Derbyshire County Council

Equality Impact Analysis Record Form 2014

Department	Adult Care
Service Area	Public Health: Sexual Health
Changes or proposals	Re-procurement of Derbyshire Integrated Sexual Health Service (DISHS)
Chair of Analysis Team	Mary Hague
Date of Analysis	June 2017
Version	Final

1. Prioritising what is being analysed

a. Description of current service arrangements

Derbyshire County Council currently commissions the Derbyshire Integrated Sexual Health Service (DISHS), with the contract commencing April 2015 and ending March 2019.

Since April 2013, local authorities have been responsible for commissioning most sexual health services as part of their wider mandatory public health responsibilities, supported through the ring-fenced public health grant (Health and Social Care Act, 2012). The Council's responsibilities include commissioning and ensuring provision of open access sexual health services including:

- Contraception levels 1-3
- testing and treatment of sexually transmitted infections (STIs) levels 1-3
- sexual health aspects of psychosexual counselling and
- sexual health specialist services including HIV prevention and sexual health promotion.

The current model of provision commissioned is through a primary contractor, Derbyshire Community Health Services Foundation Trust (DCHSFT). DCHSFT as primary contractor have subcontracted to other providers including Chesterfield Royal Hospital Foundation Trust (CRHFT), General Practice, Pharmacy and a voluntary sector organisation: LGBT+. The contract delivers against the mandatory commissioning duties outlined above with various providers across a hub and spoke arrangement in multiple settings and through outreach aiming to deliver a free open access service, integrated and as equitable as possible to reach the diverse and wide geographical spread of the Derbyshire population. The current DISHS has a website which indicates the spread of clinics and other delivery sites:
www.yoursexualhealthmatters.org.uk and a central information and booking line for potential users: 0800 328 3383.

The contract requires the service to ensure focus on groups most at risk of poor sexual health and 3 priority groups include:

1. Men who have sex with men (MSM)
2. Young people including vulnerable young people (care leavers, homeless, NEET, young people at risk of multi-risk behaviours)
3. People living with HIV (PLHIV)

Other groups at risk of poor sexual health outcomes include adults with disability, adults with learning disability, substance misusers, Lesbian, bisexual, gay and transgender (LGBT), homeless, certain minority ethnic groups especially those of Black African origin, injecting drug users, sex workers and those in the criminal justice system.

The current service delivers campaigns to support access of DISHS by vulnerable groups. These have included:

- C-Card (condom promotion scheme under 25s
- Chemsex
- HIV Prevention
- Chlamydia screening campaign

In the full year 201516 (year 1 of the current contract) 28,000 unique users accessed the DISHS with 40,047 interventions delivered. Activity included delivery to identified individuals and groups at risk of poor sexual health outcomes.
Service user consultation is largely based on the Friends and Family Questionnaire which averages at 95% at respondents likely and/or extremely

likely to recommend DISHS to others (QTR 3 201617) and this currently shows an increasing trend of satisfaction with the service received. Case Studies are included as part of service performance monitoring and are often inclusive of vulnerable individuals and provide learning to the service of their specific needs.

b. Details of proposals or changes

The current service will be re-procured and it will maintain the mandated requirements placed on the Council outlined above (Health and Social Care Act 2012).

Consultation has taken place as part of the re-procurement preparation with inclusion of vulnerable populations outlined above. Stages 1 and 2 of the consultation are complete and the report is attached to the 20 July 2017 Cabinet Report. Themes from the consultation findings are incorporated into this EIA.

These findings will directly inform the development of the Service Specification to be re-procured for commencement April 2019 and may include some changes to the model to maximise access to vulnerable populations.

General themes from the consultation pertinent to vulnerable groups include:

- Training of staff about the specific needs of vulnerable groups to ensure their access to services and maximising care and treatment
- Ensure the service is visible and accessible – engage service users and develop communication and marketing strategies with consideration of needs of vulnerable groups
- Reduce health inequalities and prioritise prevention among vulnerable groups
    - Reduce stigma, fear of prejudice and assumptions – concern raised specifically form LGBT groups and substance misusers/ recovery groups
    - Delivery of sexual health as more integral with other health service provision
    - Use of social media, texting, online booking and provision
    - Importance of confidentiality and anonymity – groups having confidence in this

- Consideration of outreach (clinic in a box) type delivery to minimise barriers to access due to travel/ transport issues
- Focus on more delivery within General Practice settings to minimise access barriers due to location

- Maximise opportunities to improve the sexual health and wellbeing of service users and Derbyshire residents including vulnerable groups eg. co-location of services, working with partners engaged directly with vulnerable populations to engender the principle that "sexual health is everyone's responsibility."

