

Equality Impact Assessment Template

1. Topic of assessment

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| EIA title: | Commissioning of integrated sexual health and HIV services |
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| EIA author: | Lisa Andrews Fiona Mackison Kate Crockatt |
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2. Approval

| | Name | Date approved |
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| Approved by | Helen Atkinson for Surrey County Council | 29/05/2019 |
| | Sue Whiting for NHS England Specialised Commissioning South East | 29/05/2019 |

3. Quality control

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| Version number | 7 (Current draft 5.3) | EIA completed | 24/05/2019 |
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4. EIA team

| Name | Job title (if applicable) | Organisation | Role |
|------------------------------|----------------------------------|------------------------|-------------|
| Lisa Andrews | Acting Public Health Principal | Surrey County Council | |
| Kate Crockatt | Senior Public Health Lead | Surrey County Council | |
| Fiona Mackison | Service Specialist | NHS England South East | |
| Directorate Equalities Group | | Surrey County Council | |

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5. Explaining the matter being assessed

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| <p>What policy, function or service is being introduced or reviewed?</p> | <p>This Equality Impact Assessment relates to the provision of integrated sexual health services and HIV services in Surrey.</p> <p>An integrated sexual health and HIV 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. The total budget for the integrated sexual health services is £4.3 million.</p> <p>Sexual health prevention services are funded wholly by the public health grant. Information on Public Health funding is available in appendix A.</p> <p>HIV treatment and care services are funded separately by NHS England.</p> <p>Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services can have a positive effect on long-term health and wellbeing, as well as on individuals at risk. The provision of sexual health services is a statutory duty of Local Authorities. During 2018/19 31,329 patients accessed a CNWL clinic for sexual health purposes. 86% were Surrey residents and 14% were from out of area.</p> <p>The provision of effective sexual health services has an active role in supporting the Council's Corporate Strategy and in particular the Strategic Goals of 'Wellbeing' and 'Resident's experience' as well as delivering against the council's nine priorities with a particular contribution being made to "keeping families healthy".</p> <p>Public Health England's Making It Work guidance (2014) recommends that local authorities and NHS England work together to ensure that community sexual health and HIV services are integrated.</p> <p>Surrey's vision for integrated sexual health and HIV services</p> <ul style="list-style-type: none">• An integrated service aiming to offer a one-stop-shop for service users• A service which has links with other services addressing risky behaviours, particularly in |
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| | <p>younger people examples include youth support service and Catch 22</p> <ul style="list-style-type: none"> • A service which is focussed on improving sexual health, reducing sexually transmitted infections (STIs) and unintended conceptions; building self-reliance and resilience • A cost effective and modern service meeting the needs and expectations of users, making full use of developing technologies • Targeted universalism will ensure universal services for all with additional, targeted support for those at higher risk of poorer sexual health. • Community HIV services are compliant with the national service specification for HIV (adults). <p>In 2015 Public Health completed a Sexual Health Needs Assessment for Surrey.</p> <p>As sexual health services are open access there are around 15,000 attendances by Surrey residents to out of area (OOA) services. Around 50% of out of area attendances are made to bordering counties or London Boroughs. Lack of appropriate provision within Surrey could see a rise in out of area attendances.</p> <p>Patients living with HIV can choose to access any specialised HIV service in England and a proportion of Surrey residents will be choosing to use services in London and Hampshire.</p> |
| <p>What provision are you assessing?</p> | <p>This EIA is assessing the transition and transformation phase of the integrated sexual health and HIV service model for Surrey. After the restricted tender process one bid was received from Central and North West London NHS Foundation Trust (CNWL).</p> <p>CNWL began deliver of sexual health and HIV in Surrey in April 2017</p> <p>Background</p> <ul style="list-style-type: none"> • Virgin Care transferred 31 March 2017; • Frimley Park Hospital transferred 30 June 2017; • Ashford and St. Peter’s Hospital transferred 30 September 2017. <p>CNWL began delivery of integrated sexual health and HIV services from 1 April 2017.</p> |

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The service includes Contraception and Sexual Health (CASH) and Genitourinary Medicine (GUM) clinical services as well as an outreach offer for those groups identified as most at risk in the sexual health needs assessment, young people, men who have sex with men (MSM), black Africans and sex workers.

HIV testing is offered at all service sites and HIV care is be offered at Buryfields, Guildford (Level 3 service) and Earnsdale, Redhill (Level 2+).

In addition a transitional HIV clinic was offered until 31 March 2018 at the St. Peter's Hospital site to ensure patients were supported through a safe transition to the provider and any health co-morbidities addressed.

Bespoke care packages have been arranged for people living with HIV who have complex needs.

CNWL deliver:

- Services from three Clinical Hubs
- Buryfields Clinic (Guildford): GUM, Contraception and HIV (main site)
- Earnsdale Clinic (Redhill): GUM, Contraception and HIV
- Woking Clinic: GUM, Contraception and HIV

This provision includes a combination of booked appointments and walk-in clinics.

