sexual health), a

summary of the engagement and consultation work carried out and the planned process for retendering jointly with Warwickshire County Council.

Recommendations:

The Health and Social Care Scrutiny Board (5) is requested to:-

1. Consider the summary of sexual health needs, the engagement findings, and the planned process for retendering.

2. Forward any recommendations regarding the proposed plan to the Arden Joint Sexual Health Project Board and Cabinet.

The Cabinet are requested to:-

1. Consider any recommendations from the Health and Social Care Scrutiny Board (5), following their consideration of this matter on 2nd April 2014.

2. Delegate authority to the Director of Public Health, as Coventry representative on the Arden Joint Sexual Health Project Board, to procure sexual health services jointly with Warwickshire County Council and to award the contract(s) at the end of the procurement process, following consultation with the Cabinet Member (Health and Adult Services).

List of Appendices included:

Appendix 1: Summary of Sexual Health Needs in Coventry 2013/14
Appendix 2: You Said We Will document
Appendix 3: Conceptual Model of New Services
Appendix 4: Equality Impact Analysis

Other useful background papers:

Local Papers (contact nadia.inglis@coventry.gov.uk)
Sexual Health in Coventry, 2013/14 (Review Document) - currently draft, Public Health.
Sexual Health Services Engagement Results 2013 – currently in draft, Public Health.

National Papers (all available on the internet)
Department of Health (2013). A Framework for Sexual Health Improvement in England.
(http://www.dh.gov.uk/health/2013/03/sex-health-framework/)
Department of Health (2010). Healthy Lives, Healthy People: Our Strategy for Public Health in England
(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941)
Department of Health (2013), Commissioning Sexual Health Services and Interventions
(http://www.dh.gov.uk/health/2013/03/sexual-health-services/)

Has it been or will it be considered by Scrutiny?
Yes
Health and Social Care Scrutiny Board (5) on 2nd April 2014

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?
No

Will this report go to Council?
No

Report title: Sexual Health Services Review and Retendering

1. Context (or background)

1.1 There is an increasing rate of sexually transmitted infection diagnoses in Coventry; with a total of 2,864 new (non-HIV) infections diagnosed in Genitourinary Medicine (GUM) clinics in 2012, significantly higher than the average for the West Midlands. HIV prevalence is also amongst the highest in the West Midlands, with a significant proportion of individuals being diagnosed late. There was a significant change to the model of delivery of sexual health services in Coventry in 2009. Since then the rate of non-HIV sexually transmitted infection diagnoses has increased, but this is likely to partly be a result of increased testing in GUM clinics, indicating that the right people are being tested and diagnosed. There has also been an ongoing reduction in the rate of under 18 terminations in Coventry, with a rate of 19 per 1,000 in 2012, and a consecutive four year decrease in under 18 conception rates. Despite these reductions, the rate remains higher than the West Midlands and England. Please see Appendix 1 for Summary of Sexual Health Needs in Coventry.

1.2 Coventry City Council is committed to working to reduce the rate of sexually transmitted infections in the City, to decrease the number of individuals with HIV who are diagnosed late, and to continue to build on the success of the downward trend in teenage pregnancies that we have seen in recent years. The Health and Wellbeing Board in Coventry recognises HIV as a priority for the City, and one which is highlighted in the latest Health and Wellbeing Strategy (Dec 2012). To achieve the stated aims, it is essential to ensure that sexual health services provided across the City are of high quality, with the health of patients and the public being central to their function. Sexual health services are one of the five mandated public health services.

2. Options considered and recommended proposal

2.1 The current main contract for integrated sexual health services with Coventry and Warwickshire Partnership Trust is due to end on 31st March 2015. In order to ensure best use of public money, a retendering exercise is proposed, which is being undertaken jointly with Warwickshire County Council (Coventry City Council lead organisation for the procurement).

2.2 Current contracts and service provision have been reviewed, and a public engagement exercise conducted (with plans to consult on the new model for sexual health services). As a result of this work, a new model for sexual health services is proposed for Coventry. However, the changes proposed build on the successes of the current model of Integrated Sexual Health services in the City and take into account the results of the engagement exercise.

2.3 In addition to the changes that will be made in response to the engagement findings, it is intended that the provider of integrated sexual health services will enter into subcontractual arrangements with providers of primary care sexual health services (these contracts are currently held by Public Health, Coventry City Council), and also manage the current C-card (condom distribution) scheme (currently provided by Coventry City Council). Furthermore, the procurement options for the Information Technology requirements for the new service are currently being considered.

3. Results of consultation undertaken

3.1 At the end of 2013, a survey was conducted to ask the general public, service users and professionals with an interest in the area of sexual health their opinions on how sexual services are currently delivered and how they think they should be provided in the future. A consultation event was also organised for professionals and members of the public to further listen to and understand views about current services.

3.2 Three versions of the survey were offered: i) for members of the public who had used sexual health services in Coventry ii) for members of the public who had not used sexual health services in Coventry and iii) for professionals or stakeholders (who weren't members of the public). An email invite to an online survey was sent to the Council's Corporate Contact Database (a database of local people who have expressed an interest in taking part in our consultations and surveys). This database contains over 800+ people. In addition to this, the Coventry Facebook page posted a status update inviting followers to take part in the survey. The Council's Consultation Management System (ModernGov) also shared a link to the online survey for the duration that the survey was live. Paper copies of the survey were also left at a range of service provider venues for service users to complete. Professionals were able to access the survey via the Councils Consultation Management System (ModernGov). An email was sent to various relevant contacts across the organisation including commissioning organisations, it was also sent to external professionals. Paper copies of the survey were also taken to specific contacts for their completion.

3.3 In total there were 495 responses to the survey, 52 of whom were service providers, (non-public) stakeholders or professionals, 370 were members of the public who had experience of accessing sexual health services in Coventry, and 73 were members of the public with no experience of accessing the services in Coventry. There was over-representation (compared to the general population) of responses from individuals in groups with the highest sexual health needs, i.e. individuals from black ethnic groups and those from LGBT communities.

3.4 The consultation event was attended by 48 people. This included both service providers, other professionals and members of the public. 25% (12) were young people aged 15-18. Given that overall there were significantly fewer respondents to the survey who were under 18 years of age, a further focus group was carried out with young people from Voices of Care.

3.5 A number of key conclusions were drawn from the engagement findings:

- There must be more awareness-raising about the services on offer amongst both professionals and members of public.
- There should be an online single point of access for both information and an online booking service, with information regarding what services are available and what they do.
- Services' opening times must be made more flexible and there should be more availability in the evenings and at weekends.
- Staff involved in the provision of sexual health services should be able to access appropriate high quality training. This includes staff working at the Integrated Sexual Health Service, as well as General Practice staff, pharmacy staff and school nurses.

- Services need to demonstrate a high level of discretion and cultural awareness. This includes awareness of religious issues, language barriers and understanding of minority groups such as Lesbian, Gay, Bisexual Transgender (LGBT) communities, as well as being accessible to people of all ages. The availability of translation should also be addressed.

- Services should be properly joined up and integrated. This includes the integration of the actual sexual health services as well as closer links with other providers such as schools, and alcohol & drugs services, as well as other lifestyle services

- There were many positives; especially in relation to the Integrated Sexual Health Service, its staff and location.

3.6 There are plans to consult with the public on changes to the model, which are being made on the basis of the service review findings and the engagement results above. Please see Appendix 2 for "You Said, We Will" document which is being used to feed back to the public following the engagement exercise, and Appendix 3 for the conceptual model (or a version of this) which will be presented to the public, for how services will look in the future. This consultation will again be conducted through a short online/paper survey during March/April. Further, some focus groups will be conducted with high need groups, e.g. BME communities (and new communities), people with learning/physical disabilities, young people, and also victims of sexual violence. A provider consultation event is being held on the 10th April.

4. Timetable for implementing this decision

Public Consultation on changes to the model for services to be conducted in Mar/Apr 2014.
Provider Consultation to take place 10th April 2014
Tendering to start May/June 2014
Award of contract Sep 2014

5. Comments from Executive Director, Resources

5.1 Financial implications
The contract value for sexual health services in scope for this tender for 2014/15 is £3,912,796. Expenditure on these services are fully funded from the ring-fenced Public Health Grant. It is envisaged that the joint procurement of an integrated sexual health service will facilitate greater value from the service provision and opportunities will be sought over the life of the contract (5 years, plus possibility of extension of up to 10 years reviewed on an annual basis) to generate efficiencies and cost reductions.

5.2 Legal implications
Local Authorities and the NHS can enter into agreements to exercise NHS functions with health related functions of local authorities and have found it necessary to do so following changes made by the Health and Social Care Act 2012. This is particularly so in respect of commissioning specialised services such as HIV and other related sexual health offerings of the local authorities. There is an overlap and good argument for co-ordinating the two areas of services together, as in this case.

Additionally, as part of those arrangements local authorities have also commissioned various services jointly and Warwickshire County Council and Coventry City Council have often collaborated on various schemes. Originally, under S111 of the Local Government Act 1972 a local authority, such as Warwickshire County Council and its partner, Coventry City Council, have powers to do anything calculated to facilitate, or is conducive or

incidental to the discharge of their functions. The two councils can proceed with the proposals set out in this paper due to a general power of competence under the Localism Act 2011.

