

Kent County Council

Equality Analysis/ Impact Assessment (EqIA)

This piece of work relates to one of KCCs equality objectives 'Ensure equity of access to Sexual Health services to improve health outcomes with regard to Age, Sexual Orientation, Gender Identity and Race',

Directorate/ Service: Strategic Commissioning - Sexual health

Name of decision, policy, procedure, project or service:

Sexual Health Needs Assessment findings

Responsible Owner/ Senior Officer:

Samantha Bennett

Version:

August 1st V1 Wendy Jeffreys

August 8th V2 reviewed Vicky Tovey and amended by Wendy Jeffreys
13/8/2018

August 21st V3 reviewed by Samantha Bennett

August 23rd V3 reviewed by Akua Agyepong

September 5th Final updated by Wendy Jeffreys

Author: Wendy Jeffreys

Pathway of Equality Analysis:

- Undertaking of a Comprehensive Health Needs Assessment December 2017- March 2018
- Update of needs assessment following publication of 2017 STI data, June 2018
- Presentation to providers/stakeholders workshop July 2018

Summary and recommendations of equality analysis/impact assessment.

- **Context**

A health needs assessment seeks to identify differences in the populations health needs, including protected characteristics. The sexual health needs assessment is a detailed comprehensive review of the sexual health status of the population in Kent. This includes:

- oversight of population demographics
- insight into aspects of other health related issues which impact on sexual health outcomes.
- epidemiology of reproductive health and sexually transmitted infections [STI]s

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- utilisation of and sexual health service activity

There is variation in service use by age, gender, gender identity, sexual orientation, race
There is variation in sexual health outcomes by age, disability, gender, gender identity, race, sexual orientation, being pregnant and from beliefs.

- **Aims and Objectives**

The needs assessment presents an executive summary of the findings and emerging themes. The information it presents will inform the commissioning of the sexual health services which KCC are responsible for and highlights the opportunities for co-commissioning with CCGs and NHSE.

The needs assessment will support the KCC equality human rights policy objective for equal access to sexual health services

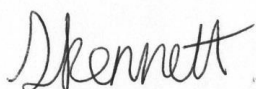
- **Summary of equality impact**

Adverse Equality Impact Rating **Low** /

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **the sexual health needs of the population in Kent** . I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service



Signed:

Name: Samantha Bennett

Job Title: Consultant in Public Health

Date:05/09/18

DMT Member



Signed:

Name: Allison Duggal

Job Title: Assistant Director Public Health

Date:24.09.18

Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Could this policy, procedure, project or service promote equal opportunities for this group?

Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age	Impact on sexual health outcomes from ACEs	The burden of STIs highest amongst young people [20-24 yrs]		Improvement in proportion of first attendance screens amongst females. Increasing use of online STI testing and Get It Medium Introduce through workforce development proactive dialogue with clients to identify ACEs High
Disability	Under reporting of sexual assault /rape			Dialogue with adult learning disability service needed to highlight evidence and explore solutions to support identification and prevention of the same. Medium
Sex	Females not being tested for STIs at first attendance – may perceive that they are not at risk of STIs, of undetected STIs, PID or ectopic pregnancy		The online testing service identifies protected characteristics namely age, sex, gender identity including trans, ethnicity plus where you were born, pregnancy to provide the	Improvement in proportion of first attendance screens amongst females. High Increase awareness of who is at risk of STIs – social media campaign Medium

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			appropriate screening kits.	
Gender identity/ Transgender	Higher prevalence of poor mental health, Risky health related behaviours amongst transgendered men and women. Access to cervical screening Insufficient support services for LGBTQ young people and their cares/parents and for LGBTQ adults		The online testing service identifies protected characteristics to provide the appropriate screening kits.	Need improvement in robust pathways of care to mental health services for young people or adults questioning/exploring gender identity. Medium Discuss with NHSE contract for sexual health services to provide cervical screening to transgendered men. Medium Commissioning of a specialist LGBTQ sexual health support service
Race	Uptake of cervical screening Identified BME groups at higher risk of some STIs and HIV FGM is found amongst specific groups		The online testing service identifies protected characteristics to provide the appropriate screening kits.	Discuss with NHSE contract for sexual health services to provide cervical screening to females from Asia who currently do not understand the need for cervical screening.
Religion and Belief	Decision to choose termination of pregnancy [ToP] as 'contraception' may have longer term impact		Decision to access self-referral ToP or Emergency oral contraception [EoC] could be affected	
Sexual Orientation	MSM at higher risk of transmission for STIs, HIV WSW- mental health		The online testing service identifies protected characteristics to provide the appropriate screening kits.	Services respond to the differing health needs of these groups
Pregnancy		Ante natal screening is a core part of care for all pregnant women through	Pregnant women with diagnosed infections need to attend the service for	

		maternity services.	treatment and are not eligible for online or pharmacy treatment The online testing service identifies protected characteristics to provide the appropriate management of treatment	
Marriage and Civil Partnerships	N/A			
Carer's Responsibilities				Reference to HIV positive clients with co morbidities, becoming frail- with dementia or other neurological difficulties. To improve pathways of care. The website provide information for the public which is accessible to carers.

