1. What are the objectives and expected outcomes of your proposal? Why is it needed? Make sure you highlight any proposed changes.

The proposal is to develop a networked system of Sexual Health services on both a Pan London and sub-regional basis.

An integral component of this networked system will be a Pan London Sexual Health On-Line portal. The ‘Front Door’ into services will be through a web-based single platform; providing patients with information about sexual health, on-line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests. A single database will be developed with the highest levels of confidentiality and security, enabling greater understanding of the patient flows with a focus on prevention and specialist services for those most in need.

The Pan-London Online Portal will incorporate the following elements:

- Triage and Information (“Front of House”);
- Self-Testing/Self Sampling;
- Partner Notification; and
- Signposting/ Patient Direction and where possible Appointments (Booking system) (dependent on ability to interface with existing clinic systems).

In Brent, there is an expectation that clinical provision will offer patients (particularly those from vulnerable and high risk groups) the opportunity to triage and self-sample on site, in addition all services will be required to ensure that results are available electronically to patients within 72 hours. Patients who are diagnosed with a Sexually Transmitted Infection (STI) will be offered an appointment within 48 working hours or will be fast tracked if they present to a walk in service. Improved systems for notifying contacts of patients (known as partner notification) with an STI will ensure that resources are targeted at the highest need groups.

Centralisation of partner notification data along with the use of a single patient identifier system/technology to ascertain attendance at clinic of those notified of infection would support the programmes objectives of reducing the rates of re-infection and repeat attendance.

The primary aim of this system will be to ensure that high volume, low risk and predominantly asymptomatic activity is controlled and managed where appropriate outside of higher cost clinic environments. By shifting testing of asymptomatic patients away from costly clinical environments through this model, it is estimated that considerable savings will be released.
Locally, the vision is to develop and coordinate an integrated system of sexual health provision linked to a network of pan London and regional services. A lead provider model will be developed to coordinate and manage all elements of the system including clinical services and, where appropriate, primary care and third sector services. The whole system will be designed to ensure that evidence based practice drives changes, and resources will be focused on groups with the highest risk. It is important that the new system is flexible and responsive to changes in demography and local need.

Brent Council has overall responsibility for the commissioning of sexual health services in Brent, as part of the interagency agreement Harrow and Barnet Joint Public Health Services (HBJPHS) will lead on the sub regional procurement for Outer North West London (which includes Brent). At the time of writing the precise arrangements for the contract management, monitoring of performance and financial governance are in the process of being formally agreed.

2. Who is affected by the proposal? Consider residents, staff and external stakeholders

The proposals relate to a commissioned service and as such will not affect Brent staff directly.

The proposals will affect Brent residents using sexual health services

The following service providers who are commissioned by Brent Council Public Health to provide sexual health services to the residents of Brent will be directly affected:

- London North West Healthcare NHS Trust
- Central North West London NHS Foundation Trust
- Terrence Higgins Trust
- GP Practices and Community Pharmacies
- Other services across London as part of the London Sexual Health Transformation Project.

3.1 Could the proposal impact on people in different ways because of their equality characteristics?

The proposal potentially impacts on the protected characteristics in relation to the following groups:

- Gender reassignment
- Race
- Sexual orientation
- Age
3.2 Could the proposal have a disproportionate impact on some equality groups?

Yes the following groups may be disproportionately affected because of their greater sexual health needs;

- young people age 16-25;
- men who have sex with men
- Black Africans, Black Caribbean and Black British ethnic groups.

3.3 Would the proposal change or remove services used by vulnerable groups of people?

The proposal would not remove services used by vulnerable groups of people. It would however change the way in which services are delivered. The change in service delivery should have some positive impacts as it would improve service flexibility. As outlined in question 1 above, these changes follow the recommendations of the London Sexual Health Services Transformation Project which has undertaken a needs assessment, analysis of the patient flow data, interviews with commissioning and public health leads in each Council involved, a review of the legal and policy environment and some exploration of the possible alternatives to the traditional service models. From this work, it is clear that there is a strong case for change.

This change could also have some negative impacts on service users who are not computer literate or do not have ready access to the internet, as well as some patients who may find it difficult to access or to use self sampling kit without support. However, any negative impact would be mitigated by offering them accessible appointments to see a clinical specialist.

3.4 Does the proposal relate to an area with known inequalities?

The proposal aims to ensure that high volume, low risk and predominantly asymptomatic activity is controlled and managed, where appropriate, outside of the higher cost clinic environments. By shifting the testing of asymptomatic patients away from clinical environments considerable savings could be made.

The evidence review and discussions with providers suggests that anything from 15% to 30% of activity could be redirected to lower cost service options in a staged manner. The results of the waiting room survey undertaken as part of the London Sexual Health Transformation Programme (LSHTP) indicated that up to 50% of attendees do not have symptoms. Brent Council like many local authorities is facing unprecedented challenges in having to provide an increasing demand for services set against a backdrop of reducing resources.
In 2015/16 Brent Council Public Health was required to find in year savings of at least 6.2% on the public health grant and it is likely that there will be further on-going reductions for allocations in future years when the findings of the Comprehensive Spending Review are formally announced.

A key issue to consider is that Genitourinary Medicine (GUM) services are open access with activity based contracts. This means that while many Brent residents access services through the local provider, London North West Healthcare NHS Trust many others may access services anywhere in London particularly Central London (and nationally) without referral. The Council is liable for the full cost of this activity, and without change the current approach will become unsustainable.

3.5 Is the proposal likely to be sensitive or important for some people because of their equality characteristics?

Yes – Evidence shows that there are specific groups and protected characteristics that have a higher risk of poor sexual health this includes young people age 16-25; men who have sex with men and Black Africans, Black Caribbean and Black British ethnic groups.

3.6 Does the proposal relate to one of Brent's equality objectives?

Yes – “ensure that our commitment to equality and diversity is integrated into procurement and commissioning processes”.

4. Recommend this EA for full analysis

Yes

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 gonorrhea, genital warts, genital herpes and syphilis rank Brent among those authorities in England with the highest rates. In Brent, the gonorrhea 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 gonorrhea 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 1st April 2014 to 31st 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. 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.