The proposal does, therefore, have legal authority as the two councils can make joint arrangements and under Section 75 of the Health and Social Care Act 2012 they can include the Health Authority, as proposed, to ensure a co-ordinated sexual health service throughout Warwickshire.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The proposals for sexual health services build on the current integrated model in Coventry, and contribute to the Council's objectives related to citizens living healthier lives, developing a more equal city, ensuring that children and young people are safe, and making services easily accessible.

6.2 How is risk being managed?

A joint risk register has been developed by the Arden Joint Sexual Health Project Group, and is reviewed regularly. The key risks relate to:
Destabilisation of current health services, as this relates to the potential termination of contract with current providers. This risk is being addressed through discussions with commissioning colleagues in other organisations. TUPE considerations are also being taken into account.

Fragmentation of services (in particular regard to HIV treatment services, which are currently commissioned by NHS England Specialised Commissioning Team) – actions taken to avoid this risk include current negotiation with NHS England Specialist Commissioning Team regarding potential joint commissioning arrangements.

6.3 What is the impact on the organisation?

Impact on current C-card (condom distribution scheme currently delivered by Coventry City council, which will be included in the tender to be managed by the incoming provider of integrated sexual health services.

6.4 Equalities / EIA

Please see Appendix 4 for EIA

6.5 Implications for (or impact on) the environment

There is no foreseen impact on the environment. Services will be asked to demonstrate how they will minimise any environmental impact they exert, and how they will ensure they are a sustainable organisation.

6.6 Implications for partner organisations?
No further implications, other than those outlined above.

Report author(s):

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Directorate: Chief Executive's

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Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Lara Knight	Governance Services Team Leader	Resources	23/3/14	24/3/14
Other members				
Names of approvers for submission: (officers and members)				
Finance: Neil Chamberlain		Resources	12/3/14	24/3/14
Legal: Richard Bean		Resources	12/3/14	24/3/14
Procurement: Stephanie Brennan		Resources	12/3/14	18/3/14
Director: Jane Moore		Chief Executive's	12/3/14	13/3/14 (Deputy Director on behalf of Director)
Members: Councillor Alison Gingell			3/3/14	6/3/14

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Appendices

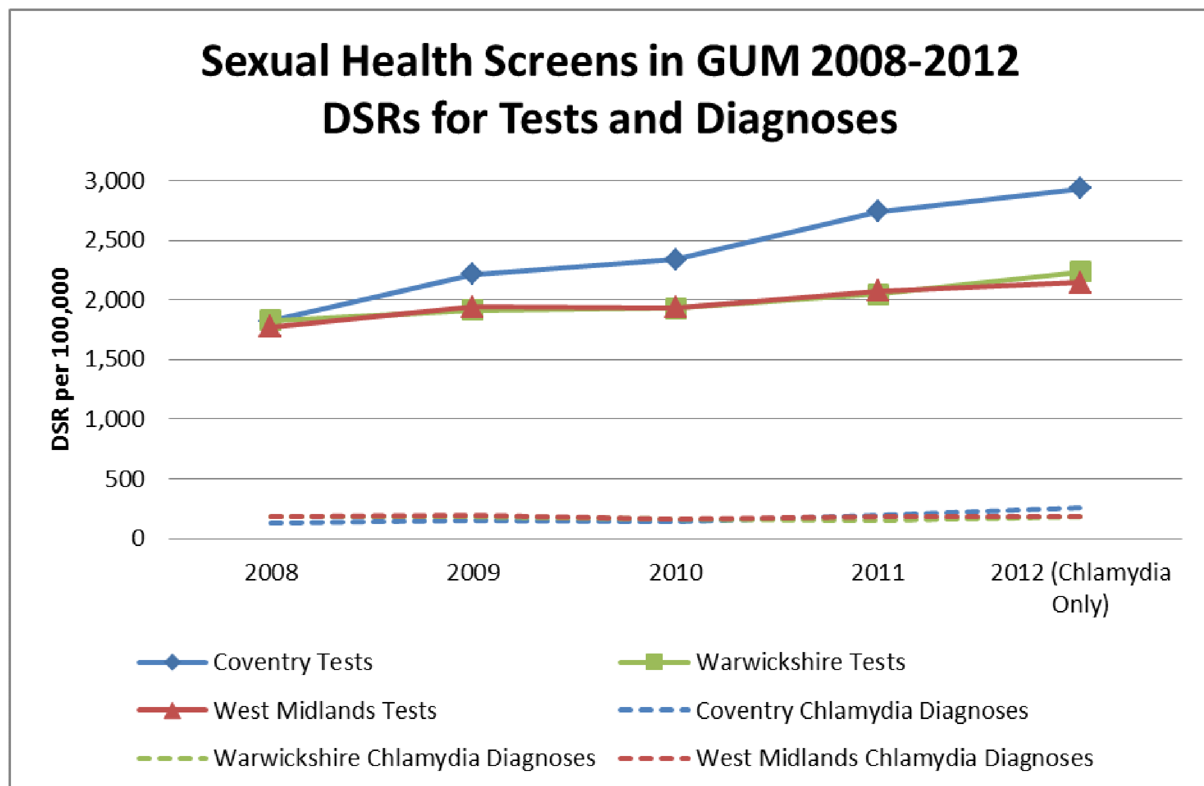
Appendix 1: Summary of Sexual Health Needs in Coventry 2014
Appendix 2: "You Said We Will" document
Appendix 3: Conceptual Model of new Services
Appendix 4: Equality Impact Analysis

Summary of Sexual Health Needs in Coventry 2014

Sexually Transmitted Infection Testing and Diagnoses in Coventry

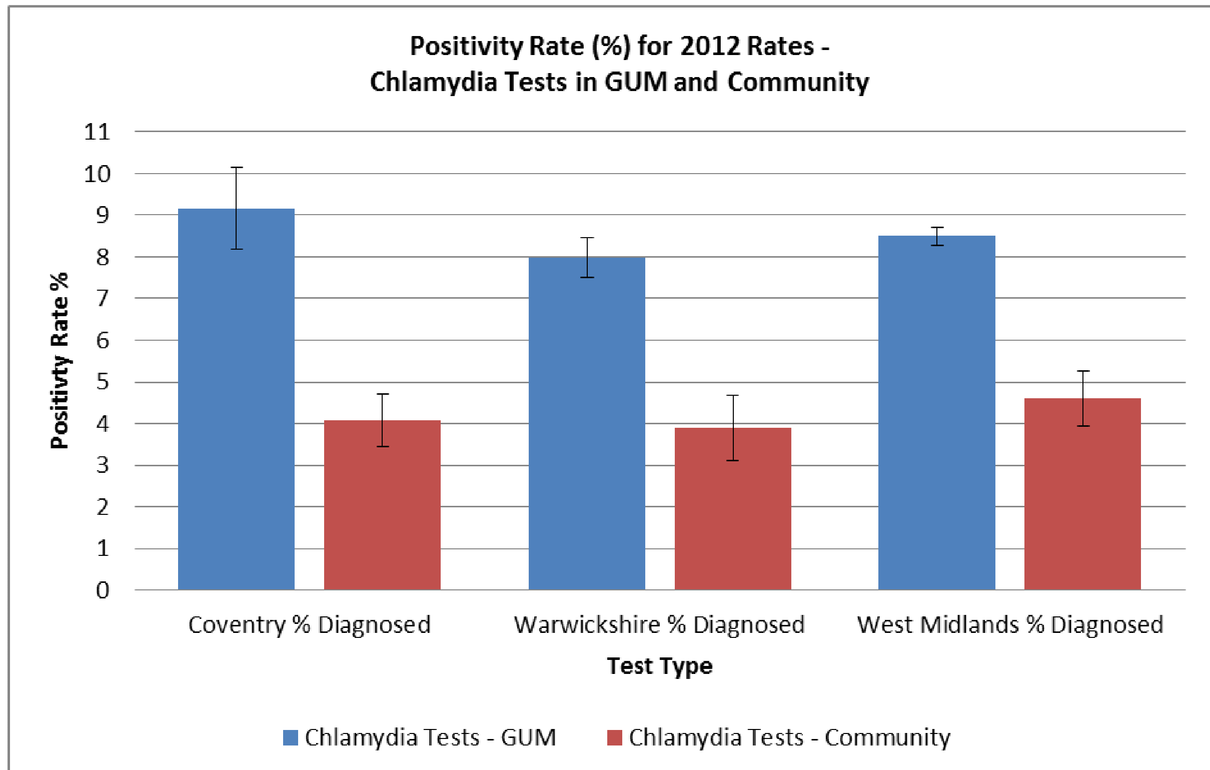
Chlamydia is the most commonly diagnosed sexually transmitted infection, and there has been a sharp rise in the number of people testing positive for Chlamydia in the past few years in Coventry. A total of 2,864 new sexually transmitted infections (STIs) were diagnosed at GUM clinics for Coventry residents in 2012; the diagnosis rate was the highest in the West Midlands, and significantly higher than the regional average (904 per 100,000 population compared with 551). However, the number of tests carried out in Genito-Urinary Medicine clinics has also increased significantly, as the number of tests done in the community declined. The reduction in testing in the community which happened in Coventry around 2011-12 is in line with the National Screening Committee guidance which focussed on reducing the number of tests done in the community in relatively low risk groups; instead commissioners were asked to focus their resources on making sure high risk groups are tested. Importantly though, the chances of a person having a positive test are approximately similar in Coventry to Warwickshire and the West Midlands as a whole (the positivity rate is similar). The implication of this is that, although rates of diagnosis are high (which is a problem we need to continue to tackle), we are probably testing (and treating) the right population, and this is something that we need to be doing. Please see Figure 1. The National Chlamydia Screening Programme (16-24 year olds only) recommends a positivity rate of 8-9%.

