

Integrated sexual health and HIV service re-procurement

Did you use the EIA Screening Tool?

- No – We recognise the importance of an EIA and undertook a review automatically if necessary

1. Explaining the matter being assessed

What policy, function or service change are you assessing?

This Equality Impact Assessment relates to the provision of an integrated sexual health and HIV service in Surrey which has reached the end of its contract term with the current provider and will require a re-procurement process to take place in 2021. We are assessing the service as a whole as the interdependencies across its parts are strong and could not be assessed separately.

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 reproductive health 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.

Sexual health prevention services are funded wholly by the public health grant.

HIV treatment and care services are funded separately by NHS England.

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.

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".

[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.

Surrey's vision for integrated sexual health and HIV services is:

- An integrated service to offer a one-stop-shop for service users
- A service which has links with other services addressing risky behaviours, particularly in younger people examples include youth support service and Catch 22

Equality Impact Assessment

- 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).

Public Health have carried out a Sexual Health Needs Assessment which was completed in June 2021.

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 as patients will choose to use the nearest or most appropriate service to meet their need.

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, Hampshire and elsewhere. Specialised HIV services although delivered by the same clinicians who will deliver services related to this EIA are not commissioned by Surrey County Council and are in fact commissioned by NHS England who will also be undertaking an EIA.

Why does this EIA need to be completed?

Equality Impact Assessments (EQIA) are an important framework for demonstrating due regard through considering evidence and analysis to help identify the likely positive and negative impacts that policy proposals may have on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

Who is affected by the proposals outlined above?

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, namely:

- Young people under 25 (including Looked After Children and care leavers)
- Black and Asian Minority Ethnic communities (including Gypsy, Roma and Traveller community)
- Sex Workers
- Men who have sex with men (MSM)
- People with disabilities
- Those engaged in ChemSex
- Trans communities
- People living with HIV

We have considered the impact on those residents with a Carers protected characteristic and do not anticipate any impacts on them either positive or negative. However when service changes are being made they will be developed in consideration to the SCC carers strategies and if necessary a revised EIA will be undertaken.

Equality Impact Assessment

How does your service proposal support the outcomes in the Community Vision for Surrey 2030?

- Children and young people are safe and feel safe and confident.
- Everyone benefits from education, skills and employment opportunities that help them succeed in life.
- Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.
- Everyone gets the health and social care support and information they need at the right time and place.
- Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.

Are there any specific geographies in Surrey where this will make an impact?

The services being delivered which this EIA relates to are provided on a countywide basis and patients from across all areas of Surrey have access to them.

We regularly monitor data and other local evidence to identify any specific changes in the sexual health of particular geographies of the county and if an issue is identified we undertake additional service provision to resolve it.

Briefly list what evidence you have gathered on the impact of your proposals

List the engagement activities here rather than the documents where this is summarised – just a bullet point list will suffice ...

The thorough series of engagement activities were carried out including focus groups, one to one interviews, surveys (translated into different languages), stakeholder specific interventions e.g. primary care, community pharmacy and targeted priority groups. This is demonstrated in the following:

- Communication plan and Service Specification
- Scrutiny Paper- Surrey County Council - Agenda for Adults and Health Select Committee on Wednesday, 22 January 2020, 10.30 am (surreycc.gov.uk)
- Surrey Sexual Health Needs Assessment 2021 Engagement Report.
\\surreycc.local\deptwide\PHE\Health Improvement\Sexual and Reproductive Health & TP\Sexual Health Needs Assessment (S)\2020 Sexual Health Needs Assessment\FINAL needs ass and engage log

We completed a sexual health needs assessment in June 2021. This will inform the procurement process. As part of this, we carried out engagement with residents and other healthcare professionals (including GPs and pharmacy colleagues). Sexual health is an issue that affects everyone in some way and the findings indicated the need for ensuring accessible services for all of the protected characteristic groups. For the Service Specification we have involved community GPs and will provide CCGs and ICPs with the final draft for their feedback.

2. Service Users / Residents

There are 10 protected characteristics to consider in your proposal. These are:

1. Age including younger and older people
2. Disability
3. Gender reassignment
4. Pregnancy and maternity
5. Race including ethnic or national origins, colour or nationality
6. Religion or belief including lack of belief
7. Sex
8. Sexual orientation
9. Marriage/civil partnerships
10. Carers protected by association

Though not included in the Equality Act 2010, Surrey County Council recognises that socio-economic disadvantage is a significant contributor to inequality across the County and therefore regards this as an additional factor.