- Clinical Outreach services
- Leatherhead Hospital: Mondays 3.00-6.00pm
- Epsom Clinic: Wednesdays 3:00pm to 7:00 pm
- Stanwell Clinic: Wednesdays (second and fourth of the month) 3.00-6.00pm
- Runnymede Clinic: Tuesdays (first and third of the month) 3.00pm to 6.00pm
- An outreach programme including training for the wider sexual health workforce, clinic in a box, to work with the priority populations identified in the sexual health needs assessment such as young people, sex workers and men who have sex with men (MSM).
- Chlamydia and Gonorrhoea self-testing kits for young people under 25 years old which can be ordered via text message or by calling the outreach team.

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- Access to post-exposure prophylaxis for HIV
- Referral pathway with the sexual assault referral centre
- HIV Treatment and Care (outpatients)
- Assessment and treatment – Anti Retroviral Drugs (ARVs)
- Online booking of appointments and virtual appointments
- Home Delivery /Clinic Delivery and Boots collection of ARVs
- Dedicated specialist Pharmacy support throughout the week
- HIV advice for healthcare professionals

Surrey County Council commissions GPs to provide long-acting reversible contraceptive (LARC) methods; the IUCD (the coil) and implant and pharmacies to provide community-based services for our under 25 population; emergency contraception and Chlamydia testing and treatment.

Online Home Screening

- HIV, Syphilis, Gonorrhoea, Chlamydia – now live

Online Contraception

- Progestogen-only pill (POP), repeat pills for existing patients

Online Patient Portal/Website

- Register with the service and book appointment
- Order Home Screening Kits
- Collect test results

Research

- PrEP Impact Trial (Pre-exposure prophylaxis) Buryfields

More Dual Trained staff (GUM/Contraception) are being trained expected to complete total workforce by December 2018 so where possible care be provided in one appointment

Clinic opening times extended

Support for General Practice and Pharmacies

Health Promotion Outreach/Prevention/Self Care

Condom Distribution now live

- Young People
- Adults
- Freedom Shop

Sexual Health and HIV services in Surrey Prisons

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| | <ul style="list-style-type: none"> • Provision in line with community based service <p>We work with the provider to ensure that staff have had the necessary training in order to support service users with protected characteristics, such as Trans* Awareness and cultural awareness training.</p> |
| Who is affected by the updated service model outlined above? | <p>Integrated sexual health and HIV services are open access for the whole population. Whilst the service is universal, targeted activity works in particular with those identified as at risk groups such as Men who have sex with Men, young people, sex workers and black Africans.</p> |

6. Sources of information

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| Engagement carried out |
| <p>The engagement carried out is demonstrated in the following:</p> <ul style="list-style-type: none"> • Communication plan and Service Specification • Scrutiny Paper- https://mycouncil.surreycc.gov.uk/documents/s51867/Item%208%20-%20Sexual%20Health%20Service%20Report.pdf • Sexual Health Needs Assessment - https://www.surreyi.gov.uk/dataset/sexual-health-needs-assessment-surrey-2015 |
| Data used |
| <p>The Public Health data that has been used to evidence the population needs for the service development are:</p> <ul style="list-style-type: none"> • Sexual Health Needs Assessment • Public Healthy Framework Outcomes (PHOF) • Quarterly contract reporting including patient engagement |

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7. Impact of the service model.

7a. Impact of the proposals on residents and service users with protected characteristics

| Protected characteristic | Potential positive impacts | Potential negative impacts | Evidence |
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| <p>Age</p> | <p>All age groups are eligible to access the service should they need it for their contraception or STI screening needs.</p> <p>Use of on line screening for 15-25yr enables that age group to access services more conveniently if they are asymptomatic. The screening kits are also available from a number of Surrey Pharmacies as well as treatment for those that test positive. This means they have more options for testing and treating Chlamydia and Gonorrhoea which is aimed to make it more convenient.</p> <p>The use of on line screening for 18yrs plus enables that age group to access services more conveniently if they are asymptomatic. This means they have more options as to how to test Chlamydia and</p> | <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> <p>Older patients living with HIV can find the online and phone support socially isolating and still wish to access services face to face. Individual care packages can be provided for the most complex and vulnerable patients.</p> | <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics.</p> <p>Out of the 31,329 patients that visited a CNWL clinic for sexual health in 2018/19 48% were under 25 years of age and 52% were over 25 years of age.</p> |