Figure 1



Note DSR = directly standardised rate, which means it is a rate which has taken the age profile of populations into account.

Figure 2



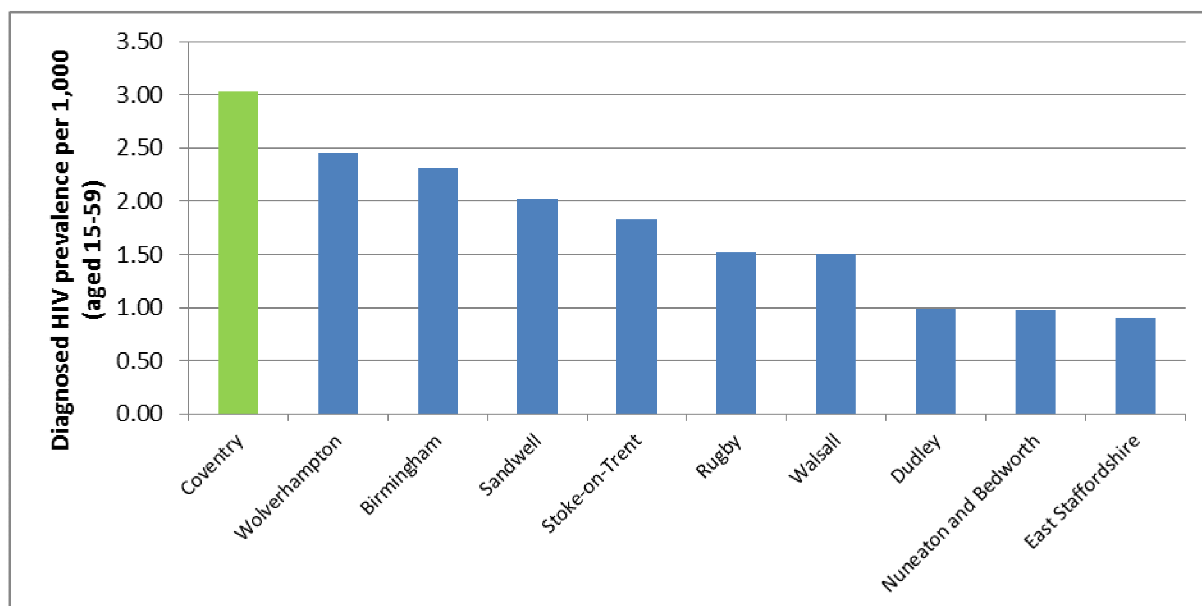
Analysis by gender shows that in the age group 15-19, there is almost double the number of females than males being a) tested for and b) diagnosed with Chlamydia. Similarly in the age group 20-24, there are more females than males being screened for chlamydia. This has implications for our services.

Importantly, we know that differences exist between ethnic groups; although absolute numbers of STI diagnoses in England are highest among white residents, reflecting higher population numbers; rates per 100,000 population, are disproportionately high among black ethnic groups, particularly those living in urban areas of deprivation. The degree of increased risk varies by disease, with the discrepancy between black and white groups being largest for chlamydia, and smallest for genital warts. Asian ethnic groups consistently have the lowest diagnosis rates.

HIV in Coventry

Coventry has the highest prevalence of HIV in the West Midlands, and this number will be expected to rise as people live longer with the disease. Figure 3 illustrates the areas with the highest prevalence of HIV in the West Midlands.

Figure 3: Diagnosed HIV prevalence per 1000 (people aged 15-59)



Despite the high prevalence in Coventry, the incidence (new diagnosis rate) in Coventry in 2010 (13.9 per 100,000 population head) was lower than Heart of Birmingham, Sandwell and South Birmingham PCTs, although it remained the fourth highest in the West Midlands. There has been a focus on increased testing in Coventry in primary care and in the community. The rationale behind this is that the majority of infections in the City have not been contracted in the UK; with the majority of cases acquired in other regions in the world. This is illustrated by Figure 4. 55 new cases of HIV were diagnosed in Coventry in 2012.

Importantly, late diagnoses of HIV (CD4 count is <350 (cells/µL)) is a problem in Coventry. People presenting late are at greater risk of mortality and morbidity, as such more likely to need the expertise of an ID physician. Figure 10 demonstrates the percentage of people presenting with HIV at a late stage of infection (Figure 5).

Figure 4: Count of new HIV diagnoses in residents of Coventry tPCT by year of diagnosis and world region of infection

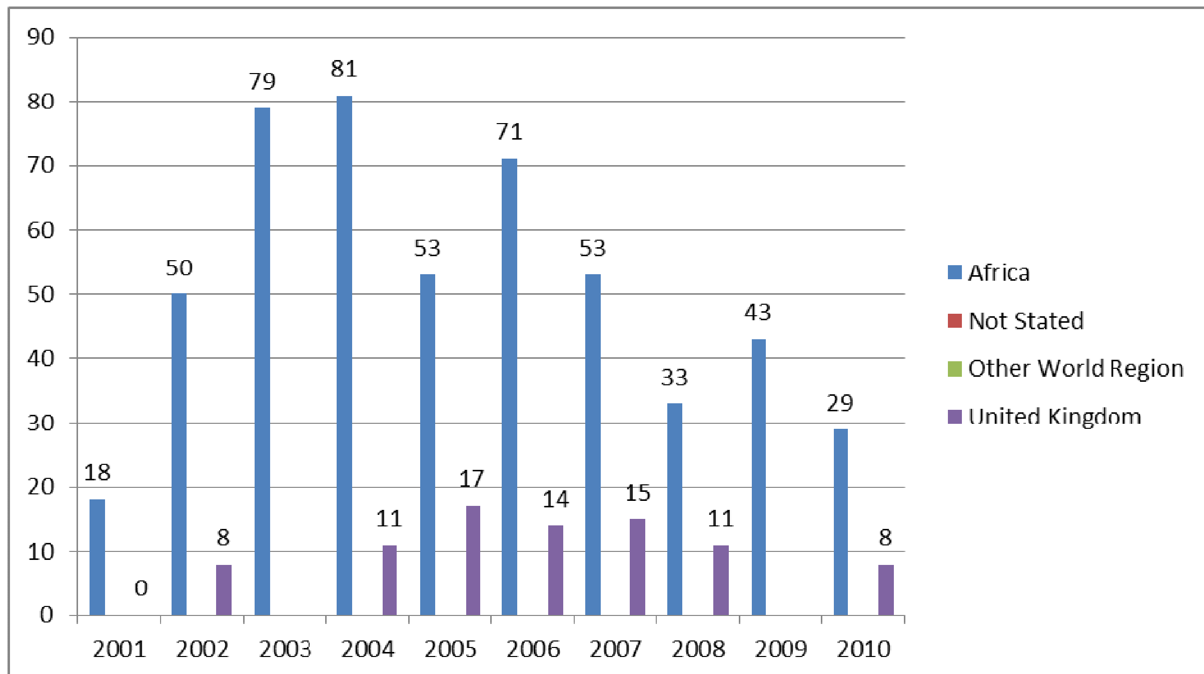


Figure 5: People presenting with a late stage of infection 2009-2011 (proportion %)

Area	Value	95% Lower CI	95% Upper CI
England	50.0	49.2	50.8
Birmingham	50.1	45.0	55.2
Coventry	61.5	52.2	70.1
Dudley	36.7	19.9	56.1
Herefordshire, County of	59.1	36.4	79.3
Sandwell	63.7	53.0	73.6
Shropshire	47.1	23.0	72.2
Solihull	36.4	17.2	59.3
Staffordshire	64.6	53.3	74.9
Stoke-on-Trent	65.9	49.4	79.9
Telford and Wrekin	37.5	15.2	64.6
Walsall	59.6	45.8	72.4
Warwickshire	50.0	35.5	64.5
Wolverhampton	54.8	42.7	66.5
Worcestershire	37.0	23.2	52.5