Therefore, if relevant, you will need to include information on this. Please **refer to the EIA guidance** if you are unclear as to what this is.

Equality Impact Assessment

Age

What information (data) do you have on affected service users/residents with this characteristic?

In the population of Surrey 8.9% of people are aged 17-24 and 18.7% aged over 65 yrs.

In 2019/20 43% of services users accessing Central and North West London (CNWL) clinics were under 25yrs of age and 57% were older.

All age groups are eligible to access the service should they need it for their contraception or STI screening needs. Services and outreach for young people is available. We also recognise there is a need for service access for older people.

The sexual health outreach team work with professionals who work with the target groups to ensure they receive consistent sexual health messages and are informed on how to access services.

Positive impacts identified

Impact: Use of online 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.

- **Supporting evidence:** The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics. Through Pharmoutcomes we receive regular Pharmacy activity also.
- **How will you maximise positive/minimise negative impacts?:** This means they have more options for testing and treating Chlamydia and Gonorrhoea infections which is aimed to make it more convenient.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL

Impact: The use of online STI and contraception services for 18yrs plus enables that age group to access services more conveniently.

- **Supporting evidence:** The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics.
- **How will you maximise positive/minimise negative impacts?:** This means they have more options as to how to test for a variety of STI infections as well as HIV and where to get their contraception from which is aimed to make it more convenient.

Equality Impact Assessment

- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL

Impact: 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.

- **Supporting evidence:** The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics.
- **How will you maximise positive/minimise negative impacts?:** 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.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL

Impact: The service specification details that this service must work with and align to services for young people to minimise harm and increase access.

- **Supporting evidence:** Outlined in the service specification as recommended by PHEs Making It Work guidance as being good practice.
- **How will you maximise positive/minimise negative impacts?:** 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.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL

Impact: Integration of services allows needs to be met holistically by dual trained clinicians.

- **Supporting evidence:** Outlined in the service specification as recommended by PHEs Making It Work guidance as being good practice.
- **How will you maximise positive/minimise negative impacts?:** Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience. Online videos mean 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.
- **When will this be implemented by?:** Ongoing

Equality Impact Assessment

- **Owner:** CNWL

Impact: All ages of patients are given basic STI and contraception advice at every appointment regardless of what their appointment was for.

- **Supporting evidence:** Outlined in the service specification as recommended by PHEs Making It Work guidance as being good practice.
- **How will you maximise positive/minimise negative impacts?:** Ensure patients receive consistent messages regarding their sexual health.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL

Impact: 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.

- **Supporting evidence:** The communication plan developed by CNWL and SCC is updated regularly to work towards ensuring the relevant information is getting to the appropriate professionals.
- **How will you maximise positive/minimise negative impacts?:** Through the communications plan important events can be documented and timelines implemented to ensure they are publicised appropriately.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL & SCC

Negative impacts identified

Impact: Older patients living with HIV can find the online and phone support socially isolating and still wish to access services face to face.

- **Supporting evidence:** The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics.
- **How will you maximise positive/minimise negative impacts?:** Individual care packages can be provided for the most complex and vulnerable patients and forms part of their regular clinic follow up meetings with clinicians
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL NHSE

Equality Impact Assessment

Impact: With a reduction in walk-in appointments and the encouragement of asymptomatic patients to use online ordering of test kits there is the potential for younger people to not be able to access them if living with parents etc.

- **Supporting evidence:** Online services are developing and contract monitoring data is available to show age profiles of those accessing the service
- **How will you maximise positive/minimise negative impacts?:** We are reviewing the accessibility of test kits and how they could also be available through community venues and can be accessed personally and not through the mail.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL Public Health

What other changes is the council planning/already in place that may affect the same groups of residents?

Are there any dependencies decisions makers need to be aware of.

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Disability

What information (data) do you have on affected service users/residents with this characteristic?

The day-to-day activities of 13.5% of Surrey's population are limited by a long-term health problem or disability. It is difficult to identify exactly how many people are living with a learning disability in Surrey as the latest need assessment published in 2011 estimated that there were between 3,000 and 16,000 individuals but that this figure is likely to increase by a further 14% by 2021 to a total of 18,000 who currently or in the future may have difficulties accessing sexual health services.

In 19/20 out of the small number of sexual health clinic service users who identified as having a disability 19% had a learning disability and 81% had a physical disability. The number of service users with a disability is not currently reported at contract meetings however with the service about to be re-procured it has now been added into the data requirements for reporting each quarter.