C. Rationale for proposed changes

- Mandatory duty of local authorities.

The Council has a mandatory duty to commission sexual health services (Health and Social Care Act 2012), thus the Cabinet approval for re-procurement (Cabinet February 2017).

- Strategy and policy direction:

National policy -

The national Framework for Sexual Health Improvement in England (2013) outlines the need to:

- Further reduce unplanned pregnancies (and terminations) by ensuring access to the full range of contraceptive choices
- Enable women with unwanted pregnancies to make early decisions regarding their options
- Increase uptake of HIV testing in high-risk groups because early diagnosis and treatment is associated with near-normal life expectancy
- Increase access to free condoms to reduce STIs
- Improve safeguarding of children from sexual abuse and exploitation
- Reduce prejudice in relation to sexual orientation, and tackle stigma and discrimination in a broader sexual health context
- Improve agency/self-efficacy in matters of choice over sexual behaviours Reduce inequalities in sexual health outcomes

Sexual Health is prioritised in the Public Health Outcomes Framework (PHOF). Three national indicators relate to sexual health:

- under 18 conceptions
- chlamydia diagnosis in 15 to 24 year olds
- people presenting with HIV at a late stage of infection.

The Public Health White Paper Healthy Lives, Healthy People: Our Strategy for Public Health in England1 highlights a commitment to work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (STIs, contraception, abortion, health promotion and prevention).

Local policy-
The new service will be in line with a new Derbyshire Strategy for Sexual Health 2017-2020. This strategy is currently in development as part of the re-procurement process but builds on the current vision of the Derbyshire Sexual Health Framework 2013 – 2018:
Your sexual health matters: Working together to achieve good sexual health

Through an Integrated Sexual Health Service model the Derbyshire Sexual Health Framework aims to achieve the following strategic objectives:

- Ensure effective prevention and early diagnosis to minimise harm to individuals, families and communities
- Identify and protect those most at risk from poor sexual health outcomes
- Maximise opportunities to deliver a robust and efficient sexual health service

The developing local strategy will be a response to Derbyshire need and a response to national strategic themes and guidance evidenced for effective sexual health service provision.

- The importance of good sexual health and well-being.

Sexual health is an important part of both physical and mental health and is essential to the general well-being of a population. Good sexual health is aided by access to information and services that help avoid the risks of unintended pregnancy, sexually transmitted infections (STIs) and of harmful relationships.

The consequences of poor sexual health can be serious and costly for the individual, for health and social services and for society as a whole. Unintended pregnancy and STIs have preventable short term and long term effects on health and well-being, which can include:

[1] 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)

- Pelvic inflammatory disease (PID), pregnancy outside of the womb (ectopic) and difficulty getting pregnant (infertility);
- Cervical and other genital cancers;
- Inflammation of the liver (hepatitis), chronic liver disease and liver cancer;
- Chronic infection, such as human immunodeficiency virus (HIV), or recurrent infection, such as genital herpes;
- Distress over unintended pregnancy;
- Psychological consequences of sexual coercion and abuse;
- Limited educational, social and economic opportunities for teenage parents.

- Supporting good sexual health for the whole population

Some groups are at higher risk of poor sexual health, living with barriers that hinder their access to sexual health services.

Integrated Sexual Health service models aim to address inequalities within populations by providing easily accessible services. This is achieved through providing open access ‘one stop shops’, where the majority of sexual health and contraceptive needs can be met at one site, over extended opening hours and in accessible locations. As commissioner, the Council will need to ensure firm association across all aspects of sexual health services and across other services which have a clear link to sexual health such as Children and Young People’s services.

- Cost effectiveness and efficiency to the Council and the wider social care system.