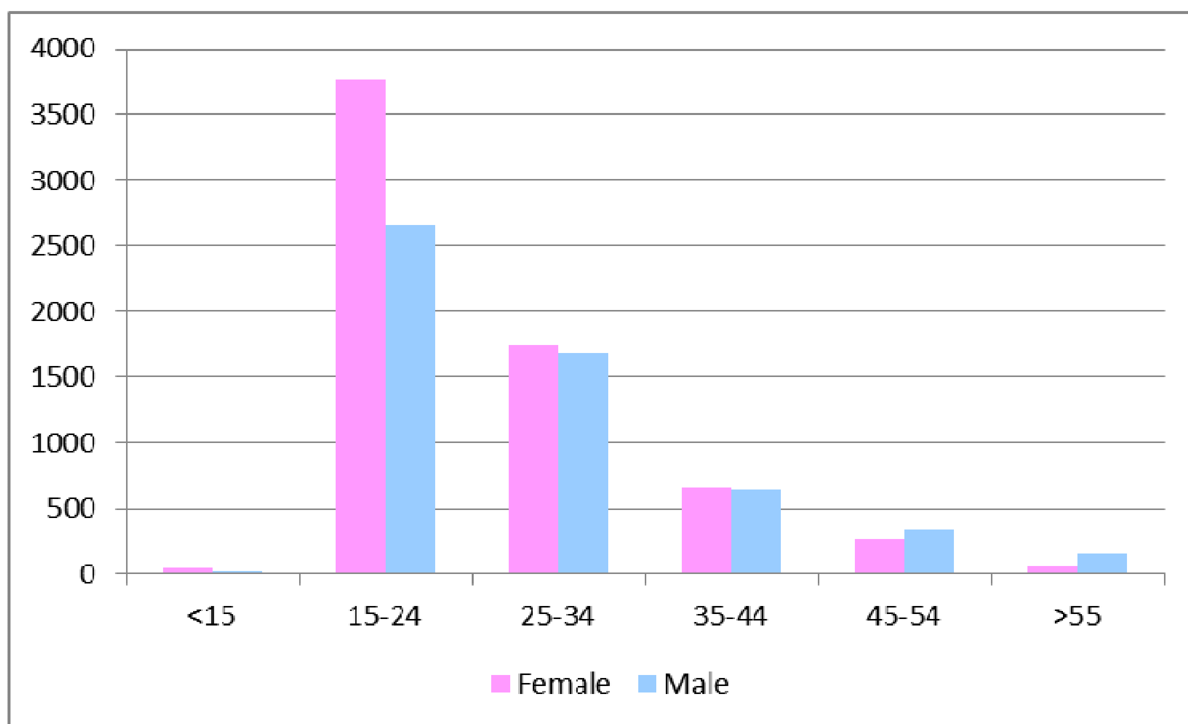
Compared with England: Lower Similar Higher Not compared

Attendances to the Coventry Integrated Sexual Health Service

To understand better the demographics of people accessing Genito Urinary Medicine clinics in Coventry, one year's data was requested from the current provider (Integrated Sexual Health Services, Coventry and Warwickshire Partnership Trust, based at City of Coventry Health Centre). Data was supplied from the 1st of December 2012 to the end of November 2013. During the period there were 12,013 unique users who attended GUM clinics. Of these 82.65% were Coventry residents, 15.74% not Coventry residents and 1.6% unavailable. Please note contraceptive clinic attendances not counted here.

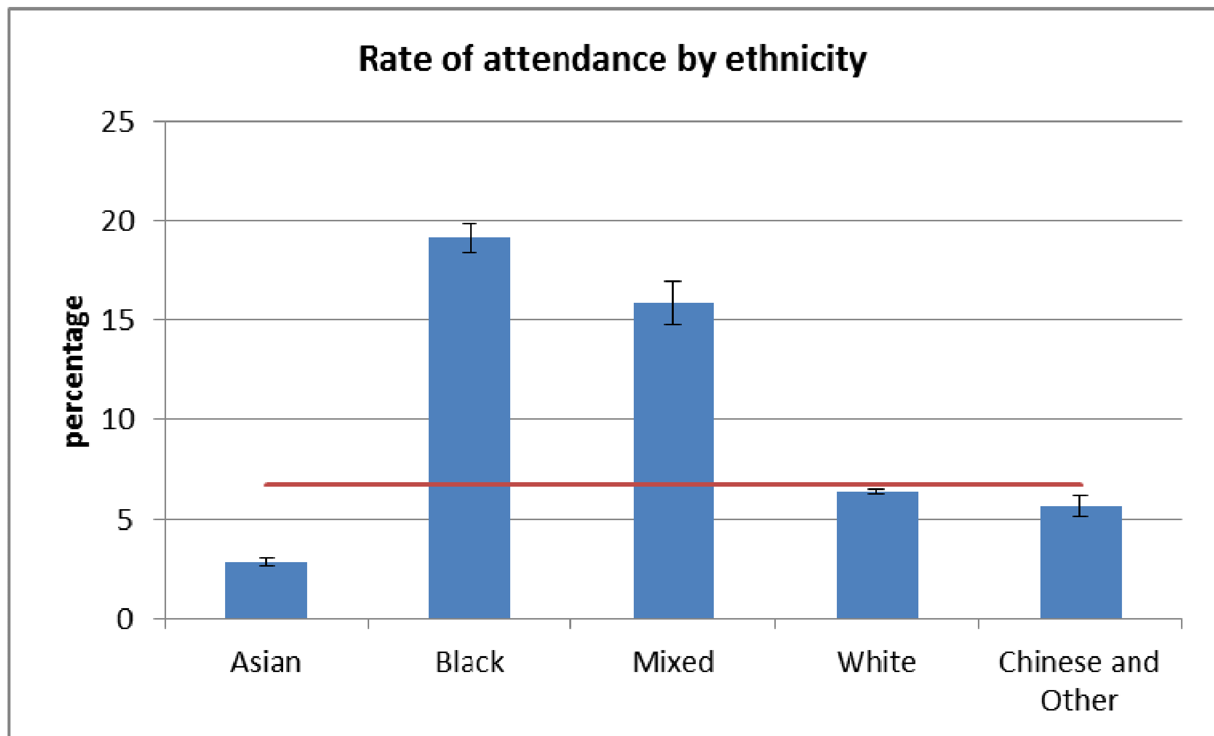
54.4% of patients were female, and 45.6% male. The majority of patients attending services were in the 15-24 age group, with the majority females. Interestingly, in the older age groups above 44 years of age the trend reverses with more males attending than females, albeit it at much lower numbers (Figure 6).

Figure 6: Visual representation of age groups of unique users attending GUM clinics by gender



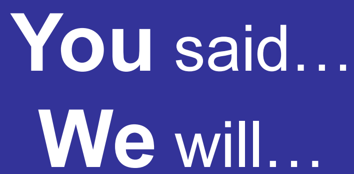
Although the overwhelming majority of clients attending the GUM clinic are of white ethnic origin, the rate of attendance is higher in certain sub groups. However, groups that have the highest attendance rate (as a percentage of their ethnic group population) are black and mixed groups, which have significantly higher rates than Coventry as a whole (6.8%) which is shown as a red line (Figure 7). There is also a link between attendance and deprivation in Coventry. All of these have an implication for how we design services to be accessible.

Figure 7



Dr Dan Todkill – Locum Consultant in Public Health

Dr Nadia Inglis – Locum Consultant in Public Health



You said

1. You want services to be confidential, discreet and accessible to all communities irrespective of: age, language spoken, culture, sexuality and gender (including transgender)
2. You want services to be more available in the evenings and at weekends
3. You didn't know about some of the services that are currently available
4. You want to be able to find information and book appointments online and all in one place
5. You want to ensure that all staff delivering services are highly trained and kept up to date with their training
6. You want to see better links between all sexual health services, and other lifestyle services such as drug and alcohol services, as well as wider links with schools

We will

1. Make sure that services take into consideration the needs of all communities, provide access to translation services and regularly seek and make changes based on feedback from users
2. Improve access to services so that they are delivered at more convenient times
3. Make sure that sexual health services and related services are promoted widely through a range of different methods
4. Ensure that appointments can be booked via telephone (using a single telephone number) and online whilst also ensuring that drop-in clinics are available
5. Ensure that specialist sexual health services are responsible for the training of their own staff, but also of all professionals who deliver sexual health services (e.g. GPs, pharmacists) and other key professionals
6. Continue to improve links between the range of sexual health services available, and make sure that staff know when and how to refer users on to other services.