Part 2

Equality Analysis /Impact Assessment

Protected groups

Gender, race, age, gender identity, sexual orientation, pregnant or disability

Information and Data used to carry out your assessment

CTAD

GUMCAD

LASER

Service provider data

PHE fingertips*

NHS digital*

ONS*

Published literature*

We were unable to access HARS data.

Who have you involved consulted and engaged?

Service providers

External insights work

User service feedback

Analysis

Sex and age

There is significant variation in the proportion of first attendance screening undertaken amongst females, compared to males [54% to 80% in 2017, 51% to 79% in 2016]. This will impact on the detection of infection which have no symptoms and the undetected STIs in the population.

Exploring this by age band, 16-19-year olds females have least screening undertaken with 47% in 2016 and 51% in 2017 compared to males of this age 79% in 2016 and 77% in 2017.

Of all tests offered, HIV is included. The uptake of this amongst females in Kent [67.4%] is lower compared to the South East [75.1%] whereas as for males the figures are similar, 85.2% and 86.2% respectively.

Exploring by age band there is variability across districts which will be a reflection of local population e.g. Canterbury or by sites for complex services e.g. Maidstone

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The rate of attendances at local specialist sexual health service are highest amongst 20 – 24 year olds at 21,924 per 100,000 population, 16-19 year olds at 19,615 per 100,000 population to the lowest amongst 65 years and above at 51 per 100,000 population.

The highest percentage of DNAs [do not attends] in 2017 at the specialist sexual health services is amongst 35-39-year olds and lowest amongst 15-19 year olds.

There is an increasing access to the breadth of services available online by young people, LGBT groups including MSM, BAME.

LGBTQ

The vulnerability of:

- young people under 16,
- adults with learning disabilities particularly those in their own homes to sexual offence.

The increase in sexual risk-taking behaviours amongst:

- Young people who have experienced 4 or more adverse child hood experiences [ACEs]
- Transgendered men or women
- MSM

Service outreach activity suggests that the needs of young LGBTQ are not being met. The number self-identifying has increased in the last three years.

1 in 4 gay and bisexual men have never had an STI test – groups at high risk of infection transmission

Race and sexual orientation

Published data analysis identifies that 1 in 5 BME lesbian and bisexual women over 25 years of age have never had a cervical screen compared to 7% of the general population.

Race

Those in specific BME groups are at higher risk of HIV. The volume of testing amongst those living in this country who were born in an identified country needs to increase.

FGM has been identified through maternity services in Kent and amongst people from West Africa

Migrants, refugees, asylum seekers are at risk of assault, exploitation, coerced/forced sex work.

Adverse Impact

Identified adverse impact are outlined above in part 1.

Positive Impact:

Protected characteristics information is collected by local authority commissioned specialist sexual health services. This helps to provide the most relevant services, to understand population need and identify whether there are gaps in expected population demand.

The detailed algorithm for the online STI testing service is a unique example of this- gender, race, age, gender identity, sexual orientation, and question around pregnancy or disability where treatment is needed.

The Get It programme – available on line and through many outlets [identified through information on the website] breaks down all caveats and detail of LGBTQ

JUDGEMENT

:

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required YES

There is potential for adverse impact on particular groups and where this is already known or has been highlighted through this needs assessment, actions have been identified to address these.

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	The burden of STIs highest amongst young people [20-24 yrs] Impact on sexual health outcomes from ACEs	To reiterate the need to increase the proportion of first attendance screens amongst females. This will be identified as a new KPI. Review and amend website messaging to inform and enable more females to take up the offer or request testing	Increased detection and subsequent treatment of STIs as females in this age group use services more than males.	Commissioning officer	July -December 2018	for treatment of simple chlamydia through pharmacies
		Quarterly monitoring of GUMCAD submissions.	A service culture which provides proactive dialogue that increases understanding of behaviour/actions and provides more client behaviour appropriate testing, information and support	PH specialist/consultant	September 2018 Review retrospectively quarterly from July 2018	travel costs to Blackburn & Darwin LA
		Explore evaluation and experiences of Blackburn and Darwin programme workforce development proactive dialogue with clients to identify ACEs.		PH specialist/consultant	October 2018 February 2019	Review December 2019

