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.

<u>Sexual Health Needs in Coventry</u>
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.

<u>Age and Gender</u>
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.

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.