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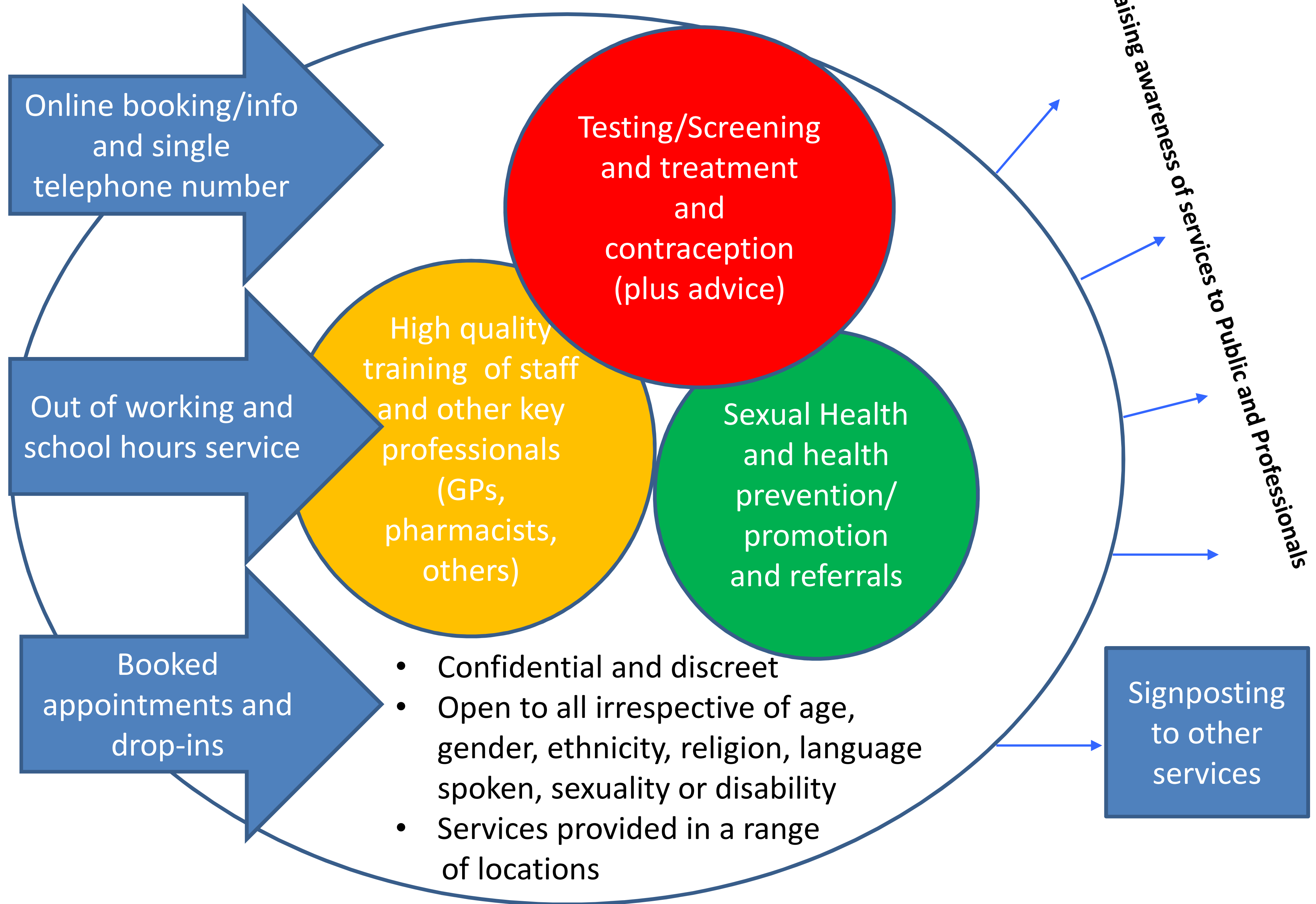
SEXUAL HEALTH SERVICES, COVENTRY AND WARWICKSHIRE
Online booking/info and single telephone number
Out of working and school hours service
Booked appointments and drop-ins
Testing/Screening and treatment and contraception (plus advice)
High quality training of staff and other key professionals (GPs, pharmacists, others)
Sexual Health and health prevention/ promotion and referrals
Confidential and discreet
Open to all irrespective of age, gender, ethnicity, religion, language spoken, sexuality or disability
Services provided in a range of locations
Raising awareness of services to Public and Professionals
Signposting to other services

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Coventry City Council

Equality and Consultation Analysis Template

Guidance for completion

- Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, during the Council's decision making processes.
- These 'protected groups' are those defined by race, age, gender, disability, sexual orientation, gender reassignment, religion or belief, pregnancy, maternity or breastfeeding.
- Please remember to consider children and young people as a specific group that you may need to consider the impact on, and engage with during this analysis.
- Equality analysis will help you consider whether the decision you want to take:
  - will have unintended consequences for some groups; and
  - if the service or policy will be fully effective for all target groups.
- The Council also has a statutory duty to consult.
- This equality and consultation analysis template will require you to demonstrate how equality information and the findings from consultation with protected groups and others, has been used to understand the actual or potential effect of your service or policy on the protected groups and to inform decisions taken.
- The template should summarise key issues arising from information that has been collected, analysed and included in other key documents e.g. Needs Analysis, Baseline Reports etc.
- This form should be completed on an ongoing basis at each stage of any formal decision making process. Failure to comply with this will put the Council (and specifically the elected member or officer making the decision) at risk of judicial review.
- For further help and support please contact Helen Shankster on 7683 4371 (consultation advice), Sheila Bates on 7683 1432 (CLYP consultation advice) or Jaspal Mann on 7683 3112 (equalities advice).

Context

Name of analysis	Sexual Health Services
Officer completing analysis	Nadia Inglis, Locum Consultant in Public Health
Date	29th February 2014

1. Briefly describe the area of work this analysis relates to:

From the 1st April 2013, Local Authorities have been mandated to commission comprehensive open access sexual health (SH) services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.

Coventry City Council is looking to tender for sexual health services jointly with Warwickshire County Council during 2014/15, and discussions are under way with the NHS England Specialised Commissioning Team with regard to their responsibilities for HIV treatment services. The incumbent contractor of the main contract in Coventry is Coventry and Warwickshire Partnership Trust and they require 12 months' notice of the intention to terminate their contract; notice will be issued in March 2014, if the new contract is to commence on 1st April 2015.

There is an increasing rate of sexually transmitted infection diagnoses in Coventry; with a total of 2,864 new (non-HIV) infections diagnosed in Genitourinary Medicine (GUM) clinics in 2012, significantly higher than the average for the West Midlands. HIV prevalence is also amongst the highest in the West Midlands, with a significant proportion of individuals being diagnosed late. There was a significant change to the model of delivery of sexual health services in Coventry in 2009. Since then the rate of non-HIV sexually transmitted infection diagnoses has increased, but this is likely to partly be a result of increased testing in GUM clinics, indicating that the right people are being tested and diagnosed. There has also been an ongoing reduction in the rate of under 18 terminations in Coventry, with a rate of 19 per 1,000 in 2012, and a consecutive four year decrease in under 18 conception rates. Despite these reductions, the rate remains higher than the West Midlands and England. Please see Appendix 1 for Summary of Sexual Health Needs in Coventry.

Coventry City Council is committed to working to reduce the rate of sexually transmitted infections in the City, to decrease the number of individuals with HIV who are diagnosed late, and to continue to build on the success of the downward trend in teenage pregnancies that we have seen in recent years. To achieve these aims, it is essential to ensure that sexual health services provided across the City are of high quality.

This analysis is based on a review of sexual health services which has been undertaken (including a consideration of the health needs in Coventry related to sexual health), and the engagement work which has been undertaken, as well as plans for consultation on changes to the model of provision of sexual health services.

Scoping the analysis

2. Who are the key stakeholders, both existing and potential, that could be impacted by this work?

- Service users of the Integrated Sexual Health Service in Coventry
- Service users of Primary Care Sexual Health Services in Coventry (e.g. Advice on Sexual Health in Coventry (ASC) pharmacy scheme and GP services)
- Service users of the C-card (condom distribution scheme) in Coventry
- Potential service users (general public)
- Providers of specialist sexual health services (currently Coventry and Warwickshire Partnership Trust)
- Providers of Primary Care Sexual Health Services
- Providers of C-card scheme in Coventry (currently Coventry City Council)
- Commissioners of HIV treatment (NHS England Specialised Commissioning)
- Terrence Higgins Trust (current community providers of HIV testing and care for people living with HIV)
- British Pregnancy Advisory Service
- Coventry Rape and Sexual Abuse Centre (CRASAC)
- Rugby RoSA
- Lifestyle risk management services (with current links to specialist sexual health service, e.g. drug and alcohol services, COMPASS)
- Warwickshire County Council (Public Health)
- Coventry and Rugby CCG (currently also commission with Coventry and Warwickshire Partnership Trust)
- Voluntary and Community Organisations

3. From the list above, which of these constitute protected groups?

- Service users and potential service users from Black, Asian, Minority Ethnic and Refugee (BAMER) communities.
- Service users and potential users from different religions and faiths
- Service users and potential users with physical and sensory impairments.
- Service users and potential users who are lesbian, gay, bisexual and transgender.
- Service users and potential users who are children and young people.
- Service users and potential users who are older people.
- Service users and potential users who are victims of sexual violence. Note that sexual health services for victims of sexual violence are provided mainly by the Sexual Assault Referral Centre in Nuneaton. However, it is important for specialist sexual health services to be vigilant with regard to recognising these individuals and organising appropriate onward referral.