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| | <p>Gonorrhoea which is aimed to make it more convenient.</p> <p>Under 25 year olds typically don't access clinical services compared with those aged over 25, as such they will be targeted by the outreach service. The outreach element of the service will ensure that safer sex messages are being communicated to younger age groups (16 – 24 year olds) particularly those who engage in risky sexual behaviour.</p> <p>The service specification details that this service must work with and align to services for young people to minimise harm and increase access.</p> <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by</p> | | |
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| | <p>the same clinicians, improving patient access and experience.</p> <p>All ages of patients are given basic STI and contraception advice at every appointment regardless of what their appointment was for.</p> <p>Publicity is sent out to a variety of community settings to ensure that all ages of patients are targeted and encouraged to access the services they need.</p> <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service. On line videos means that over 18yrs old women only have to go for one appointment to get Long Acting Reversible Contraception (LARCs) fitted making accessing services more efficient and convenient for them.</p> | | |
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| <p>Disability</p> | <p>Accessible Information Standard: From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.</p> <p>The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.</p> <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> <p>Access to online testing for some sexually transmitted infections allows people to</p> | <p>Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities. The contract requires all providers to provide evidence that they can address accessibility issues.</p> <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> <p>Access for wheelchair users to the Earnsdale (Redhill) clinical hub required assistance from staff meaning patients cannot independently access the clinic service.</p> | <p>CNWL have commissioned disabled go to carry out an audit of their services. The recommendations from the Disabled Go assessment are:</p> <ul style="list-style-type: none"> • Buryfields Clinic – improve lighting levels on the stairs. • Buryfields Lift – improve the colour contrast between the external lift control plate and the wall. • Earnsdale Clinic – Improve lighting levels in the corridors. <p>Please find the full reports of the 3 main clinics here:</p> <p>https://www.disabledgo.com/access-guide/central-and-north-west-london-nhs-foundation-trust/buryfields-clinic</p> <p>https://www.disabledgo.com/access-guide/central-and-north-west-london-nhs-foundation-trust/earnsdale-clinic</p> <p>https://www.disabledgo.com/access-guide/central-and-north-west-london-nhs-foundation-trust/woking-community-clinic Wheel chair user assessment – Appendix One</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on sexual health services and updates on the</p> |
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| | <p>self-test without having to attend a clinical service.</p> <p>All three clinical hubs (Redhill, Guildford and Woking) are accessible to wheelchair users.</p> <ul style="list-style-type: none"> • Woking has onsite parking including disabled parking. The service is located on the ground floor with ramp access to the building. • Earnsdale (Redhill) the service is on the ground floor with a lift providing access from the lower ground floor to wheelchair users. Assistance from staff will be required to access and use the lift. A disabled car parking space is available by the lower ground entrance. Additional disabled car parking spaces are located nearby. • Buryfields (Guildford) there is ramp access into the building and a lift to the 2nd floor | | <p>developments of infections and treatments. Then disseminate this information to their users via their networks and face to face interactions.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> <p>Data on this target group is being included in the wider Public health quality report on protected characteristics.</p> <p>Continued engagement with Surrey Healthwatch to capture service users experiences.</p> |
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| | <p>where the service is located. Disabled onstreet car parking is available outside of the building.</p> <p>Hearing loops are installed in all clinical hubs.</p> <p>Transport options are available for those that meet the eligibility criteria if they are unable to access clinics due to their disability.</p> <p>HIV patients that have additional disability meaning they are unable to access the clinics will be assessed and maybe eligible for a specialist care package funded by NHS England.</p> | | |
| <p>Gender reassignment</p> | <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> | <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean</p> | <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on sexual health services and updates on the developments of infections and treatments. Then disseminate this information to their users via their networks and face to face interactions.</p> |

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| | <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.</p> | <p>that for many patients the need to travel is reduced.</p> <p>Due to the change in provider some staff left resulting in a loss of some expertise but CNWL have a high quality training programme for all CNWL staff.</p> | <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |
| <p>Pregnancy and maternity</p> | <p>Public Health commissioned sexual health services are key providers of contraception to girls and women in Surrey.</p> <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.</p> | <p>The service model means that some patients have had a change in location for their services.</p> <p>Young single mothers on low incomes may have increased travel cost due to relocation, which may affect access.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> | <p>It is widely understood that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and related factors. There is also a growing recognition that socioeconomic disadvantage can be both a cause and a consequence of teenage motherhood. Teenage pregnancy rates are a well-established and evidence based indicator of deprivation and inequality with 50% of all teenage conceptions occurring in the top 20% most deprived wards in England. Poor self-esteem, lack of aspiration and alcohol misuse increase the likelihood of a teenage girl falling pregnant.</p> <p>The babies of teenage mothers can face more health problems such as premature birth or low birth weight and higher rates of infant mortality; than those of older mothers. Teenage mothers themselves may also have experience health problems. For example, post-natal depression is three times more common in teenage mothers; smoking in pregnancy is also three times more common in teenage mothers than older mothers and teenage mothers are one third less likely to breast feed.</p> |

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| | <p>Sexual health services provided during pregnancy such as Chlamydia screening continue to be provided by maternity. Existing links to maternity and GPs are maintained</p> <p>CNWL provide a consultant advice line for HIV clinical queries during office hours. OOH there is advice from St Georges which is the tertiary NHS centre</p> | | <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on sexual health services and updates on the developments of infections and treatments. Then disseminate this information to their users via their networks and face to face interactions.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |
| <p>Race</p> | <p>The service specification requires the provider to work with groups most at risk of sexual ill health.</p> <p>In Surrey the Black African population at risk of HIV is targeted by the service. The service specification includes outcome measures for at-risk groups.</p> <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by</p> | <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> | <p>Based on data from England and Wales, HIV prevalence in the UK was 26 per 1,000 among black African men and 51 per 1,000 among black-African women. Over the past five years, an estimated 1,000 black-African men and women probably acquired HIV in the UK annually. Approximately half (52%, 1,560/2,990 in 2011) of all infections among heterosexuals were probably acquired in the UK. This proportion has increased over recent years, up from 27%.</p> <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics. In 2018/19 out of the 11, 115 male patients 66% identified as white British, white Irish or white other. 3% identified as white/black Caribbean, white/black African, white/Asian or other white. 3% identified as India, Pakistani, Bangladeshi or other Asian. 4% identified</p> |