Sexual health services deliver cost savings not just to the health economy but to the wider economy. Cuts to sexual health services run the risk of increases in unintended pregnancies and in STIs, both of which have associated costs. For example unplanned pregnancies have significant impact on a variety of public sector costs including social welfare programmes, housing, personalised social services, education, post-natal medical costs and support of families living on low incomes.

2. The team carrying out the analysis

Name	Area of expertise/ role
(Chair) Mary Hague	Sexual Health Commissioning and Public Health expertise, Senior Public Health Manager
Carol Ford Caroline Waller	Sexual Health Commissioning and Public Health expertise, Public Health Manager, Health Development Worker
Clinical expertise	Provider services
Commissioning expertise	Commissioning organisations across Sexual Health Landscape and associated organisations
General public and representation from vulnerable populations	Consultation model

3. Existing information and consultation based feedback

a. Sources of data and consultation used

Source	***Reason for using***
National surveillance data, managed by Public Health England (Genitourinary Medicine Clinical Activity Dataset v.2 [GUMCADv.2] for STIs. Sexual and Reproductive Health Profiles (annual profiles collating data from various national sources: STI, reproductive health incl. contraception) c. http://fingertips.phe.org.uk/profile/sexualhealth	This data gives information regarding local service provision and performance across a range of sexual health KPIs. Information about service(s) uptake, treatment and diagnosis can be seen in terms of protected groups and local performance can be compared to similar authorities. This data informs the DISHS re-procurement and future commissioning to maximise equality of service for all.

Source	***Reason for using***
Consultation: Re-procurement of DISHS Online and postal consultation/general public and service users Online consultation/ professionals, commissioners, organisations with association Focus groups – aimed at vulnerable populations	Consultation includes specific focus on groups at risk of poor sexual health outcomes
Friends and Family 2015,2016 – service user satisfaction	Information direct from users of services

4. Known impact on different protected characteristic groups

a. From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

<table>
<tr><td>Protected Group</td><td>Findings</td></tr>
<tr><td>Age including children and families, older people</td><td>Young people are most at risk of poor sexual health outcomes. The re-procurement of DISHS aims to ensure good access to young people.

<u>Under 25s attendances</u>
Table 1 shows first attendance of Derbyshire residents by age at DISHS across a 18mth period (April 2015 – September 2016). Data is sourced from GUMCADv.2.

Table 1: First attendance STIs by age of Derbyshire residents accessing DISHS.
<table>
<tr><td>AGE BANDS</td><td>1st STI attendances</td><td>% of total</td></tr>
<tr><td><15yrs/15yrs</td><td>664</td><td>2%</td></tr>
<tr><td>16 - 24yrs</td><td>18,031</td><td>55%</td></tr>
<tr><td>25 – 44yrs</td><td>12,808</td><td>36%</td></tr>
<tr><td>45yrs+</td><td>3447</td><td>9%</td></tr>
<tr><td>unspecified</td><td>19</td><td>0.05%</td></tr>
<tr><td>TOTALS</td><td>34,967</td><td></td></tr>
</table></td></tr>
</table>

The current picture shows higher service use by under 25s which is positive.

STI rates and screening levels under 25s

STI rates are most common amongst under 25s both nationally and locally. However screening for STIs has decreased nationally (GUMCADv.2 2015 data) and Derbyshire reflects this.

Chlamydia (15-24yrs) (formerly National Chlamydia Screening programme)

Chlamydia is the most commonly diagnosed STI.

Screening rates across 15-24yr olds for chlamydia in Derbyshire are below England at a percentage proportion of 19.6% in Derbyshire (England: 22.5%). This percentage is also below regional peer areas statistically similar to Derbyshire (Lincolnshire and Nottinghamshire).

Chlamydia detection rates (15-24 age group) have decreased in England and Derbyshire again reflects this trend. The Chlamydia detection rate (2015) is below England and is under-performing against the recommended Public Health Outcomes Framework (PHOF) rate (2300 per 100,000 detection rate to reduce prevalence of chlamydia by upto 2%).