Positive impacts identified

Impact: Information is fully accessible to people with a disability as required by the Accessible Information Standard. The following are separate positive impacts.

Integration of services allows needs of people with disabilities to be met holistically by dual trained clinicians.

Accessibility to the 3 main clinics will be improved for people with disabilities when the recommendations of the disabled go audit are implemented

Mechanisms are in place to capture the voice of people with disabilities to help shape services

- **Supporting evidence:**

- CNWL have commissioned disabled go to carry out an audit of their services. The recommendations from the Disabled Go assessment are:
 - 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.
 - Please find the full reports of the 3 main clinics here:
 - <https://www.disabledgo.com/access-guide/central-and-north-west-london-nhs-foundation-trust/buryfields-clinic>

Equality Impact Assessment

- <https://www.disabledgo.com/access-guide/central-and-north-west-london-nhs-foundation-trust/earnsdale-clinic>
- <https://www.disabledgo.com/access-guide/central-and-north-west-london-nhs-foundation-trust/woking-community-clinic> Wheel chair user assessment – Appendix One
- The Sexual Health Outreach Group (SHOG) works to 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.
- The Patient Engagement Strategy (PES) will ensure that the voices of this target group will be heard and listened to ensure that the services meet their needs.
- Data on this target group is being included in the wider Public health quality report on protected characteristics.
- Continued engagement with Surrey Healthwatch to capture service users experiences.
- **How will you maximise positive/minimise negative impacts?:**
 - Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience.
 - Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.
 - All three clinical hubs (Redhill, Guildford and Woking) are accessible to wheelchair users.
 - 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 where the service is located. Disabled onstreet car parking is available outside of the building.
 - Hearing loops are installed in all clinical hub
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Impact: Transport options are available for those that meet the eligibility criteria if they are unable to access clinics due to their disability.

- **Supporting evidence:** Funding is available through NHSE and SCC.

Equality Impact Assessment

- **How will you maximise positive/minimise negative impacts?:** Those that need the service are able to access it.
- **When will this be implemented by?:** Ongoing
- **Owner:** NHSE and SCC

Impact: HIV patients that have additional disabilities meaning they are unable to access the clinics will be assessed and maybe eligible for a specialist care package funded by NHS England.

- **Supporting evidence:** Funding is available through NHSE and SCC.
- **How will you maximise positive/minimise negative impacts?:** Those that need the service area able to access it.
- **When will this be implemented by?:** Ongoing
- **Owner:** NHSE and SCC

Negative impacts identified

Impact: Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities.

- **Supporting evidence:** The Sexual Health Outreach Group (SHOG) works towards ensuring 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.
- **How will you maximise positive/minimise negative impacts?:** The contract requires all providers to provide evidence that they can address accessibility issues.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Impact: The service model means that some patients have had a change in location for their services which may be challenging for people with disabilities.

- **Supporting evidence:** Some clinics had to be relocated when the new contract was implemented.
- **How will you maximise positive/minimise negative impacts?:** 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. Online services for 18yrs plus also reduce the need travel for some services.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL, SCC and NHSE

Equality Impact Assessment

Impact: Access for wheelchair users to the Earnsdale (Redhill) clinical hub required assistance from staff meaning patients cannot independently access the clinic service.

- **Supporting evidence:** The step free access is located at an alternative entrance to the main entrance.
- **How will you maximise positive/minimise negative impacts?:** Staff are able to be contacted through the intercom and can then assist the wheelchair user into the clinic.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL

Impact: There is an encouragement for asymptomatic patients to use online ordering of test kits which they then complete at home. Potentially as people with a disability are more digitally excluded they may not be able to access the online service.

- **Supporting evidence:** Online services are developing and contract monitoring data is available to show profiles of those accessing the service which will be reviewed on a quarterly basis.
- **How will you maximise positive/minimise negative impacts?:** We are reviewing the accessibility of test kits and how they could also be available through community venues and can be accessed personally and not through the mail.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and Public Health

**What other changes is the council planning/already in place that may affect the same groups of residents?
Are there any dependencies decisions makers need to be aware of.**

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Gender Reassignment

What information (data) do you have on affected service users/residents with this characteristic?