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| | <p>the same clinicians, improving patient access and experience.</p> <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.</p> | | <p>as black Caribbean, black African, other black. 0.6% identified as Chinese, 0.8 as other and 23% did not state their ethnicity.</p> <p>Out of the 20,476 female patients 66% identified as white British, white Irish or white other. 3% identified as white/black Caribbean, white/black African, white/Asian or other white. 2% identified as India, Pakistani, Bangladeshi or other Asian. 3% identified as black Caribbean, black African, other black. 0.5% identified as Chinese, 0.5 as other and 26% did not state their ethnicity.</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on sexual health services and updates on the developments of infections and treatments. Then disseminate this information to their users via their networks and face to face interactions.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |
| <p>Religion and belief</p> | <p>The outreach service will ensure that communities at risk who are part of faith groups are engaged. Links with HIV organisations and the development of relationships will allow fact</p> | <p>Targeting of faith groups in relation to sexual health may not be well received by some communities.</p> <p>The service model means that some patients have had a</p> | <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on</p> |

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| | <p>based inclusive information to be delivered in a sensitive way to encourage community figures to deliver safer sex messages.</p> <p>Services are open access and are offered on days and times to suit service users)</p> <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.</p> | <p>change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> | <p>sexual health services and updates on the developments of infections and treatments. Then disseminate this information to their users via their networks and face to face interactions.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |
| <p>Sex</p> | <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception</p> | <p>Young men are less likely to access contraception services in the community or GPs</p> | <p>http://www.sexeducationforum.org.uk/evidence/datastatistics.aspx#Use of sexual health services.</p> |

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| | <p>and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.</p> | <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> | <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics</p> <p>Out of the 31,329 patients that visited a CNWL clinic for sexual health 35% were male and 65% were female.</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on sexual health services and updates on the developments of infections and treatments.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |
| <p>Sexual orientation</p> | <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.</p> | <p>Lesbian, Gay and Bisexual people may experience Sexual health fatigue as they are a group heavily targeted.</p> <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean</p> | <p>Nationally MSM (men who have sex with men) remain the group most affected by HIV with 47 per 1,000 living with the infection. This is equivalent to an estimated 41,000 (37,300-46,000) MSM living with HIV in 2012, of whom 7,300 (18%; 3,700-12,300) were unaware of their infection (18%). Engagement with MSM through service mobilisation and outreach arm of service works with all groups to raise awareness of HIV and reduce the stigma around it through 1:1 work, workshops and training.</p> <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working</p> |

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| | <p>MSM is targeted by the service as an at-risk group.</p> | <p>that for many patients the need to travel is reduced.</p> <p>Patients living with HIV who are sensitive about declaring their status may find the online and phone support intrusive and can continue to access services face to face.</p> | <p>with our target groups can access up to date info on sexual health services and updates on the developments of infections and treatments.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |
| <p>Marriage and civil partnerships</p> | <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> <p>Partner notification of positive STI test results has continued to be offered by the service allowing service users to remain anonymous if they choose to.</p> <p>Access to online testing for some sexually transmitted infections allows people to</p> | <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> | <p>The integrated service is an inclusive confidential service for all and aims to support those who access it to ensure they maintain good sexual health.</p> <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on sexual health services and updates on the developments of infections and treatments.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |

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| | self-test without having to attend a clinical service. | | |
| Carers¹ | <p>Integration of services allows needs to be met holistically by dual trained clinicians. Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.</p> <p>Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service which may be beneficial for young carers.</p> | <p>The service model means that some patients have had a change in location for their services.</p> <p>Patients living with HIV can travel to Buryfields or Earnsdale however the increase in access to HIV testing, access to the service online or by phone as well as pharmacy arrangements mean that for many patients the need to travel is reduced.</p> | <p>The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics</p> <p>The reintroduction of the Sexual Health Outreach Group (SHOG) will ensure that organisations working with our target groups can access up to date info on sexual health services and updates on the developments of infections and treatments.</p> <p>The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listen to ensure that the services meet their needs.</p> |

¹ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family; partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

Equality Impact Assessment Template

7b. Impact of the proposals on staff with protected characteristics

| Protected characteristic | Potential positive impacts | Potential negative impacts | Evidence |
|--|----------------------------|----------------------------|--|
| Age | None identified | None identified | This project relates to services delivered by external providers only. |
| Disability | None identified | None identified | This project relates to services delivered by external providers only. |
| Gender reassignment | None identified | None identified | This project relates to services delivered by external providers only. |
| Pregnancy and maternity | None identified | None identified | This project relates to services delivered by external providers only. |
| Race | None identified | None identified | This project relates to services delivered by external providers only. |
| Religion and belief | None identified | None identified | This project relates to services delivered by external providers only. |
| Sex | None identified | None identified | This project relates to services delivered by external providers only. |
| Sexual orientation | None identified | None identified | This project relates to services delivered by external providers only. |
| Marriage and civil partnerships | None identified | None identified | This project relates to services delivered by external providers only. |
| Carers² | None identified | None identified | This project relates to services delivered by external providers only. |

² Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family; partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

Equality Impact Assessment Template

8. Amendments to the proposals

| Change | Reason for change |
|---|--|
| No amendments are proposed in response to the EIA | This is a continuation from the EIA that was published in September 2017 |
| | |
| | |