Table 2: Chlamydia detection rate per 100,000 aged 15-24yrs PHOF 3.02

	Derbyshire	England
Chlamydia detection rate/100,000 aged 15-24yrs PHOF 3.02	1541	1887

The current service provision of chlamydia has a good positivity rate of 10% (2015/16 performance data) showing that screening is reaching young people at risk. However the data does indicate the need for a stronger balance between an approach with focus on people at high risk and whole population screening to ensure impact on the reduction in prevalence as advised through the PHOF indicator.

Reproductive Health

Reproductive health (2015 data from the Derbyshire Sexual Health and Reproductive Profile c. http://fingertips.phe.org.uk/profile/sexualhealth) highlights the continued decreasing trend of conceptions for both under 16s and 18s.

Table 3: Under 16 and under 18s conception rate/1000 PHOF 2.04 (2014 data)

PHOF 2.04	Derbyshire	England
Under 18s conceptions rate/1000	16.2	22.8
Under 16s conception rate/1000	3.9	4.4

Prevention of unplanned pregnancy is a key element across good sexual health outcomes and this is addressed in various ways including the promotion and provision of the full range of contraception in line with national guidance.

Contraception

NICE Guidance evidences the increased use of Long Acting Reversible Contraception (LARC) to reduce the numbers of unplanned pregnancies.
https://www.nice.org.uk/guidance/cg30?UNLID=881911804201642061

2015 data highlights that Derbyshire both in Clinic and General Practice provision deliver higher than England percentages of LARC:

- Total prescribed LARC excl. injections rate/1000 – 66.1/1000 compared to England 48.2/1000
- GP prescribed LARC excl. injections/1000 – 45.1/1000 compared to England 29.9/1000

Termination data under 19s

Recent data for repeat terminations across the under 19 age group shows figures although small as higher than England

	percentages in Erewash (12.5%) and Hardwick CCGs (11.8%) (England percentage (10.0%)) (Public Health England c. Department of Health 2015 data). Although actual numbers are small, this data still indicates a need to ensure messages of prevention are still uppermost with young people. <u>Long Acting Reversible Contraception (LARC) and Emergency Contraception (EC)</u> Current service delivery shows a general maintaining of LARC delivery through general practice based on current service performance data. Delivery of Emergency Contraception (EC) through pharmacy shows opportunity for improvement and greater engagement of pharmacy. Feedback from Consultation specific to young people's needs indicates • a need for improved communication and promotion of services and their locations • multi-faceted provision in terms of settings – use of online, texting, collocated services within youth-type settings eg. schools • use of outreach to "where young people are" • a mixed response between "wanting" young people only clinic provision v. all age provision. However the over-riding theme from young people was accessible clinics where they could access the nurse/clinician directly rather than going through perceived barriers "reception and other staff" The EIA recommends the re-procurement of DISHS include: • open access to all ages, with a focus on targeting young people and targeting young people most at risk • regular promotion of the DISHS in multiple ways to "engage" the young age group • cross-working with organisations and staff who work with young people and with a focus on other services working with young people at risk • established training of staff to support their interaction with young people and vulnerable young people eg. use of Your Welcome standards

Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives	It is a requirement that all DISHS sites are accessible to disabled people. Adults with a learning disability or poor mental health are likely to be at higher risk of poor sexual health. This information is not routinely collected by DISHS but all services are required to be accessible and ensure services are accessible to vulnerable young people and vulnerable adults. Case studies are requested by the commissioners as part of performance reporting and these do include service offer to people with disability and learning is taken to develop service provision. <u>People living with HIV</u> are another group identified as vulnerable to poor sexual health outcomes. This group of people require accessible sexual health services with appropriate offers of testing, prevention of onward transmission and enable access to support and advocacy services. This element of the service will remain within the re-procurement as part of the mandatory responsibility of local authorities. <u>HIV prevalence, diagnosis and testing coverage in Derbyshire</u> 2015 data for Derbyshire from the Sexual and Reproductive Health Profile highlights some challenges: • decreased HIV testing coverage across men, women and MSM, with Derbyshire below England –although testing coverage to the MSM population shows an increasing trend over the last 5 years • total uptake of HIV testing for Derbyshire is similar to the percentage for England (76.6% in Derbyshire/ 76.2% England). However uptake differs across groups: • uptake of HIV testing for women is above England and for MSM similar to England; uptake of HIV testing by men is below England. <u>HIV late diagnosis (PHOF 3.04)</u> – Derbyshire is underperforming against the rate. An early diagnosis of HIV is recommended to