The sexual health needs of trans people remain understudied in the UK and internationally. Among those that had attended a sexual health clinic, trans people were more likely to report a negative experience when accessing the service. Trans respondents were also more likely to say that they had not found their GP supportive (4%) than cisgender respondents and were also more likely to say that their GP had not known where to refer them than cisgender respondents. In particular, trans men were more likely to have been worried, anxious or embarrassed about going (20%) than trans women (11%) and non-binary respondents (12%)

CNWL does not report on Gender reassignment, but chosen gender is. In 19/20 less than 1% of service users identified as other rather than male or female.

Positive impacts identified

Impact: 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.

- **Supporting evidence:**

- The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics.
- The Sexual Health Outreach Group (SHOG) ensures 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.
- 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.

- **How will you maximise positive/minimise negative impacts?:** The use of online STI and contraception services for 18yrs plus enables that age group to access services more conveniently and do not need to attend a clinic.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL

Negative impacts identified

Impact: The service online offering only asks if a patient is male or female.

Equality Impact Assessment

- **Supporting evidence:** Feedback from SHOG has raised awareness that this is an issue.
- **How will you maximise positive/minimise negative impacts?:** The provider has now agreed an amended set of questions which will enable patients to specify both their birth gender and the gender that they identify with/
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

**What other changes is the council planning/already in place that may affect the same groups of residents?
Are there any dependencies decisions makers need to be aware of.**

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Pregnancy and maternity

What information (data) do you have on affected service users/residents with this characteristic?

Under 18 conception rates are now the lowest they have been in Surrey since current data began being collected in 2011. In 2011 there were 22.5 conceptions per 1,000 under 18 year olds decreasing to 10.5 conceptions per 1,000 in 2018. The numbers are small but the overall trend is definitely much improved. The numbers are decreasing and are lower than the south east averages.

Surrey has one of the lowest abortion rates in the south east and repeat abortions are also lower than England and the South East. Details on the service users/residents that could be affected.

Positive impacts identified

Impact: Public Health commissioned sexual health services are key providers of contraception to girls and women in Surrey.

- **Supporting evidence:**

- 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.
- 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 experienced 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.
- The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics
- The Sexual Health Outreach Group (SHOG) works towards ensuring 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.
- 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.

Equality Impact Assessment

- **How will you maximise positive/minimise negative impacts?:** 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. The use of online STI and contraception services for 18yrs plus enables that age group to access services more conveniently.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Impact: Sexual health services provided during pregnancy such as Chlamydia screening continue to be provided by maternity services. Existing links to maternity and GPs are maintained and developed when potential improvements to partnership working takes place.

- **Supporting evidence:** SCC also commissions the 0-19 Children and Family Health Surrey service and some GP contraception services.
- **How will you maximise positive/minimise negative impacts?:** SCC will continue to be provided with data to evidence these services continue to support pregnant women.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Negative impacts identified

Impact: Young single mothers on low incomes may have increased travel cost due to relocation, which may affect access.

- **Supporting evidence:**
- **How will you maximise positive/minimise negative impacts?:** The provider can liaise with the individual's midwifery team and ensure that all necessary tests and treatments are conducted at the appropriate time if she is unable to access the clinic sites.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL, NHSE, SCC

What other changes is the council planning/already in place that may affect the same groups of residents?

Are there any dependencies decisions makers need to be aware of.

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Race including ethnic or national origins, colour or nationality

What information (data) do you have on affected service users/residents with this characteristic?

According to the 2011 Census data, 17% of Surrey's population are from a minority ethnic background. There is wide variation in the levels of STIs amongst ethnic minority communities which is influenced by several factors, such as varying sexual attitudes and behaviours, patterns of sexual mixing, language barriers and access to sexual health services. The data shows that people from black African ethnic minority groups are at a higher risk of contracting sexually transmitted infections (including HIV). For example, people from black African backgrounds in the UK are particularly affected by HIV but in comparison, black Caribbean residents tend to have higher prevalence of STIs (such as syphilis, chlamydia and gonorrhoea) but have lower HIV rates. Data collected in 2016 in London shows that the highest number of new STIs diagnosed are within the white ethnic group, with only 9% of new STIs diagnosed.

In 19/20 out of the 17 ethnicity options the majority of CNWL clinic service users identified as being white British (67%), 8% white other, 2% Black British African and 12% did not state an ethnicity.

Positive impacts identified

Impact: The service specification requires the provider to work with groups most at risk of sexual ill health. 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.

- **Supporting evidence:**

- 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%.
- 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 as black Caribbean, black African, other black. 0.6% identified as Chinese, 0.8 as other and 23% did not state their ethnicity.
- 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%

Equality Impact Assessment

identified as black Caribbean, black African, other black. 0.5% identified as Chinese, 0.5 as other and 26% did not state their ethnicity.