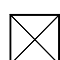
4. **Which of the key stakeholders (including representatives of protected groups) will need to be kept informed, consulted or actively involved in this area of work?**

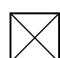
Key Stakeholder	Type of Involvement*	Methods used
Service users of the Integrated Sexual Health Service in Coventry	Consultation	Engagement survey/events and plans to consult on new model via survey (and some focus groups for high need groups)
Service users of Primary Care Sexual Health Services in Coventry (e.g. Advice on Sexual Health in Coventry (ASC) pharmacy scheme and GP services)	Consultation	Engagement survey/events and plans to consult on new model via survey (and some focus groups for high need groups)
Service users of the C-card (condom distribution scheme) in Coventry	Consultation	Engagement survey/events and plans to consult on new model via survey (and some focus groups for high need groups)
Potential service users (general public)	Consultation	Engagement survey/events and plans to consult on new model via survey (and some focus groups for high need groups)
Providers of specialist sexual health services (currently Coventry and Warwickshire Partnership Trust)	Consultation	Engagement survey/event and plans to consult on new model via a provider consultation event
Providers of Primary Care Sexual Health Services	Consultation	Engagement survey/event and plans to consult on new model via a provider consultation event
Providers of C-card scheme in Coventry (currently Coventry City Council)	Consultation	Engagement survey/event and plans to consult on new model via a provider consultation event
Commissioners of HIV treatment (NHS England Specialised Commissioning)	Consultation/Involvement	In discussion regarding potential for joint commissioning
Terrence Higgins Trust (current community providers of HIV testing and care for people living with HIV)	Consultation	Engagement survey/event and plans to consult on new

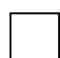
		model via a provider consultation event
British Pregnancy Advisory Service	Consultation	Engagement survey/event and plans to consult on new model via a provider consultation event
Coventry Rape and Sexual Abuse Centre (CRASAC)	Consultation	Engagement survey/event and plans to consult on new model via survey (public version)
Rugby RoSA	Consultation	Engagement survey/event and plans to consult on new model via survey (public version)
Lifestyle risk management services (with current links to specialist sexual health service, e.g. drug and alcohol services, COMPASS)	Consultation	Engagement survey/event and plans to consult on new model via survey (public version)
Warwickshire County Council (Public Health)	Involvement	Joint tendering project with Public Health Warwickshire
Coventry and Rugby CCG (currently also commission with Coventry and Warwickshire Partnership Trust)	Information	Updated through Directors of Public Health and plans to consult on model via survey (public version)
Voluntary and Community Organisations	Consultation	Engagement survey/events and plans to consult on new model via survey (and via focus group)

** Information, Consultation or Involvement*

5. Which, if any, parts of the general equality duty is the service relevant to? *Please mark with an 'X'.*

 **Eliminate discrimination, harassment and victimisation.**

 Advance equality of opportunity between people who share relevant protected characteristics and those who do not.

 Foster good relations between people who share relevant protected characteristics and those who do not.

6. What information is available to be used as part of this analysis?

- Research regarding sexual health needs according to age, gender, ethnicity and sexual orientation
- National (and local) data regarding sexually transmitted infection testing and diagnoses and contraceptive provision (via the Genitourinary Medicine Clinical Activity Dataset (GUMCAD), Sexual and Reproductive Health Activity Dataset SHRAD, Chlamydia Testing Activity Dataset (CTAD) and the HIV and AIDS Reporting System (HARS))
- Local information about current service provision and activity data in the specialist sexual health service and in primary care services (GPs and pharmacies), as well as demographic details regarding service users of the specialist Integrated Sexual Health Service

Analysis of the data is provided in Section 8.

7. What are the information gaps?

Consideration of national research with regard to sexual health needs and access to services has not currently been considered for individuals with disabilities, for those of different religions and faiths (although this will be carried out), and there is no local or national data available which considers service use in these groups.

There is no easily accessible local data regarding the sexuality of service users of the specialist service.

Data analysis

8. Please summarise below the key issues that your data is telling you.

Sexual Health Needs in Coventry
There is an increasing rate of sexually transmitted infection diagnoses in Coventry; with a total of 2,864 new (non-HIV) infections diagnosed in Genitourinary Medicine (GUM) clinics in 2012, significantly higher than the average for the West Midlands. HIV prevalence is also amongst the highest in the West Midlands, with a significant proportion of individuals being diagnosed late. There was a significant change to the model of delivery of sexual health services in Coventry in 2009. Since then the rate of non-HIV sexually transmitted infection diagnoses has increased, but this is likely to partly be a result of increased testing in GUM clinics, indicating that the right people are being tested and diagnosed. There has also been an ongoing reduction in the rate of under 18 terminations in Coventry, with a rate of 19 per 1,000 in 2012, and a consecutive four year decrease in under 18 conception rates. Despite these reductions, the rate remains higher than the West Midlands and England.

Age and Gender
The epidemiology of sexually transmitted infections (STI) suggests that young people, and especially young women, may be more vulnerable to having unsafe sex. This may be due in part to females being more likely to have had their first sexual intercourse by age 16, and to have older male partners, as well as younger females having increased susceptibility to infection due to immaturity of the genital tract. It has been also been

suggested that young adults often lack the 'skills and confidence to negotiate safer sex'. Gender inequalities in STI risk have been linked to power relations between men and women: for example, intentions to use condoms are more strongly correlated with actual behaviour in men than in women, suggesting that young women may face more barriers to negotiating condom use.

In 2012 in England there were 197,922 new diagnoses of Chlamydia (one of the most common sexually transmitted infections). It is most frequently found in heterosexual males and females aged 15-34, and especially in the younger groups (15-24). Though diagnoses peak in the 20-24 group for both sexes, female diagnoses are already high in the 15-19 group. Analysis of local data by gender shows that in the age group 15-19, there is almost double the number of females than males being a) tested for and b) diagnosed with Chlamydia (one of the most common sexually transmitted infections. Similarly in the age group 20-24, there are more females than males being screened for Chlamydia. This has implications for our services.

There were 12,013 unique users who attended the Genitourinary Medicine (GUM) Clinic at the Integrated Sexual Health Service in Coventry between 1 December 2012 and the end of November 2013. 54.4% of patients were female, and 45.6% male. The majority of patients attending services were in the 15-24 age group, with the majority in this age group being females. Interestingly, in older age groups (above 44 years of age), the trend reverses with more males attending than females, although the numbers of individuals attending in this age group are much lower in total.

Ethnicity

We know that differences exist between ethnic groups; although absolute numbers of sexually transmitted infection diagnoses in England are highest among white residents, reflecting higher population numbers, rates per 100,000 population are disproportionately high among black ethnic groups, particularly those living in urban areas of deprivation.

The degree of increased risk varies by disease, with the discrepancy between black and white groups being largest for Chlamydia, and smallest for genital warts. Asian ethnic groups consistently have the lowest diagnosis rates.

Although the overwhelming majority of clients attending the GUM clinic are of white ethnic origin, the rate of attendance is higher in certain sub groups. Groups that have the highest attendance rate (as a percentage of their ethnic group population) are black and mixed ethnic groups, which have significantly higher rates than Coventry as a whole (6.8% for Coventry as a whole). When considered as a proportion of Coventry's population, 14.7% of Coventry's Black African and 16.3% of Coventry's Black Carribean populations attended GUM at least once during 2013. This demonstrates, that actually, services are being accessed groups which were once considered 'hard to reach'. This is important in relation to HIV, where we know there are high rates of HIV in these communities. There is also a link between attendance and deprivation in Coventry.

Religion and Faith

There is no accessible local or national data regarding service use according to religion/belief. Research information is to be reviewed.

Disability

There is no accessible local or national data regarding service use according to religion/belief. Research information is to be reviewed.

Sexuality

Research commissioned by Stonewall indicates that a high proportion of lesbian and bisexual women, and gay and bisexual men, have never been tested for sexually transmitted infections. There are high rates of sexually transmitted infections among MSM. Population specific rates infections in MSM are difficult to determine as there are no definitive population data on sexual orientation / behaviour. As such, service providers need to ensure they actively work with representative groups to ensure services are accessible, welcoming and actively promoted amongst LGBT communities. Providers must demonstrate how they will meet this need. There is no easily accessible local data regarding service use according to sexuality of users.

Victims of sexual violence

Sexual health services for victims of sexual violence are provided mainly by the Sexual Assault Referral Centre in Nuneaton. However, it is especially important for specialist sexual health services to be vigilant with regard to recognising these individuals and organising appropriate onward referral. Details of the consultation work done related to the introduction of the Sexual Assault Referral Centre to be added to this analysis.

Summary of overall representativeness of service users using the current specialist sexual health service

Analysis of the data available from current services shows that those accessing services are representative of those groups with highest needs (e.g. young people, individuals in black ethnic groups), with the exception of a disproportionately low number of males accessing services. There is no local or national data regarding access to general sexual health services for individuals of different religions and faiths, or individuals with disabilities, or who have experienced sexual violence.

Key areas for improvement for the new service are:

- Improving access for male service users
- Ensuring appropriate access for older service users
- Ensuring appropriate access for disabled service users
- Ensuring appropriate access for LGBT service users.
- Ensuring services are responsive to the religion/faith needs of individuals
- Ensuring services are vigilant for individuals who may be victims of sexual violence

Generating and evaluating options

9. What are the different options being proposed to stakeholders?

The new model for sexual health services proposed for Coventry is based on the successes of the current integrated model (sexually transmitted infection screening/testing and contraceptive advice/provision in the same place and preferably in the same appointment), the evidence base, and the outcome of the engagement work carried out to date in Coventry (feedback given to public outlined below).

Proposed changes to the model which users will experience include a much stronger focus on the prevention of sexual ill-health, improved promotion of all sexual health services across the City, provision of a single point of access (via telephone and online) to services and improving access to services in the evenings and at weekends.