	maximise health outcomes through earlier access to treatment. Numbers of HIV diagnoses and prevalence in Derbyshire are low but DISHS must be mindful of a service that promotes and engages towards earlier diagnosis especially with a focus on MSM groups. (c.http://fingertips.phe.org.uk/profile/sexualhealth) The EIA recommends the re-procured DISHS will remain inclusive to people with a disability through • regular Quality inspections by a provider and by the commissioner • access to Carers in the support of a disabled person with the permission of the patient • promotional materials and marketing to be accessible to people with disability including learning disability Further analysis across the area of HIV testing eg. staff training around how tests are offered, access to services for vulnerable groups most at risk ie. MSM, young heterosexuals, consideration of different models of delivery such as online testing.
Gender (Sex) including men and women, boys and girls	Derbyshire Sexual Health services are open access to both men or women. STI first attendance data by gender/Derbyshire residents accessing DISHS shows a 41% male attendance and 59% female attendance (April 2015 – September 2016 c. GUMCAD v.2). There may be a risk to access by males where sexual health services are delivered in an integrated model as currently and in the future, due to males perceiving the service as “family planning” and being deterred from access. This has been commented on in the current service and this EIA would recommend consideration to the marketing of DISHS to ensure access to both genders. The EIA recommends the re-procured DISHS • to develop communications, marketing and information about the service to meet the needs of both genders.

Gender reassignment – including impact if any on Transgender people	Data is not routinely collected through providers unless a patient shares this information. However vulnerable young people (including Lesbian, Gay, Bisexual and Transgender) are a priority group within Derbyshire Sexual Health Services as they are considered to be at higher risk of poor sexual health.
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	Data is not routinely collected through providers. DISHS is open access to all.
Pregnancy and maternity – including new mothers/ parents	Data is not routinely collected through providers. DISHS is open access to all. However the EIA recommends the re-procured DISHS • ensures clear clinical pathways between other commissioned sexual health services such as maternity to ensure clear routes to contraception provision for new mothers and wider support through DISHS.
Race – including all racial groups, including impact if any on Gypsies and Travellers	Service performance data (2015/16) appears to be generally reflective of the ethnicity of Derbyshire as a whole. Service attendees by race: The predominant attendees reported are White British (average 85%), with other races including any other White background, White and Black Caribbean and Asian/Asian British being reported but in a significant minority (under 2%). Current reporting includes an unknown where patients decline to give their race detail. Research shows that some ethnic groups have a greater risk of poor sexual health due to cultural and behavioural practice. Nationally, Black Africans have a greater prevalence of HIV.

<table>
<tr><td></td><td>Although the proportion of people from an ethnic minority population in Derbyshire is small, the service is mindful of issues to be addressed to maximise outcomes for groups.
Examples include practice (staff training, awareness, local procedures) to address issues such as Female Genital Mutilation (FGM) and monitoring the service offer within high areas of ethnic populations such as workplaces with a concentrated workforce from an ethnic minority group.</td></tr>
<tr><td>Religion and belief including non-belief, including religious minority communities, Humanists</td><td>Data is not routinely collected through providers. DISHS is open access to all.</td></tr>
<tr><td>Sexual orientation – including the impact if any on LGB people</td><td>Table 4 highlights attendance of Derbyshire residents at DISHS, STI first attendance data (April 2015 – September 2016 c. GUMCAD v.2)

Table 4: First attendance STIs by Sexual Orientation of Derbyshire residents accessing DISHS.

<table>
<tr><td>Sexual Orientation</td><td>Number</td><td>%</td></tr>
<tr><td>Heterosexual</td><td>25,862</td><td>74%</td></tr>
<tr><td>Gay/Lesbian</td><td>1658</td><td>5%</td></tr>
<tr><td>Bisexual</td><td>534</td><td>2%</td></tr>
<tr><td>Unspecified</td><td>6913</td><td>19%</td></tr>
<tr><td>TOTAL</td><td>34,967</td><td></td></tr>
</table>

The current DISHS collects sexual orientation data when declared by the patient and it is largely reflective of the national dataset. However clinicians and staff have been informed by some patients “that having to declare my orientation is off-putting” and may place a barrier to accessing DISHS.