9. Action plan

| Potential impact (positive or negative) | Action needed to maximise positive impact or mitigate negative impact | By when | Owner |
|--|--|---------|---|
| All age groups are welcome to access the service should they need it for their contraception, STI screening or HIV treatment and care needs. The outreach element of the service ensures that safer sex messages are being communicated to younger age groups (16 – 24 year olds) particularly those who engage in risky sexual behaviour. | <p>The service specification details that this service must work with and align to services for young people to minimise harm and increase access.</p> <p>Reviewed through quarterly reporting and contract monitoring meetings.</p> <p>CNWL have a Patient Engagement Strategy. This is to ensure that the voices of patients are heard, listen to and used to develop and improve the service. CNWL, Surrey County Council and NHS England carried out an engagement questionnaire for patients and professionals during May 2019 to ensure users voices were heard. The feedback from this is being used to improve the service and ensure users needs are met.</p> | Ongoing | Lisa Andrews, SCC, Fiona Mackison NHSE Specialised commissioning and CNWL |

Equality Impact Assessment Template

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| <p>Data on disability was not being collected. The tender specifications included a requirement that this information is captured and reported. This will help the commissioners to monitor use of the service by disabled people.</p> | <p>Implementation of AIS</p> <p>Accessible Information Standard: From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.</p> <p>The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.</p> <p>Reviewed through quarterly reporting and contract monitoring meetings.</p> | <p>ongoing</p> | <p>Lisa Andrews, SCC, Fiona Mackison NHSE Specialised commissioning and CNWL</p> |
| <p>Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities.</p> | <p>The contract requires all potential providers to provide evidence that they can address accessibility issues and provide accessible communications</p> <p>The contract stipulates that services must be compliant with the Equality Act 2010.</p> <p>Reviewed through quarterly reporting and contract monitoring meetings.</p> <p>CNWL have a Patient Engagement Strategy. This is to ensure that the voices of patients are heard, listen to and used to develop and improve the service. CNWL, Surrey County Council and NHS England carried out an engagement questionnaire for patients and professionals during May 2019 to ensure users voices were heard. The feedback from this is being</p> | <p>ongoing</p> | <p>Lisa Andrews, SCC, Fiona Mackison NHSE Specialised commissioning and CNWL</p> |

Equality Impact Assessment Template

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| | <p>used to improve the service and ensure users needs are met.</p> <p>CNWL will continue to offer bespoke packages for people living with HIV who have complex needs and difficulty accessing the service for a number of reasons, not just disability.</p> | | |
| <p>Targeting of faith groups in relation to sexual health may not be well received by some communities.</p> | <p>Develop a fully inclusive engagement plan to get sexual health messages to different population groups taking into consideration different faiths and cultures. CNWL have a Patient Engagement Strategy. This is to ensure that the voices of patients are heard, listen to and used to develop and improve the service.</p> <p>CNWL, Surrey County Council and NHS England carried out an engagement questionnaire for patients and professionals during May 2019 to ensure users voices were heard. The feedback from this is being used to improve the service and ensure users needs are met.</p> <p>The development and implementation of the communications plan will ensure that publicity is circulated widely across the county and that specific materials are developed to meet the needs of the target groups. They will be culturally sensitive and available in a range of different languages.</p> <p>Reviewed through quarterly reporting and contract monitoring meetings.</p> | <p>ongoing</p> | <p>Lisa Andrews SCC and CNWL</p> |

Equality Impact Assessment Template

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| <p>Young men are less likely to access contraception services in the community or GPs</p> | <p>Engagement with young men through services for young people and outreach arm of service.</p> <p>CNWL have a Patient Engagement Strategy. This is to ensure that the voices of patients are heard, listen to and used to develop and improve the service. CNWL, Surrey County Council and NHS England carried out an engagement questionnaire for patients and professionals during May 2019 to ensure users voices were heard. The feedback from this is being used to improve the service and ensure users needs are met.</p> <p>Reviewed through quarterly reporting and contract monitoring meetings.</p> | <p>ongoing</p> | <p>Lisa Andrews SCC and CNWL</p> |
| <p>Men who have sex with men (MSM) may experience sexual health fatigue as they are a group heavily targeted.</p> | <p>Engagement with MSM through service mobilisation and outreach arm of service.</p> <p>Reviewed through quarterly reporting and contract monitoring meetings.</p> <p>CNWL have a Patient Engagement Strategy. This is to ensure that the voices of patients are heard, listen to and used to develop and improve the service. CNWL, Surrey County Council and NHS England carried out an engagement questionnaire for patients and professionals during May 2019 to ensure users voices were heard. The feedback from this is being used to improve the service and ensure users needs are met.</p> | <p>ongoing</p> | <p>Lisa Andrews, SCC, Fiona Mackison NHSE Specialised commissioning and CNWL</p> |