- The Sexual Health Outreach Group (SHOG) works towards ensuring 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.
- 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.
- **How will you maximise positive/minimise negative impacts?:** 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. The use of online STI and contraception services for 18yrs plus enables that age group to access services more conveniently.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and NHSE

What other changes is the council planning/already in place that may affect the same groups of residents?

Are there any dependencies decisions makers need to be aware of.

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Religion

What information (data) do you have on affected service users/residents with this characteristic?

The majority of the population in Surrey is Christian (62.8%). Muslim is the next biggest religious group (2.2%). The proportion of Christians in Surrey fell from 74.6% in 2001 to 62.8% in 2011. The percentage of people that reported to have no religion has increased to a quarter of the population. Younger age groups are more likely to have no religion than older people.

In 19/20 90% of CNWL clinic service users did not state belonging to any religion, 6% stated they had no religion, 2% Christian and 1% declined to disclose or stated other.

Positive impacts identified

Impact: 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 based inclusive information to be delivered in a sensitive way to encourage community figures to deliver safer sex messages.

- **Supporting evidence:**

- The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics
- The Sexual Health Outreach Group (SHOG) works towards ensuring 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.
- 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.

- **How will you maximise positive/minimise negative impacts?:**

- Services are open access and are offered on days and times to suit service users.
- 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.
- Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.

Equality Impact Assessment

- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Negative impacts identified

Impact: Targeting of faith groups in relation to sexual health may not be well received by some communities.

- **Supporting evidence:**
- **How will you maximise positive/minimise negative impacts?:**
 - The Sexual Health Outreach Group (SHOG) works towards ensuring 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 and where necessary ensure that the information is tailored to the target group.
 - Online services for local residents 18yrs plus also reduce the need travel for some services and reduces the need for face to face interactions which may not be suitable for some people of faith.
- **When will this be implemented by?:**
- **Owner:**

What other changes is the council planning/already in place that may affect the same groups of residents?

Are there any dependencies decisions makers need to be aware of.

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Sex

What information (data) do you have on affected service users/residents with this characteristic?

Surrey has a slightly bigger female population with 51% being female and 49% are male. In 19/20 64% of CNWL clinic service users identified as female and 36% male.

Positive impacts identified

Impact: Integration of services allows needs to be met holistically by dual trained clinicians.

- **Supporting evidence:**

- [http://www.sexeducationforum.org.uk/evidence/datastatistics.aspx#Use of sexual health services.](http://www.sexeducationforum.org.uk/evidence/datastatistics.aspx#Use%20of%20sexual%20health%20services)
- The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics
- Out of the 31,329 patients that visited a CNWL clinic for sexual health 35% were male and 65% were female.
- 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.
- 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.

- **How will you maximise positive/minimise negative impacts?:** Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience. Access to online services means some needs can be met without having to attend a clinical service.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Negative impacts identified

Impact: Men are less likely to access contraception services in the community or GPs.

- **Supporting evidence:**

- There is little formal evidence as to why men access contraception services far less than women, however an article using discourse analysis did identify some perceptions from the study participants which can begin to explain it. [British Couples' Experiences of Men as Partners in Family Planning - Amanda D. Wilson, 2020 \(sagepub.com\)](#)
- In addition, the contraceptive needs of women are far more complex than for men and as such it is more important clinically for women to access formal contraception services.

Equality Impact Assessment

- **How will you maximise positive/minimise negative impacts?:** There is a designated Young people's outreach worker who works with this target group. Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service. The Condom Distribution Scheme enables young men to access condoms from venues they are already familiar with such as youth clubs, pharmacies and libraries, therefore negating the need to access formal contraception services.
- **When will this be implemented by?:**
- **Owner:**

**What other changes is the council planning/already in place that may affect the same groups of residents?
Are there any dependencies decisions makers need to be aware of.**

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Sexual orientation

What information (data) do you have on affected service users/residents with this characteristic?

In England 94.4% of people identified as heterosexual/straight (with 2.2% identifying as gay, lesbian or bisexual) In the South East, 94.9% of people identified as heterosexual/straight (with 2.5% identifying as gay, lesbian or bisexual) In London just 91.5% of people identified as heterosexual/straight (with 2.8% identifying as gay, lesbian or bisexual) In 2019/20 91% of CNWL clinic service users identified as heterosexual, 7% homosexual, 1% bisexual and 1% other.