DISHS currently works with a voluntary sector organisation that specifically focuses activity on LGBT groups alongside DCHSFT</td></tr>
</table>

	delivery of the sexual health promotion element with targeted provision to LGBT groups and including MSM. Provision is offered through group sessions, 1:1 intensive activity, outreach (Public Sex Environment work) and in clinic. Training is delivered to raise awareness of needs across the LGBT community and including MSM. DISHS has been involved at key LGBT events, such as Derbyshire Pride, raising awareness and carrying out testing Stage 1 Consultation (LGBT focus group) Needs suggested: • fear of stigma, prejudice and assumptions • importance of confidentiality Resolutions suggested: • clarity on what to expect when visiting DISHS relating to a reiteration of principles such as a service that is confidential, non-judgemental, welcoming • options on forms to better reflect sexuality/ gender identity • wider menu for access to booking eg. online, texting service • improved training and more for staff to raise awareness of LGBT issues and support staff interaction with LGBT clients. Staff mentioned included support to GPs • DISHS – some elements of services to be offered as part of other health clinics eg. STI screening as part of general health check appointments • LGBT young people feared prejudice form other young people – thus perceived youth only DISHS clinics as a barrier to them and would prefer all-age clinics; open access clinics can provide anonymity EIA recommendations • reiteration of DISHS: service confidentiality, non-judgemental and welcoming • options on forms to better reflect sexuality/ gender identity • innovation regarding service access in terms of promotion and booking eg. online, texting service • improved training and more for staff to raise awareness of LGBT issues

	• DISHS – some elements of services to be offered as part of other health clinics eg. STI screening as part of general health check appointments • LGBT young people feared prejudice from other young people – thus perceived youth only DISHS clinics as a barrier to them and would prefer all-age clinics; open access clinics can provide anonymity

Non-statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	Derbyshire sexual health services are free and open access. However the current service seems to show a level of disproportion of access across Derbyshire based at district level and considering levels of deprivation. Table 5: % attendance unique users (c. DISHS performance data/QTR 3 201617

District	% attendance unique users (c. DISHS performance data/QTR 3 201617
Amber Valley	9.55%
Bolsover	9.12%
Chesterfield	32.60%
Derbyshire Dales	6.36%
Erewash	9.74%
High Peak	8.38%
North East Derbyshire	17.93%
South Derbyshire	3.38%
unspecified	2.95%

Those in poorer and disadvantaged communities and groups are more likely to be at increased risk of poor sexual health due to access to services.

EIA recommendation

	• Further analysis to offer a level of guidance to support KPIs in the new contract based on estimated service use at district level • Consideration of other service delivery tools eg. technology, postal delivery of elements of services. However such developments need to be mindful of the needs of groups with vulnerabilities who have prioritised the need for face to face delivery with a nurse/ clinician. The current service uses online testing through postal kits for HIV and Chlamydia.
Rural communities	Derbyshire residents that are rurally isolated may be more likely to be at increased risk of poor sexual health due to restricted access to services (transport, travel issues). Sexual health services are open access and the current service is mindful of addressing such access issues due to rurality such as the c-card service for young people, online testing (HIV and Chlamydia) through postal kits and community sites for Chlamydia bins, working with general practice and pharmacy to deliver LARC and EC. EIA Recommendations would consider similar to the above that might meet the needs of income disadvantaged as well as the geographical issues across Derbyshire.

Impact on employees of Derbyshire County Council or prospective employees

Derbyshire County Council is not currently a provider of Sexual Health Services in Derbyshire. There should therefore be no impact on Derbyshire County Council employees. However, Derbyshire County Council employees do undertake roles that may refer service users into sexual health services such as Childrens Services teams, Adult Care Learning Disabilities, Public Health commissioned Substance Misuse services. Derbyshire County Council employees therefore need to be aware of the current service and any changes to services.

The Consultation highlighted direct from professionals the lack of awareness and understanding of service available:

Stage 1 Professional consultation (13 February – 13 March)
101 respondents completed the online questionnaire:
54% professional working within a related service
25% working within DISHS
22% other professional
A general theme arising from professionals' comments was a lack of awareness of the service and therefore lack of understanding of the delivery offer – 48% seemed unaware. 51% of respondents who were aware of the service commented on the good quality of DISHS, however 20% expressed concern of service accessibility.