Equality Impact Assessment Template

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| <p>The service model means that some patients have had a change in location for their services</p> | <p>The three main clinics are: Buryfields Sexual Health Clinic 61 Lawn Road, Guildford, Surrey GU2 4AX</p> <p>Earnsdale Sexual Health Clinic 2 Whitepost Hill, Redhill, Surrey RH1 6BD</p> <p>Woking Sexual Health Clinic, Woking Community Hospital, 2 Heathside Road, Woking, Surrey GU22 7HS - (sexual health only)</p> <p>The four Spoke clinics are: Leatherhead Clinic, Leatherhead Hospital, Poplar Rd, KT22 8SD</p> <p>Epsom Clinic, Derby Medical Centre, 8 The Square, KT19 8AG</p> <p>Stanwell Health and Community Centre Hadrian Way, Stanwell TW19 7HE</p> <p>Runnymede Clinic ,Addlestone Youth Centre, Church Rd, KT15 1SH</p> <p>Transport is provided for vulnerable patients who are unable to access the clinics independently.</p> <p>Reviewed through quarterly reporting and contract monitoring meetings.</p> | <p>ongoing</p> | <p>Lisa Andrews, SCC, Fiona Mackison NHSE Specialised commissioning and CNWL</p> |
|--|---|----------------|--|

10. Potential negative impacts that cannot be mitigated

| Potential negative impact | Protected characteristic(s) that could be affected |
|--|--|
| There are no potential negative impacts that cannot be mitigated | |

Equality Impact Assessment Template

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11. Summary of key impacts and actions

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| Information and engagement underpinning equalities analysis | <ul style="list-style-type: none"> • Focus groups and surveys with service users and health professionals during development of the sexual health needs assessment. • Stakeholder engagement events prior to going out to tender (Concept day and Market Engagement Event) • Sexual Health Needs Assessment for Surrey (published February 2016) • Discussions with current contract holders Multi-agency project group leading on recommissioning process within Surrey County Council • Development of Patient Engagement Strategy |
| Key impacts (positive and/or negative) on people with protected characteristics | <ul style="list-style-type: none"> • Services are universal access i.e. for all ages; • Improving data collection on disability; • Equality act Compliance and accessibility of service; • Inclusive engagement plan considering needs of different faiths and cultures; • Young men less likely to access contraception services in the community and GPs; • Fatigue of groups regularly targeted with sexual health messages i.e. MSM. • Reconfiguration of services and changes in clinic locations. |
| Changes you have made to the proposal as a result of the EIA | <ul style="list-style-type: none"> • Identified key actions to take place during the mobilisation period. • Ongoing consideration of equality to be discussed at quarterly contract meetings |

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| <p>Key mitigating actions planned to address any outstanding negative impacts</p> | <p>Ongoing contract monitoring meetings to ensure identified actions are carried out including;</p> <ul style="list-style-type: none"> • Align to and engage with services for young people; • Reviewing Equality Act and accessible information standard compliance; • Approach of outreach service targeting at-risk groups including young people, young men and MSM. • Reinstate SHOG to ensure consistency in sexual health delivery across surrey and share good practice and give regular service updates. |
| <p>Potential negative impacts that cannot be mitigated</p> | <p>None</p> |

Equality Impact Assessment Template

Appendix A

Surrey Public Health

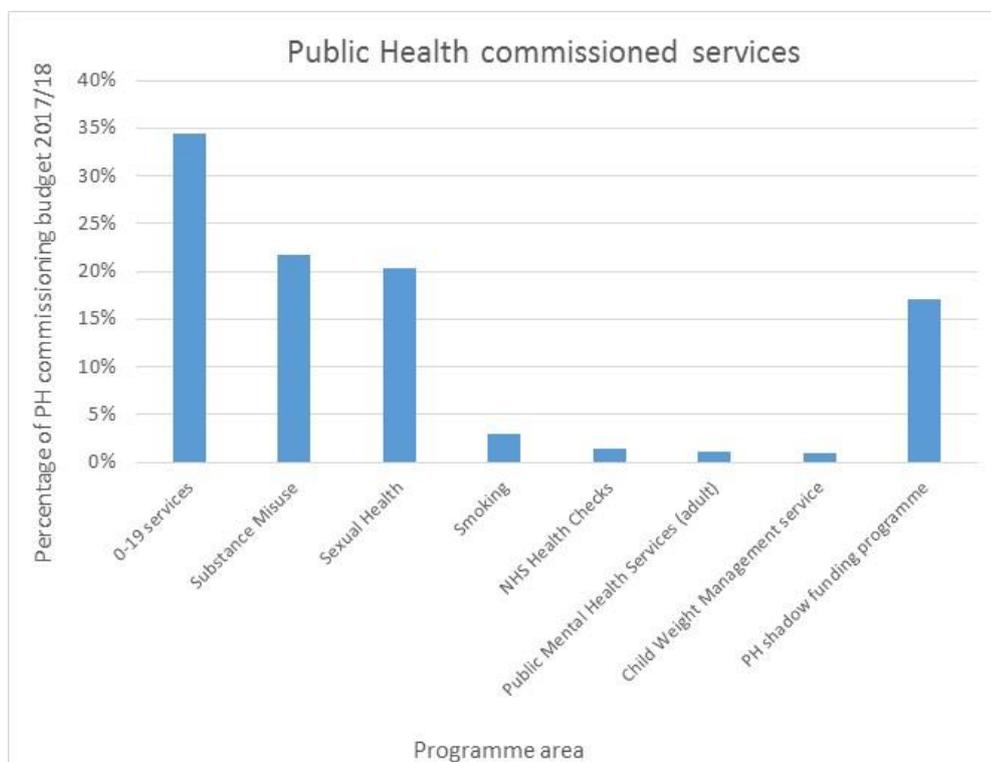
Briefing for partners and stakeholders regarding funding pressures

How is Surrey Public Health funded?