Positive impacts identified

Impact: Integration of services allows needs to be met holistically by dual trained clinicians. Men who have sex with men (MSM) and women who have sex with women (WSW) are identified within the Surrey Sexual Health Needs Assessment 2021 as priority groups and are therefore targeted by the service as an at-risk group.

- **Supporting evidence:**
 - Nationally MSM 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.
 - The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics
 - The Sexual Health Outreach Group (SHOG) will work towards ensuring 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.
 - 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.
- **How will you maximise positive/minimise negative impacts?:** Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience. Access to online testing for some sexually transmitted infections allows people to self-test without having to attend a clinical service.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Equality Impact Assessment

**What other changes is the council planning/already in place that may affect the same groups of residents?
Are there any dependencies decisions makers need to be aware of.**

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

Equality Impact Assessment

Marriage

What information (data) do you have on affected service users/residents with this characteristic?

There were 242,842 marriages registered in England and Wales in 2017, a decrease of 2.8% compared with 2016 and 1.1% lower than 2015. The change between 2016 and 2017 was driven by a 9.5% decline in the number of religious marriages coupled with a 0.6% decline in the number of civil marriages.

CNWL do not collect data on this protected characteristic as it was decided by the service that it was not an appropriate question to ask sexual health patients.

Positive impacts identified

Impact: Integration of services allows needs to be met holistically by dual trained clinicians. Due to the nature of services there are additional safeguards in place to ensure that each patient is treated as an individual and their marital status is not reflected in the level or quality of the service they receive. 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.

- **Supporting evidence:**
 - 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.
 - The service captures and reports information to allow us to better understand and provide services for groups with protected characteristics
 - The Sexual Health Outreach Group (SHOG) work towards ensuring 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.
 - 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.
- **How will you maximise positive/minimise negative impacts?:** Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services can be delivered by the same clinicians, improving patient access and experience. Each patient is seen as an individual with the preference of clinicians being that they only have the actual patient in the consulting room to ensure confidentiality and as open a discussion as possible.
- **When will this be implemented by?:** Ongoing
- **Owner:** CNWL and SCC

Equality Impact Assessment

**What other changes is the council planning/already in place that may affect the same groups of residents?
Are there any dependencies decisions makers need to be aware of.**

- We are currently unaware of any other changes that are taking place that may affect the same groups of residents.

Any negative impacts that cannot be mitigated? Please identify impact and explain why.

- None

3. Staff

There are no expected impacts on SCC staff from any of the protected characteristics, as this service is delivered in its entirety by external organisations contracted through a rigorous procurement process.

4. Amendments to the proposals

CHANGE	REASON FOR CHANGE
What changes have you made as a result of this EIA?	Why have these changes been made?
None	N/A

5. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

Outcome Number	Description	Tick
Outcome One	No major change to the policy/service/function required. This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken	
Outcome Two	Adjust the policy/service/function to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?	x
Outcome Three	Continue the policy/service/function despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: <ul style="list-style-type: none"> • Sufficient plans to stop or minimise the negative impact • Mitigating actions for any remaining negative impacts plans to monitor the actual impact. 	
Outcome Four	Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination (For guidance on what is unlawful discrimination, refer to the Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act concerning employment, goods and services and equal pay).	

Question	Answer
Confirmation and explanation of recommended outcome	The EIA has highlighted some negative impacts of the change to service and mitigating actions are in place but has also implemented positive service addition to minimise the impact and in many cases improved the service users options for accessing services.

Equality Impact Assessment

6a. Version control

Version Number	Purpose/Change	Author	Date
1.0	Update existing EIA in preparation for procurement	Sexual health staff within the Public Health team	2 nd July 2021

The above provides historical data about each update made to the Equality Impact Assessment. Please do include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process. For further information, please see the EIA Guidance document on version control.

6b. Approval

Approved by*	Date approved
Head of Service (Stephen Jones)	2 nd July 2021
Executive Director (Ruth Hutchinson)	5 th November 2021
Cabinet Member	
Directorate Equality Group	12 th July 2021

EIA Author	Stephen Jones – Commissioning Lead for Sexual Health
-------------------	--

*Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

6c. EIA Team

Name	Job Title	Organisation	Team Role

If you would like this information in large print, Braille, on CD or in another language please contact us on:

Tel: 03456 009 009

Textphone (via Text Relay): 18001 03456 009 009

SMS: 07860 053 465

Email: contactcentre@surreycc.gov.uk