Stage 2 Professional consultation (20th March – 20th May)
Further opportunities for consultation with other commissioning organisations (CCGs, NHS England, Prison Sexual Health) have included:

- Stage 1 findings have informed the development of the Sexual Health Strategy for Derbyshire. Strategy development workshop, involving CCG commissioners, representatives of the LMC, LPC, Children's Services, and LGBT+ took in place in March 2017.
- Discussions have also taken place with NHS England and Prison Sexual Health commissioners to inform this strategy.

EIA Recommendations:
Priority within the newly re-procured DISHS to work closely with other organisations and frontline professionals to support visibility of DISHS and to ensure improved reach to vulnerable populations

b. From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

Protected Group	Findings
Age	Monitoring Information Online Consultation: 188 respondents (incl 75 questionnaires returned by post) 172 declared age: • 15 – 24yrs: 32% response

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25-44yrs: 40% response
45yrs+: 28% response

Monitoring Information from Focus Group Sessions
61 respondents engaged in Focus group sessions which were identified in accordance with vulnerable groups. 3 groups included under 25s

The findings are indicated in Section 4.

EIA Recommendation
The Re-procurement of DISHS will continue to prioritise meeting the needs all ages, with a specific focus on young people and vulnerable young people.
</td>
</tr>
<tr>
<td>Disability</td>
<td>
Monitoring Information Online Consultation
Do you consider yourself to be disabled?
<table>
<tr><td>Yes</td><td>No</td></tr>
<tr><td>15</td><td>169</td></tr>
</table>

<u>People Living with HIV</u> – information are included in Section 4 under Disability section.
Data was not collected specifically from people living with HIV (PLHIV) within the Consultation. The current DISHS does work with PLHIV as within the contractual requirements.
The re-procured DISHS should not adversely affect PLHIV however from analysis on the service model and how it is delivered, action is recommended.

Consultation has involved opportunities for discussion with the NHS England Commissioner responsible for HIV Treatment and Care services, as detailed above under Stage 2 Professionals Consultation. Additionally, focus groups as part of the consultation have included some feedback from the following identified at risk groups:

Those with learning disabilities or mental health problems

EIA Recommendation
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- To feedback to the voluntary sector provider to analyse further the needs of PLHIV
- To feedback to commissioners of services to people living with mental ill health and/or a learning disability to further analyse needs.

</td></tr>
<tr><td>Gender (Sex)</td><td>Monitoring Information Online Consultation
At birth were you described as:
<table>
<tr><td>Male</td><td>Female</td><td>Prefer not to say</td></tr>
<tr><td>47</td><td>137</td><td>2</td></tr>
</table>

Section 4 covers key themes relating to gender.</td></tr>
<tr><td>Gender reassignment</td><td>This data was not collected</td></tr>
<tr><td>Marriage and civil partnership</td><td>This data was not collected</td></tr>
<tr><td>Pregnancy and maternity</td><td>This data was not collected</td></tr>
<tr><td>Race</td><td>Monitoring Information Online Consultation
White British: 96%
Other (incl. Asian/Asian British; Black/Black British, Mixed, Other): 4%

Research shows that some ethnic groups have a greater risk of poor sexual health due to cultural and behavioural practice. Nationally, Black Africans have a greater prevalence of HIV. However the size of this population in Derbyshire is relatively small.</td></tr>
<tr><td>Religion and belief including non-belief</td><td>This data was not collected</td></tr>
<tr><td>Sexual orientation</td><td>Monitoring Information from Online Consultation
Sexual orientation:
<table>
<tr><td>Heterosexual</td><td>Gay man</td><td>Gay woman</td><td>Bisexual</td><td>Prefer not to say</td></tr>
</table></td></tr>
</table>

	86%	6%	2%	3%	3%

<u>Monitoring Information from Focus Group Sessions</u>
One Focus group worked with people who identified as LGBT.

