

## London Sexual Health Transformation Project

**This EQIA will be kept under review during the procurement process**

### **5. What effects could your service have on different equality groups and on cohesion and good relations?**

The following evidence highlights the need to ensure that future service provision actively promotes take up of services by all groups in which the following issues will need to be addressed;

- Brent has a significant prevalence of sexually transmitted diseases (STIs) in the population - with 1,634 acute STI diagnoses recorded in 2014, representing a 16% increase on 2013.
- The rates for gonorrhoea, genital warts, genital herpes and syphilis rank Brent among those authorities in England with the highest rates. In Brent, the gonorrhoea diagnosis rate (151.6 per 100,000) is high compared to England as a whole (52.9 per 100,000).
- Brent is ranked 20th highest (out of 326 local authorities in England) for gonorrhoea diagnoses rates, which is a marker for high levels of high risk sexual activity.

**What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.**

**(Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage**

#### **5.1 Age (including carers of young/older people) - Positive**

Evidence from the Joint Strategic Needs Assessment in Brent reflects the national picture, where STIs disproportionately affect women aged 16 to 19 and men aged 25 to 34.

The proportion of women prescribed emergency hormonal contraception is greater in those under 25, suggesting a continued need to target young women. In Brent 55% of all emergency contraception was prescribed to women younger than 25

In 2012-13, the Brent community contraception service saw 9,436 attendances, of these, 95% were amongst women; 39% were in the 25 to 34 age group, 25% in the 35 to 44 age group and 19% were aged between 18 and 24 years.

#### **5.2 Disability - Positive**

There is a lack of data on the sexual health and reproductive health needs of the people with Disability in Brent. However, it is anticipated that the proposed service will have a positive impact on the needs of this group by ensuring that services are fully accessible. This will be measured as a key element of the evaluation process against submitted bids in the procurement process.

### **5.3 Gender Identity and Expression - Positive**

There is a lack of data on the sexual health and reproductive health needs of the people with gender reassignment in Brent. However, it is anticipated that the proposed service will have a positive impact on the in addressing gender identity and expression. This will be measured as a key element of the evaluation process against submitted bids in the procurement process.

### **5.4 Marriage and Civil Partnership - Positive**

There is a lack of specific data on the sexual health and reproductive health needs of individuals in marriage or civil partnership, in Brent. The new service provider will be required to ensure improved access to high risk and vulnerable groups and this will be measured as a key element of the evaluation process against submitted bids in the procurement process.

### **5.5 Pregnancy and Maternity - Positive**

There is a lack of specific data on the sexual health needs of women during pregnancy and maternity time in Brent. In general, the numbers of teenage pregnancies in Brent have been declining in the recent years and Brent has currently one of the lowest rates in London.

### **5.6 Race - Positive**

Individuals from Black African, Black Caribbean and Black British ethnic groups remain key targets and a priority is to ensure service provision is able to address the sexual health needs of these groups in particular developing a focus on targeting interventions for Black Africans.

Based on the proportion of acute sexually transmitted infections (STIs) by ethnicity, the highest proportion of acute STIs in 2012 were seen among individuals from Black Africans and this group is disproportionately affected by acute STIs.

### **5.7 Religion or Belief - Positive**

At present, there is a lack of data on the sexual health and reproductive health needs of people from different religions and beliefs. It is anticipated that the proposed new service will have positive impact on the needs of this group and this will be measured as a key element of the evaluation process against submitted bids in the procurement process.

### **5.8 Sex - Positive**

The rates of acute STIs in 2012 were higher among young males compared to young females. Similarly, the rates of reinfection with an STI were also higher among men.

In 2012, 23% of women and 28% of men presenting with an acute STI at a GUM clinic during the four year period from 2009 to 2012 became re-infected with an acute STI within twelve months.

Nationally, during the same period of time, an estimated 51% of women and 49% of men presenting with an acute STI at a GUM clinic became re-infected with an acute STI within twelve months. The new service provider will be required to ensure improved access to high

risk and vulnerable groups and this will be measured as a key element of the evaluation process against submitted bids in the procurement process.

### **5.9 Sexual Orientation - Positive**

Men who have sex with men (MSM) are one of the key priority groups in Brent as there is a disproportionate prevalence of STI diagnoses amongst this group.

In the period 1<sup>st</sup> April 2014 to 31<sup>st</sup> of March 2015, there were 2,434 STI's diagnosed as a result of Brent patients attending any clinic nationally. Of these, 501 diagnoses were amongst MSM, this equates to 21% of STI diagnoses that year.

In Brent 21% of the HIV diagnoses in 2014-15 were seen in the MSM population. The proposed sexual service model would have a positive impact on the needs of MSM and this will be measured as a key element of the evaluation process against submitted bids in the procurement process.

### **5.10 Others Socio Economic Deprivation - Positive**

Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from the GUM clinics show a strong correlation between rates of acute STIs and the index of multiple deprivation across England. The relationship between STIs and SED is probably influenced by a range of factors such as the provision of and access to health services, education, health awareness, health care seeking behavior and sexual behavior.

There is considerable geographic variation in the distribution of sexually transmitted infections (STIs) in Brent. Geographically, the NW10 postcode has the highest volume of STIs in Brent and these are also concentrated in areas of higher deprivation. In 2011, 70% of the borough's diagnosed STIs were in the first and second most deprived wards in Brent.

## **6. Please provide a brief summary of any research or engagement initiatives that have been carried out to formulate your proposal.**

- **What did you find out from consultation or data analysis?**
- **Were the participants in any engagement initiatives representative of the people who will be affected by your proposal?**
- **How did your findings and the wider evidence base inform the proposal?**

To assess the current state of acute sexual health services (GUM - Genitourinary Medicine) in London, the London Sexual Health Transformation Project (LSHTP) Team undertook a needs assessment between April and May 2015.

An analysis of patient flow data took into account the protected characteristics of Brent residents in relation to sexual orientation, sex, age and ethnicity.

Interviews were also undertaken with commissioning and public health leads in each participating council. Initial consultation with prospective providers was undertaken to assess the market's ability and capacity to respond to the forthcoming procurement. A waiting room survey was also undertaken as part of LSHTP; in headline terms the survey represented a good cross-section of participants.

**7. Could any of the impacts you have identified be unlawful under the Equality Act 2010? Prohibited acts include direct and indirect discrimination, harassment, victimization and failure to make a reasonable adjustment.**

None of the impacts identified would be considered unlawful under the Equality Act 2010.

**8. What actions will you take to enhance the potential positive impacts that you have identified?**

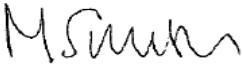
The key area to addressing the positive impacts identified will be through the design and development of the service specification to ensure that it addresses and promotes good sexual health for all Brent residents particular the key priority groups identified and this will be measured as a key element of the evaluation process against submitted bids in the procurement process.

**9. 9. What actions will you take to remove or reduce the potential negative impacts that you have identified?**

The only potential negative impact identified is around people not being able to use/access internet based services and therefore not being able to self sample, this will be addressed by having the option of a clinic visit.

**10. Please explain how any remaining negative impacts can be justified?**

There are no remaining negative impacts.

<b>Organisation Sign off</b>	
<b>Council Officer: Public Health</b>	
<b>Council Officer signature :</b>	
<b>Date :</b>	<b>18.11.15</b>