

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Office of Public Health	Service area: Integration of Sexual Health Services
Lead person: Sharon Foster	Contact number: 07712214798

1. Title: Contract arrangements for Sexual Health service provision		
Is this a:		
<input type="checkbox"/> Strategy / Policy	<input checked="" type="checkbox"/> Service / Function	<input type="checkbox"/> Other
If other, please specify		

2. Please provide a brief description of what you are screening
<p>Leeds traditionally has had a high demand for sexual health services offering over 56,000 appointments per year across the Genito-Urinary Medicine (GUM clinic also known as the Centre for Sexual Health) and CaSH (Contraception and Sexual Health) service. Leeds sexual health services are self-referral, open access and commissioned separately from different providers.</p> <p>At present, Leeds Teaching Hospitals Trust (LTHT) has a city-centre GUM clinic which provides STI/HIV testing and treatment and Leeds Community Healthcare (LCH) has a Contraception and Sexual Health (CaSH) service which provides clinics in six locations (including a city centre location) offering all methods of contraception.</p> <p>An integrated model for the city would bring these functions together to deliver a service with one city-centre location, plus clinics in community settings in areas of highest need. A draft service specification has been developed and the lead clinicians from Leeds sexual health services are in agreement about the need and benefits of integration</p>

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	x	
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	x	
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none">• Eliminating unlawful discrimination, victimisation and harassment• Advancing equality of opportunity• Fostering good relations		x / X

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?**

(**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The local authority's approach to the integration of sexual health services responds to national direction from the Department of Health and aims to provide a high quality, accessible, holistic service, which meet the needs of local people with triage to required levels of care. Different levels of service will be provided in both a central hub and in community settings.

During 2010/11 the services attempted co-location without success due to both services being commissioned from different providers, operating closed computer patients records and on different payment mechanisms.

To establish the impact of integration on service users we have run a series of group consultations and wider public and patient involvement events.

In 2011 and 2012 a series of consultation events involving 7,000 young people was undertaken. Following this in 2013, we have attended small group events with people diagnosed with HIV, men who have sex with men and the Transgender community. We have feedback from existing sexual health service users and plan on undertaking future group consultations with;

- Lesbian, gay, bisexual and questioning young people
- Disabled women
- Commercial sex workers
- BME groups
- Looked after young people

Outcomes from consultations to date are as follows;

- Confidentiality was most important
- Self-check-in at clinics will minimise contacts at the service
- To be seen by less professionals
- Understanding receptionists and the next steps in the service
- Users are open to innovative testing (on-line, self- swabbing)
- Rapid access including acceptable waiting times
- Evening and weekend clinics
- Results available the same day
- Good pathways between services for those newly diagnosed with HIV

There is a plethora of local and national evidence outlining service user's needs regarding sexual health services. This with full details of Leeds consultation events and the Leeds Sexual Health Needs Assessment will inform the new integrated sexual health service.

- **Key findings**

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

The current contraception service delivers clinic sessions in areas of high sexual health need from estates belonging to Leeds Community Health. If they were unsuccessful during the tendering process there would be changes to the buildings the services are delivered from. However, we plan to have integrated service spokes within the same areas. The direct impact of this is currently unknown.

In consultation events to date, users have expressed similar concerns on the current services available, we will take these findings into account;

- reception was insufficiently confidential
- waiting environments uncomfortable
- unable to get through on the phone
- waiting times long
- the need to access two appointments is unnecessary and inconvenient

Benefits of sexual health service integration.

- One seamless, holistic sexual health appointment for the patient
- Population experience of contraceptive and sexual health services improved through improved environment of clinics including monitoring against standards such as the 'You're Welcome' young people friendly standards set by the department of Health for sexual health services
- Reduced inequalities by providing improved access and a wider range of sexual health service provision available in more clinic sites
- Rapid access into the service
- Greater emphasis on modernising services and an increased emphasis on prevention
- Flexible outreach service provision in a range of settings

Outcomes of integrated sexual health services include;

- Increased uptake of screening for STIs amongst the population and the prevalence of STIs reduced
- Reduced HIV transmission amongst the population through early diagnosis
- Increased uptake of effective methods of contraception, specifically Long Acting Reversible Contraception
- Improved access to contraceptive services for under 19s supporting a reduction in teenage conceptions and repeat teenage conceptions
- Joined up integrated working with improved pathways between services

- **Actions**

(**think about** how you will promote positive impact and remove/ reduce negative impact)

Access

The service specification will be written to incorporate service user's experiences and will include detail around improving access into the service plus outline specific requirements for the clinic environments across the service.

Pathways

HIV treatment is commissioned by the National Commissioning Board and is separate to the integrated service specification. However, some care is currently co- delivered and co-located by the GUM service at Leeds Teaching Hospitals Trust. If LTHT are not successful during the tendering stage then HIV treatment will be provided separately to the Integrated Sexual Health Service. Those diagnosed as HIV positive in the integrated service will be supported by specialist nurses to ensure the transition to treatment and care is seamless. To ensure there is no negative impact on service users the pathway between the new integrated sexual health service and HIV treatment services will be monitored to ensure service users are receiving the best care during service transition.

5. If you are not already considering the impact on equality, diversity, cohesion and integration you will need to carry out an impact assessment.

Date to scope and plan your impact assessment:	n/a
Date to complete your impact assessment	n/a
Lead person for your impact assessment (Include name and job title)	n/a

6. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Brenda Fullard	Consultant in Public Health	31 st July 2013

7. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.

If this screening relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

A copy of **all other** screening's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).

Date screening completed	18 th June 2013
If relates to a Key Decision - date sent to Corporate Governance	1 st August 2013
Any other decision – date sent to Equality Team (equalityteam@leeds.gov.uk)	