You said…
We will…

You said

1. You want services to be very discreet and accessible to all communities irrespective of: age, language spoken, culture, sexuality and gender (including transgender)
2. You want services to be more available in the evenings and at weekends
3. You didn't know about some of the services that are currently available
4. You want to be able to find information and book appointments online and all in one place
5. You want to ensure that all staff delivering services are highly trained and kept up to date with their training
6. You want to see better links between all sexual health services, and other lifestyle services such as drug and alcohol services, as well as wider links with schools

We will

1. Make sure that services take into consideration the needs of all communities, provide access to translation services and regularly seek and make changes based on feedback from users
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4. Ensure that appointments can be booked via telephone (using a single telephone number) and online whilst also ensuring that drop-in clinics are available
5. Ensure that specialist sexual health services are responsible for the training of their own staff, but also of all professionals who deliver sexual health services (e.g. GPs, pharmacists) and other key professionals
6. Continue to improve links between the range of sexual health services available, and make sure that staff know when and how to refer users on to other services.

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10. How will the options impact on protected groups or those experiencing deprivation?

It is anticipated that improving access to services in general, will also improve access to services for protected groups. The service specification will outline requirements to consider the needs of and accessibility of the service to all communities, irrespective of: age, language spoken, culture, sexuality and gender (including transgender). Services are currently disproportionately attended by individuals from more deprived

communities. This reflects need, and it is hoped that this need will continue to be met, and that, ultimately, sexual health inequalities will be reduced.

11. Please detail how you could mitigate any negative impacts.

No negative impacts have been identified, with the exception of an inevitable reduction in capacity of new services during the period of change, which will be appropriately planned for.

12. Identify which contractors or service users would be negatively affected by the options

It is not anticipated that service users will be negatively impacted.

Main elements of the services to be procured:

Elements in current model:

1) Sexually Transmitted Infection testing/treatment (including HIV testing, and Chlamydia Screening).
2) Contraceptive advice and provision (all forms) and reproductive health advice
3) A specialist sexual health service which acts as a “system leader” with regard to the prevention of sexual transmitted infections and unplanned pregnancy, and which will provide training and development for all professionals involved in delivery of sexual health services (requirements to be strengthened in new model).

New elements:

4) Sub-contractual arrangement for services delivered by GPs and pharmacies (i.e. new provider to hold these contracts currently sitting with Public Health).
5) Management of the C-card scheme to be responsibility of main provider (currently provided by Coventry City Council).
6) IT infrastructure to include facility for online booking, online triage, and patient management systems.
7) Consideration is being given regarding jointly commissioning HIV treatment services with NHS England specialised commissioning.

The local provider who delivers current services (Coventry and Warwickshire Partnership Trust) may be negatively affected if they are not successful in being awarded the new contract. TUPE applies to the new contract, and therefore the negative impact may be minimised. The latter is true also for the staff at Coventry City Council currently involved in delivering the C-card scheme (which is to become the responsibility of the main specialist service provider).

Formal consultation

13. Who took part in the consultation? ***Please also specify representatives of any protected groups.***

Please note that the below summary refers to the engagement work undertaken in Coventry. Plans for formal consultation on changes to the model for services (based on engagement feedback) are also outlined.

At the end of 2013, a survey was conducted to ask the general public, service users and professionals with an interest in the area of sexual health their opinions on how sexual services are currently delivered and how they think they should be provided in the future. A consultation event was also organised for professionals and members of the public to further listen to and understand views about current services.

Three versions of the survey were offered: i) for members of the public who had used sexual health services in Coventry ii) for members of the public who had not used sexual health services in Coventry and iii) for professionals or stakeholders (who weren't members of the public). An email invite to an online survey was sent to the Council's Corporate Contact Database (a database of local people who have expressed an interest in taking part in our consultations and surveys). This database contains over 800+ people. In addition to this, the Coventry Facebook page posted a status update inviting followers to take part in the survey. The Councils Consultation Management System (ModernGov) also shared a link to the online survey for the duration that the survey was live. Paper copies of the survey were also left at a range of service provider venues for service users to complete. Professionals were able to access the survey via the Councils Consultation Management System (ModernGov). An email was sent to various relevant contacts across the organisation including commissioning organisations, it was also sent to external professionals. Paper copies of the survey were also taken to specific contacts for their completion.

In total there were 495 responses to the survey, 52 of whom were service providers, (non-public) stakeholders or professionals, 370 were members of the public who had experience of accessing sexual health services in Coventry, and 73 were members of the public with no experience of accessing the services in Coventry. There was over-representation (compared to the general population) of responses from individuals in groups with the highest sexual health needs, i.e. individuals from black ethnic groups and those from LGBT communities.

14. What were the key findings of the consultation?

A number of key conclusions were drawn from the engagement findings:

- There must be more awareness-raising about the services on offer amongst both professionals and members of public.

- There should be an online single point of access for both information and an online booking service, with information regarding what services are available and what they do.

- Services' opening times must be made more flexible and there should be more availability in the evenings and at weekends.

- Staff involved in the provision of sexual health services should be able to access appropriate high quality training. This includes staff working at the Integrated Sexual Health Service, as well as General Practice staff, pharmacy staff and school nurses.

- Services need to demonstrate a high level of discretion and cultural awareness. This includes awareness of religious issues, language barriers and understanding of minority groups such as Lesbian, Gay, Bisexual Transgender (LGBT) communities, as well as being accessible to people of all ages. The availability of translation should also be addressed.

- Services should be properly joined up and integrated. This includes the integration of the actual sexual health services as well as closer links with other providers such as schools, and alcohol & drugs services, as well as other lifestyle services

- There were many positives; especially in relation to the Integrated Sexual Health Service, its staff and location.

There are plans to consult with the public on changes to the model, which are being made on the basis of service review findings and the engagement results above. This consultation will again be conducted through a short online/paper survey during March/April 2014. Further, some focus groups will be conducted with high need groups, e.g. BME communities (and new communities), LGBT communities, people with learning/physical disabilities, young people, and also victims of sexual violence. A provider consultation event is being held on the 10th April.

15. Are there any gaps in the consultation?

Children and young people under the age of 18 were underrepresented among survey respondents. An additional focus group was therefore held with children and young people from "Voices of Care", the findings of which will be summarised in the engagement report.

16. Following the consultation, what additional equality issues have emerged?

No additional equality issues have emerged as part of the engagement work

17. Which of the options have changed following consultation and equality analysis, and how?

The options have not changed through the consultation and analysis. Rather, the design of the new service has been informed by the consultation and analysis.

Further work has been identified to include reference to the Sexual Assault Referral Centre consultation, and also to identify research related to the sexual health needs of individuals with disabilities and particular religious beliefs, to further inform the model. These groups will also be consulted along with BME and LGBT communities as well as young people. The service specification for the new service will outline requirements to consider the needs of and accessibility of the service to all communities, irrespective of: age, language spoken, culture, sexuality and gender (including transgender), religious belief. The service will also be required to be to be vigilant with regard to recognising individuals who may be victims of sexual violence, and organising appropriate onward referral.

Equality impact of final option

18. Please confirm below which option has been chosen for implementation.

The above described model has been developed through t

19. Please indicate which of the following best describes the equality impact of this analysis.

- ☐ **There will be no equality impact if the proposed option is implemented.**
- ☒ There will be **positive equality impact** if the proposed option is implemented.
- ☐ There will be **negative equality impact** if the preferred option is implemented, but this can be objectively justified.
  Please state clearly what this justification is and what steps will be taken to ameliorate the negative impact.

20. What will be the impact on the workforce following implementation of the final option? *Please make reference to relevant equality groups (with protected characteristics under the Equality Act).*

The new model will be commissioned via a competitive tendering process.

The successful provider will determine the level of staffing required for the new service. The direct impact on the workforce is therefore not known at this time.

Formal decision-making process

Please detail below the committees, boards or panels that have considered this analysis

Name	Date	Chair	Decision taken
Full cabinet	15th April 2014	Cllr Ann Lucas	

Approval

This equality analysis has been completed by:

Officer	Dr Nadia Inglis, Locum Consultant in Public Health
Service Manager	Professor Jane Moore, Director Of Public Health

***Note**: Failure to comply with duties on equalities and consultation will put the Council (and specifically the elected member or officer making the decision) at risk of judicial review*

Director	Jane Moore
Elected Member	Cllr Alison Gingell
Date	29th February 2014

Monitoring and review

This section should be completed 6-12 months after implementation

a) Please summarise below the most up to date monitoring information for the newly implemented service, by reference to relevant protected groups.

[Click **here** and type]

b) What have been the actual equality impacts on service users following implementation?

Analyse current data relating to the service and think about the impact on key protected groups: race, sex, disability, age, sexual orientation, religion or belief, pregnancy or maternity, gender reassignment.

It may help to answer the following questions: Since implementation

- Have there been any areas of low or high take-up by different groups of people?
- Has the newly implemented service affect different groups disproportionately?
- Is the new service disadvantaging people from a particular group?
- Is any part of the new service discriminating unlawfully?

[Click **here** and type]

c) What have been the actual equality impacts on the workforce since implementation?