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	DNAs are highest amongst 35-39year olds	Commission training for sexual health providers. Services to review and identify service needed e.g. contraceptive procedure and to introduce wider options to access services	Increased understanding of service user behaviour Improved options for service access	PH commissioning officer	by March 2019	
Sex	Females not being tested for STIs at first attendance – may perceive that they are not at risk of STIs, of undetected STIs, PID or ectopic pregnancy	Inclusion of new KPI to monitor first attendance screening in females Development and implementation of a local social media campaign to highlight and Increase awareness of who is at risk of STIs Pre and post campaign evaluation		PH commissioning officer PH specialist/consultant PH commissioning officer KCC Comms PH specialist/consultant	October 2018 for presentation June-July 2019 Review published data June 2019 pre campaign	£50,000
Gender identity	Higher prevalence of poor mental health, Risky health related	Need improvement in robust pathways of care to mental health	Negotiated robust mental health service pathways in place for	PH specialist/consultant	September 2018 – March 2019	

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	<p>behaviours amongst transgendered men and women.</p> <p>Access to cervical screening</p> <p>Insufficient support services for LGBTQ young people and their cares/parents and for LGBTQ adults</p>	<p>services for young people or adults questioning/exploring gender identity.</p> <p>Negotiate with PHE, contract for sexual health services to provide cervical screening to transgendered men.</p> <p>Commissioning of a specialist LGBTQ sexual health support service</p>	<p>LGBTQ with mental health service providers</p> <p>Bespoke cervical screening programme implemented and utilised</p> <p>Feedback from LGBTQ young people, adults and carers/parents that they know how and where to access the support services they need.</p>	<p>PH specialist/consultant</p> <p>PH commissioning officers</p>	<p>Review September 2019</p> <p>August – December 2018</p> <p>Review September 2019</p>	<p>Funding from PHE for cost of screening clinic utilisation</p> <p>£ 80,000</p>
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<p>Race</p>	<p>Uptake of cervical screening</p> <p>Identified BAME groups at higher risk of some STIs and HIV</p> <p>FGM amongst pregnant women in Kent from West Africa</p> <p>Migrants, refugees, asylum seekers are at risk of assault, exploitation, coerced/forced sex work.</p>	<p>Negotiate with PHE contract for sexual health services to provide cervical screening to Asian women</p> <p>Development and implementation of a local social media campaign to highlight and increase awareness of who is at risk of STIs</p> <p>Pre and post campaign evaluation</p> <p>Monitoring of annual local authority data</p> <p>Public health to undertake some further work to look at this</p>	<p>Bespoke cervical screening programme implemented and utilised</p>	<p>PH commissioning officers PH specialist/consultant</p> <p>PH commissioning officer KCC Comms</p> <p>PH specialist/consultant</p> <p>PH specialist/consultant</p> <p>PH specialist/consultant</p>	<p>August – December 2018</p> <p>Review September 2019</p> <p>October 2018 for presentation June-July 2019</p> <p>Review published data June 2019 pre-campaign June 2019</p> <p>by December 2019</p>	<p>Funding from PHE for cost of screening clinic utilisation</p> <p>costs suggested above</p>
<p>Sexual orientation</p>	<p>MSM at higher risk of transmission for STIs, HIV</p>	<p>No major change</p> <p>Increased utilisation of</p>	<p>Increased partner notifications, testing with treatment.</p>		<p>August- December 2018</p>	

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	WSW- mental health	telemedicine for positive /reactive results, triage and partner notification	Wider variation in service tariffs to reflect services provided	PH commissioning officers	Ongoing contractual monitoring and review February-March 2019	
Pregnancy	Management and treatment is provided according to clinical guidelines	No major change Increased utilisation of telemedicine for positive /reactive results, triage and partner notification	Increased partner notifications, testing with treatment. Wider variation in service tariffs to reflect services provided	PH commissioning officers	August- December 2018 Ongoing contractual monitoring and review February-March 2019	
Disability	Under reporting of sexual assault /rape	To have dialogue with adult learning disability service needed to highlight evidence and explore solutions to support identification and prevention of the same.	Increased awareness amongst staff and identification of unwanted sexual activity.	PH specialist/consultant	October 2018- March 2019	Potential costs for delivery of cpd

Have the actions been included in your business/ service plan?

These actions are outlined within the recommendations for the commissioners and providers of sexual health services and actions for the public health specialists. They will be incorporated into the project planning for the commissioning of the local authority mandated sexual health services, as current contracts finish in March 2019.

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Appendix

Relevant data sets are referenced throughout the needs assessment. Only those with an * are published in the public domain.

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqlA must be submitted to committee services along with the relevant Cabinet report. Your EqlA should also be published .

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