The Surrey Public Health team is part of Surrey County Council and aims to improve and protect the health of people living and working in Surrey. Public Health in local authorities is funded directly by a grant received from the Department of Health. The target grant allocation for Local Authorities is calculated according to a formula that aims to represent variations in need. However, due to historical patterns of funding allocation, Local Authorities do not currently receive their target grant allocation. Surrey's 2017/18 grant allocation was more than 20% below the target level of funding and this has been frozen with no timeline for moving closer to target. This equated to £31/per head compared to £59/head for England as a whole.

What is the Surrey Public Health grant spent on?

Approximately 90% of the public health budget is spent on commissioning or funding services and programmes that help people to make positive changes concerning their health and lifestyle. Sexual health (GUM and Family Planning clinics), substance misuse (drugs and alcohol) and children's public health services (health visiting and school nursing, also referred to as 0-19 services) will make up the majority of this spend. The Public Health shadow funding programme (part of the current published Medium Term Financial Plan) is explained below.



Equality Impact Assessment Template

Where have the budget pressures for Public Health come from?

In June 2015/16 the Chancellor announced that the public health budget was to be reduced nationally by 6.2%. In Surrey this equated to £2.2 million and this has been removed from our grant allocation permanently. The autumn Comprehensive Spending Review then identified a further reduction of 9.6% (in cash terms) over the next five years. In addition, Public Health are supporting the Council to meet the overall budgetary pressures through identifying wider council work that helps to improve public health outcomes and supporting these areas financially (the MTFP shadow funding programme referenced above). Ultimately, it means that by 2019/20, the total budget available to spend on improving public health outcomes in Surrey will be significantly less than it was at the start of 2015/16.

How are these financial pressures going to be met?

In order to meet this reduced budget we will need to work with providers and other involved parties to reshape Public Health service provision in the county over the next five years. Since 2015/16, we have been implementing a range of measures to meet the funding gap:

- Savings released through re-procurement/re-design of our major services (sexual health services, children's 0-19 services and substance misuse services).
- Contract negotiations with our current major providers
- Prioritised invitation for the universal NHS Health Checks Programme to address health inequalities
- Efficiencies made through our central business and staff budget
- Reducing or cancelling non-contractual spend.

What will the impact of these measures be?

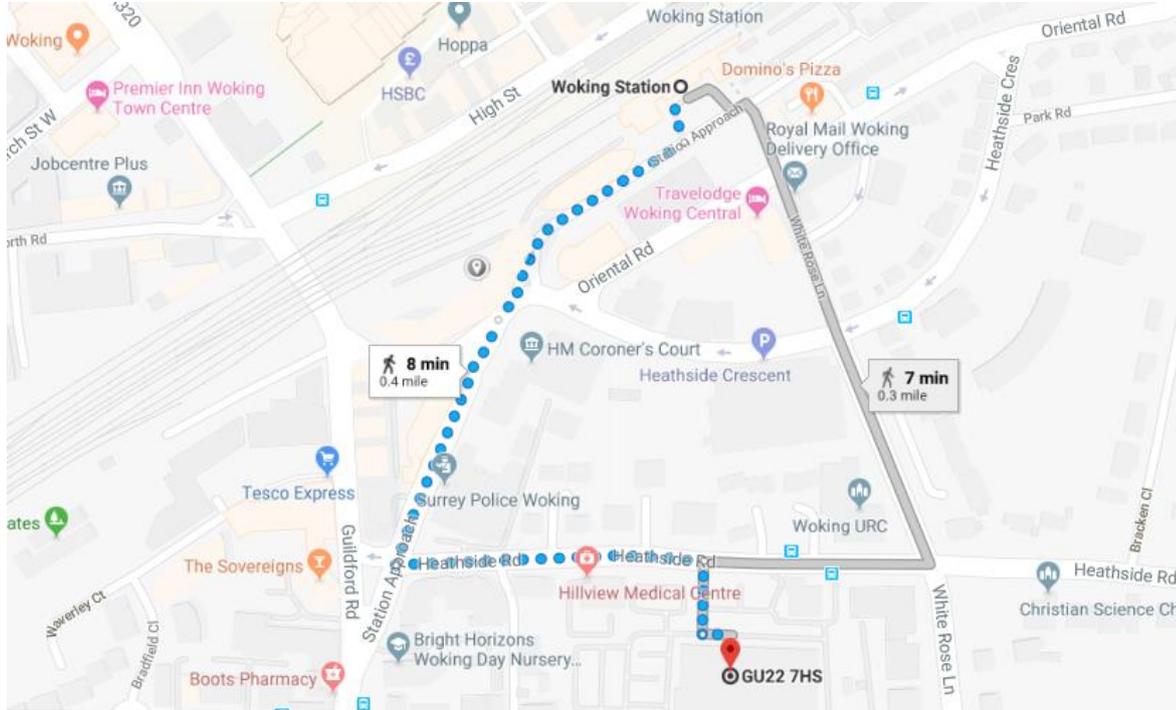
The majority of the public health budget is currently spent on 0-19 services (health visitors and school nurses), sexual health and substance misuse and so it is from these areas that most of the savings are being released. Where necessary, an Equalities Impact Assessment has been or is being carried out on each programme area. These assessments aim to describe the potential impact of service changes on certain population groups and other services. Key areas are the ability of 0-19 services to identify emerging problems and their role in Early Help and Children's Safeguarding, access to effective contraception and other sexual health services and the role that substance misuse services play in reducing impact of drug and alcohol problems on other sectors such as mental health, housing or the criminal justice system. Where possible, provision for those considered most at risk will be prioritised to mitigate potential impacts on vulnerable population groups.