[Click **here** and type]

Equality Analysis and Consultation Template
July 2012 · Version 2.0.1

The latest version of this template can be found at:
http://beacon.coventry.gov.uk/equalityanddiversity/
Please ensure you are using the latest version of the template.

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Health and Social Care Scrutiny Board (5)
Work Programme 2013/14

Date 2nd April 2014

For more details on items, please see pages 3 onwards

19 June 2013
Induction and work planning
UHCW Quality Account
CWPT Quality Account
Communicable Disease Control and Outbreak Management

24 July 2013
Attendances at A and E – University Hospital site
Amalgamation of two Coventry GP practices

25 September 2013
Francis Report
Adult Social Care Local Account
Coventry Safeguarding Adults Board Annual Report
Caring for Our Future – Consultation Response

6 November 2013
ABCS – A Bolder Community Services
Director of Public Health – Annual Report
Local Blood Collection

4 December 2013
Local Blood Collection Services
Primary Care Plans
UHCW Winter Plans
Healthwatch Engagement Charter
NHS 111

18 December 2013
ABCS – Final Proposals
Serious Case Review Mrs D

5 February 2014
Sexual health services
Mental Health Day Services / Dementia services

5 March 2014
Commissioning landscape of the City (Jan / Feb)
What impact has the CCG had?
Has it added value? Is it cost effective?
What is the impact on GPs and their services?
Referral from Healthwatch re Patient Transport Services
Physical healthcare of LD & MH patients

2 April 2014
Local Care Data Programme
Sexual Health Services – proposed re-commissioning

30 April 2014
Health and Wellbeing Board Work Programme – Chair to attend a Board meeting
Learning Disability Strategy
Care Bill

Care Quality Commission (CQC)

Date to be determined

Patient discharge from UHCW
Complaints UHCW
Patient Experience in secondary care
Coventry and Rugby CCG 5 year plan
Financial position at the hospital
Complaints at UHCW / wider health economy and how they are used to improve quality?

Date to be determined

NHS England Local Area Team
Nutritional standards in inpatient care
Public and Patient Engagement
Private companies running GP practices
Commissioning for Quality
Commissioning of third sector organisations – particularly around support for LTC

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source	Format
19 June 2013	Induction and work planning	Simon Brake / Peter Barnett	Short briefings on the remit of the Board and introduction to NHS organisations. First thoughts on the work programme.		Informal meeting / report
	UHCW Quality Account	Andy Hardy (Chief Exec UHCW)	NHS provider Trusts are required to produce annual statements of quality priorities and outcomes. The Board has a role in providing a short commentary on progress.	Legislation	Report / presentation
	CWPT Quality Account	Tracy Wrench (Director of Nursing CWPT)	As above	Legislation	Report / presentation
	Communicable Disease Control and Outbreak Management	Jane Moore	CCC Public Health / Public Health England / LAT – discussion on MMR / Measles – prevention of communicable disease, local resilience.	Chair's Request	Report / presentation
24 July 2013	Attendances at A and E – University Hospital site	UHCW / CCG / LAT / Local GPs	Recently hospital chief executives across the region have expressed concerns about the continued growth in A&E Attendances. The Board has been advised of significant failures in meeting the 95% target for people being seen within 4 hours. Issues to discuss: A&E Safety and Performance overall What are the numbers? 24 hour admission rate, staffing levels Breaches? What happens? What are we doing about it Trolley waits? A&E links to other problems at the hospital / quality.	Work programme	Report / presentation

	Amalgamation of two Coventry GP practices	NHS England	Two Coventry GP practices are proposed to be amalgamated into one practice and the local primary care commissioners (NHS England) are seeking the support of the Scrutiny Board for this proposal.	Statutory request	Report
25 September 2013	Francis Report	Simon Brake / Peter Barnett	- What Francis means to local Trusts - How propose to implement duty of candour - Impact on patients in Trust premises and / or at home - What are implications for the CCG - What are the implications for the City Council	HWB / Cabinet Member request	Briefing / attendance by NHS executives.
	Adult Social Care Local Account	Brian Walsh / Mark Godfrey	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Annual agenda item	Annual Report
	Coventry Safeguarding Adults Board Annual Report	Brian Walsh / Sara Roach	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2012/13 municipal year and provides members with some data to monitor activity.	Annual Report	Annual Report
	Caring for Our Future – Consultation Response	Simon Brake	The Government is proposing to refresh the mandate to NHS England. This report summarises the Council's draft response.	Consultation response	Report.

6 November 2013	ABCS – A Bolder Community Services		Major programme of service re-design and change intended to reflect budget challenges for Adult Social Care services, part of wider Citywide consultation.	Cabinet Member request	Consultation document / presentation
	Director of Public Health – Annual Report	Jane Moore / Ruth Tennant	The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities.	Annual agenda item	Executive summary / presentation
	Local Blood Collection		Deferred to December meeting		
4 December 2013	Local Blood Collection Services	NHS Blood and Transplant Service	NHSBT are proposing changes to the local arrangements for collecting blood from local businesses. Officers of this Special Health Authority have been invited to attend to explain these and place them in the wider context of their work in collecting appropriate levels of blood from the local population.	Chair request	Report/ presentation
	Primary Care Plans	Sue Price / Martina Ellery	NHS England's Local Area Team has been invited to provide an update on recent developments in primary care in the City.	Board request (July)	Briefing Note
	UHCW Winter Plans	Andy Hardy / Meghan Pandit	The Board has invited UHCW to provide it with an update on preparedness for expected Winter pressures at the University Hospitals site.	Board request	Briefing note / presentation
	Healthwatch Engagement Charter	Ruth Light / David Spurgeon	Healthwatch Coventry has worked with Healthwatch Watrwickshire to provide an engagement charter intended to support and enhance patient and service user engagement in local service development. It is submitted for the Board's endorsement.	Request by Local Healthwatch	Briefing Note
	NHS 111		Request current position and revised plans Impact of this on UHCW A&E pressures	Work programme	
18 December 2013	ABCS – Final Proposals	Brian Walsh / Pete Fahy	The Board has requested that the Cabinet Report outlining final proposals following the consultation exercise are included in the work programme.	Board request	Cabinet Report
	Serious Case Review Mrs D	Brian Walsh / Simon Brake	The Board has been advised that the Coventry Safeguarding Adults Board will shortly be ready to publish an Executive Summary of a Serious Case Review into the death of a vulnerable adult, Mrs D.	Chair's agreement	Report and Executive Summary

5 February 2014	Sexual health services				
	Mental Health Day Services / Dementia services				
5 March 2014	Commissioning landscape of the City (Jan / Feb) What impact has the CCG had? Has it added value? Is it cost effective? What is the impact on GPs and their services?	Juliet Hancox, Coventry and Rugby CCG	Rugby Borough Council Scrutiny Members invited.	Work programme item	Briefing Note
	Referral from Healthwatch re Patient Transport Services	CCG	Healthwatch Coventry has exercised its statutory power to request that the Scrutiny Board request further information from the CCG regarding the delayed plans to re-commission Patient Transport Services in Coventry and Warwickshire. The CCG has been invited to provide their response to Healthwatch concerns.	Statutory referral	Briefing note.
	Physical healthcare of LD & MH patients	UHCW	UHCW has been invited to brief Members on the different ways the hospital manage the additional needs of patients attending medical wards with either mental health needs or learning difficulties.	Work programme	tbc
2 April 2014	Local Care Data Programme	Richard Hancox (Local Area Team)			
	Sexual Health Services – proposed re-commissioning	Dr Jane Moore / Nadia Inglis	The Council's Public Health department are planning to re-commission sexual health services for the City in partnership with colleagues in Warwickshire	Policy development	Briefing Note
30 April 2014	Health and Wellbeing Board Work Programme – Chair to attend a Board meeting		Chair to be invited, examine Health and Wellbeing Strategy and progress		

	Learning Disability Strategy	Mark Godfrey		Policy development	Report
	Care Bill	Brian Walsh / Simon Brake	The Government has published a draft Care Bill which will have a significant impact on adult social care services.	Policy development	Cabinet Report / Briefing
	Care Quality Commission (CQC)	Lesley Ward (CQC)	Follow up to April meeting and developing role of CQC in particular re care homes/ social care settings.	Work programme	
Date to be determined	Patient discharge from UHCW				
	Complaints UHCW				
	Patient Experience in secondary care				
	Coventry and Rugby CCG 5 year plan	Steve Allen / Juliet Hancox			
	Financial position at the hospital				
	Complaints at UHCW / wider health economy and how they are used to improve quality?				
Date to be determined	NHS England Local Area Team		what is their role? Role in A&E planning / primary care conversation / NHS front-door		
	Nutritional standards in inpatient care		policies / procedures for inpatient providers - Councillors visit / trial?		
	Public and Patient Engagement		By local Trusts / CCG role / Healthwatch's role and how the public interact with and influence Health Services.	Work programme	

	Private companies running GP practices		Progress report and examination of outcomes		
	Commissioning for Quality	Pete Fahy	Following consideration of the ABCS consultation proposals the Board requested a paper on commissioning for quality in Adult Social Care.	Board request	Briefing Note
	Commissioning of third sector organisations – particularly around support for LTC				