Non-statutory

Poorer and disadvantaged communities	This data was not collected in the Consultation
Rural	Access issues were raised both from the professional and public questionnaire. Respondents offered proposed considerations as follows: • Developing outreach not just specific to young people but to all ages with a need and who perceive a geographical barrier to DISHS eg. a bus, a "clinic in a boot" • Use of technology within the model • Improved focus on working with general practice as settings for DISHS EIA recommendations: • Consideration of outreach models and enquiry to peer authorities that operate such eg. Lincolnshire • Consideration of a model that prioritises general practice as a setting for delivery • Consideration of other settings in communities eg. pharmacy, other health settings, other non-health settings – community venues

Employees or prospective employees

Data was not collected directly from employees or prospective employees; however the consultation was open to existing providers and the general public.

c. Are there any ***other*** groups of people who may experience an adverse impact because of the proposals?

It is not expected that there will be any adverse impact on other groups. The re-procured DISHS aims to increase service provision and access and will remain a free open access service. The re-procurement aims to utilise the information gathered both from data sources, current service provision and the Consultation processes to fully inform the new model of service.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
From undertaking this EIA it has highlighted that there are the following gaps within the data: • Offenders in the community	Additional discussions and engagement with commissioners and providers of services that work directly with these groups will be required. However the Commissioner has met with the provider of Sexual Health Services in prisons to incorporate comment into the developing Derbyshire Strategy for Sexual Health. Information has been forwarded to the current DISHS provider for improved working across both services.

6. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

a) Please summarise the consultation which has been carried out

Derbyshire Integrated Sexual Health Service (DISHS) Re-procurement Consultation, June 2017 attached to the Cabinet Report highlights the consultation plan and key findings.

The Stage 1 consultation opened for 4 weeks from 13 February to 13 March 2017. The following methods were offered:

Stakeholder group	Consultation method					Communication method		
	Online public survey	Postal public survey	Online stakeholder survey	Focus group	Offer of 1:1 discussion (on request)	Posters displayed in some public areas	DCC internal comms channels	Partner organisation comms channels
All residents	x	x				x		
Service users	x	x				x		X
Identified vulnerable groups	x	x		x		x		X
Staff working in the current service	x	x	x		x	x	x	X
Partner organisations	x	x	x		x	x		X

Poster for online questionnaire:

Sexual-Health-A4-V4-WEB.PDF

Stage 2 Consultation took place from 20th March 2017 – 20th May 2017.
Stage 2 involved:

- Additional focus groups with identified vulnerable groups
- Further opportunities for consultation with other commissioning organisations (CCGs, NHS England, Prison Sexual Health) including:
  - Stage 1 findings have informed the development of the Sexual Health Strategy for Derbyshire. Strategy development workshop, involving CCG commissioners, representatives of the LMC, LPC, Children's Services, and LGBT+ took in place in March 2017.
  - Discussions have also taken place with NHS England and Prison Sexual Health commissioners to inform this strategy.

b) Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

In total 350 people have engaged in the consultation, this includes:

- 113 responses to the online public survey

- 75 postal submissions to the public survey
- 101 responses to the online stakeholder survey
- 61 participants engaged in focus groups from identified 'at risk' populations (vulnerable young people (NEETS, care leavers); LGBT group, Drug and Alcohol recovery females.

Emerging themes from Consultation:

- Availability of appointments/ waiting times for appointments
- A need for outreach clinical services to those most at risk – taking the service to those who experience barriers in accessing a clinic
- Improve visibility of the service – to partners and the population
- Services need to be more accessible in rural locations where travel is a barrier
- Different ways of accessing the service need to be explored – for example text messaging services, online services, postal kits
- Improve communication with partners
- Services need to better understand barriers to vulnerable groups to reduce the fear of prejudice and stigma
- Suitably trained workforce – matching competencies to demands on the service
- Ensure absolute confidentiality
- Explore extended GP provision and appropriate funding

7. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

As highlighted any changes as part of the developing re-procured DISHS will be in response to this EIA. The re-procurement's aim is continued improvement of the sexual health across the Derbyshire population and including people in protected groups and at higher risk of poor sexual health outcomes.

EIA recommendations:
Commissioners of DISHS should ensure further discussion with other sexual health commissioners (CCG and NHS England) to ensure there is no risk or destabilisation to services across the whole sexual health system.