Equality Impact Assessment Template

Appendix B

Surrey County Council wheelchair user assessment of the 3 main sexual Health clinics

Woking Sexual Health Clinic (appointment only) Woking Community Hospital, 2 Heathside Road, Woking, Surrey GU22 7HS



The journey from Woking station, according, to google maps is approximately 8 minutes on foot. In a wheel chair this may take a little longer. There is a pedestrian crossing at the busiest part of the road and then lowered curbs at all the necessary road crossing after to enable wheelchair users to cross the road safely. There are also road islands so that one lane can be crossed a time. On arrival at the hospital there is a wheelchair accessible ramp to enter the building and the sexual health clinic is on the ground floor.

Equality Impact Assessment Template

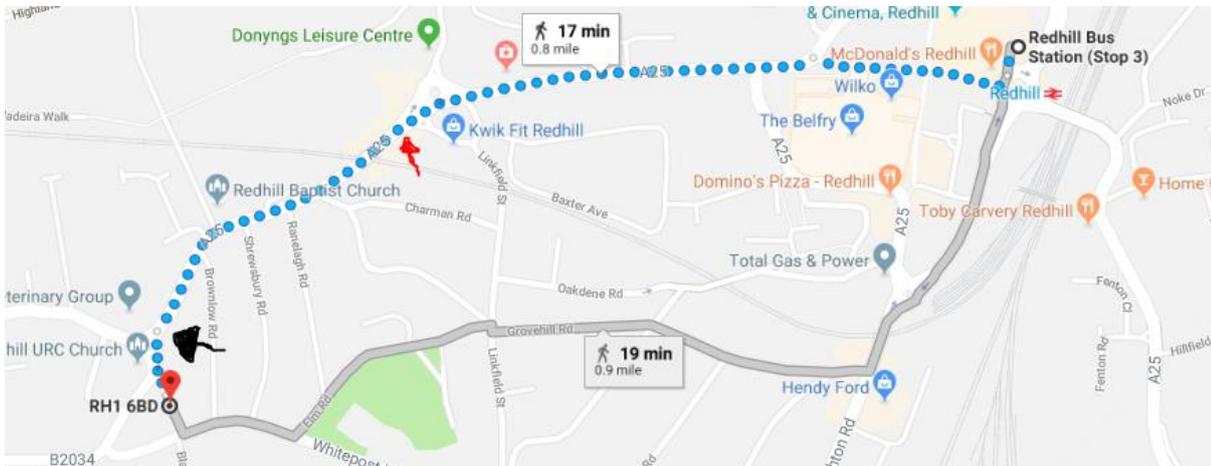
Buryfields Sexual Health Clinic (walk in) 61 Lawn Road, Guildford, Surrey GU2 4AX



The journey from Guildford station, according to Google Maps, is approximately 10 minutes on foot. In a wheelchair, this may take a little longer. There is a pedestrian underpass which is wheelchair accessible that crosses under the busy junction at the station exit. The wheelchair accessible path follows the river along until the car park outside Guildford Council offices at which point the curb is lowered on both sides to enable a wheelchair user to cross safely. The route continues along the pavement and then up a path leading to the hospital. On arrival at the hospital, there is a wheelchair accessible ramp to enter the building, electric doors to enter the building, and a lift to enable wheelchair access to the clinic on the top floor.

Equality Impact Assessment Template

Earnsdale Sexual Health Clinic (walk in) 2 Whitepost Hill, Redhill, Surrey RH1 6BD



The journey from Redhill station, according to Google Maps is approximately 20 minutes on foot. In a wheelchair this may take a little longer. There are a number of buses that are wheelchair accessible that can reduce the travelling time. The 435 goes to Linkfield Corner and will stop at Donyngs Leisure Centre (red arrow) and from there it is approximately an 8 minute walk. The 460 and the 420 will stop at Shaws Corner (black arrow) and from there it is approximately a 3 minute walk. The pavement has lowered curbs where necessary to enable a wheelchair user to cross safely. The route continues along the pavement and then when the road turns to the left there is a lowered curb for a wheelchair user to exit the pavement. They will then need to travel along the road for a very short distance until they get to the wheelchair accessible entrance to the clinic. There is a buzzer to alert staff to their arrival and access to the clinic which is on the first floor.

Online Services

CNWL offer online services for STI testing for HIV, Syphilis, Chlamydia and Gonorrhoea for 18yrs and over and Chlamydia and Gonorrhoea for 25yrs and under.

They are also launching an online contraception service for 18yrs and over very soon.

These services enable tests and contraceptives to be sent discreetly to a person's home.