

## Equalities Comprehensive Impact Assessment

Reference: ECIA413442399

Submitted: 08 April 2022 11:58 AM

### Executive summary

**Title of policy / decision:** FP/356/03/22 Procurement of an Integrated Sexual Health Service

**Policy / decision type:** Cabinet Decision

**Overview of policy / decision:** Decision to seek approval to procure a new Essex-wide sexual health service. The current contract is due to expire on 31 March 2023. Under the existing procurement regulations, the Council is required to undertake a competitive tender exercise for the new contract which would need to commence on 1 April 2023. The aim is to provide an easily accessible, inclusive service that caters to the sexual health needs of Essex residents and in turn reduces health inequalities.

**What outcome(s) are you hoping to achieve?:** Approval granted by Cabinet to launch a competitive procurement and procure a provider to deliver a new Essex-wide sexual health service.

**Executive Director responsible for policy / decision:** Tom Walker (Economy, Investment and Public Health)

**Cabinet Member responsible for policy / decision:** John Spence (Health and Adult Social Care)

**Is this a new policy / decision or a change to an existing one?:** New policy / decision

**How will the impact of the policy / decision be monitored and evaluated?:** Not applicable to this decision, however as part of the new service specification and subsequent contract a series of KPIs and evaluation framework will be included as part of the selected provider's commitments

**Will this policy / decision impact on:**

**Service users:** Yes

**Employees:** No

**Wider community or groups of people:** Yes

**What strategic priorities will this policy / decision support?:** Health, Independence and Wellbeing for All Ages, A good place for Children and Families to Grow

**Which strategic priorities does this support? - Health:** Healthy lifestyles, Promoting independence, Place based working, Levelling up health

**Which strategic priorities does this support? - Families:** Family resilience and stability, Safety, Outcomes for vulnerable children, Levelling up outcomes for families

**What geographical areas of Essex will the policy / decision affect?:** All Essex

### Digital accessibility

**Is the new or revised policy linked to a digital service (website, system or application)?:** No

# **Equalities - Groups with protected characteristics**

## **Age**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Disability - learning disability**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Disability - mental health issues**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Disability - physical impairment**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Disability - sensory impairment**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Sex**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Gender reassignment**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Marriage / civil partnership**

**Nature of impact:** None

## **Pregnancy / maternity**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Race**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Religion / belief**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Sexual orientation**

**Nature of impact:** Positive

**Extent of impact:** Low

**Rationale for assessment, including data used to assess the impact:** Whilst the decision to procure a new sexual health service is likely to have minimal impact on groups with protected characteristics, procuring a new service will have positive impacts on the health and wellbeing and reduce inequalities in sexual health of these groups.

Unfortunately data is limited for some protected characteristics. For example, there are not currently accurate figures of the size of the LGBTQ+ population across Essex or nationally. Similarly, there is limited evidence concerning the sexual health of people with learning disabilities and disability is currently not a routinely reported field in Essex Sexual Health Service data collection so it is not possible to know what proportion of those using the service are disabled.

A recent Sexual Health Needs Assessment (SHNA) was carried out by the Essex County Council (ECC) Public Health team to understand the current position of sexual health across Essex and within Essex, in comparison with the East of England and England averages. The needs assessment found that whilst sexual health is generally in line with the East of England average (which is below the England average), there are inequalities that exist in outcomes between districts in Essex, and also defined populations.

Inequalities in sexual health access and outcomes were defined from national and international research. Key at-risk groups include those living in high deprivation, ethnic minority groups (at higher risk and less likely to access), people with disabilities (limited evidence but what evidence does exist suggests significant health disparity), Looked After Children, people who identify as LGBTQ+, Sex Workers, and those in the Criminal Justice System.

As part of the SHNA, several organisations were consulted about current service provision including:

Provide CiC (and other staff from the clinical service eg. EPUT, ESNEFT)  
Open Road  
Metro HIV charity  
Essex Child & Family Wellbeing Service  
ECC (Integrated Youth Support & Children's partnership Locality Leads)  
Phoenix Futures  
Maternity (Colchester & PAH)  
CARA (Centre for Action on Rape and Abuse)  
District Public Health Practitioners

In July-September 2021 ECC conducted a survey for young people aged 16-25, on the topic of relationships and sex education. The survey received 251 respondents, 22% of which were from Castle Point. The majority of respondents were 16-18 (84%) and 63% disclosed their sex as female. No further breakdown of responses by area within each locality was provided. Following the survey, the ECC Public Health team facilitated two staff workshops with the sexual health service and three wider stakeholder workshops with a range of organisations. The aim of these workshops was to identify any areas that we have missed and identify barriers and enablers to implementing the recommendations.

If required, we can provide further detail regarding the SHNA and the survey and workshops mentioned above.

Based on the review of the existing evidence (SHNA) and the qualitative insight gained via the survey and stakeholder workshops, there are a key number of defined recommendations that emerged from the needs

assessment to address sexual health inequalities within the Essex population:

- Improve data recording and reporting to gain a better understanding of potential inequities in the Essex populations Sexual Health.
- Closely monitor HIV testing vs HIV late diagnosis rates in Essex population, with specific focus on men who have sex with men (MSM) and risk in relation to HIV
- Other STIs need to be able to reach not only identified gay and bisexual men but also target men identifying as heterosexual.
- Targeted focus on STI rates and screening in 16-24 year olds

Should the decision to procure a new service be approved by Cabinet, we will be using the SHNA data to help shape the new service specification (which is in development) and will conduct further user consultations, with a focus on those groups where we have identified that data is limited at present or where data indicates that inequalities exist.

**What actions have already been taken to mitigate any negative impacts:** Actions are already being undertaken to address findings from the SHNA and the insight gained will be used to inform the new service specification (NB this is still in development). The impacts will either be positive or neutral as one of the recommendations is to improve understanding of the current impacts of the service on inequalities and outlines improvements over the duration of the provider contract to reduce inequalities.

## **Levelling up - Priority areas & cohorts**

### **Children and adults with SEND, learning disabilities or mental health conditions (taking an all-age approach)**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Children on Free School Meals**

**Nature of impact:** None

### **Working families**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Young adults (16-25 who have not been in education, training or employment for around 6-12 months)**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Harlow**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Jaywick and Clacton**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Harwich**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Basildon (Town) housing estates**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Canvey Island**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Colchester (Town) - Housing Estates**

**Nature of impact:** Positive

**Extent of impact:** Low

## **Rural North of the Braintree District**

**Nature of impact:** Positive

**Extent of impact:** Low

**Rationale for assessment, including data used to assess the impact:** Whilst the decision to procure a new sexual health service is likely to have a minimal impact on priority areas and cohorts, the new service will be designed to positively impact on health and reduce inequalities in sexual health.

The data in the recent sexual health needs assessment (SHNA) does not provide the level of granularity required to make an informed decision about the extent of the impact on these priority areas and cohorts, outlined in the levelling up paper. Similarly, we do not have data to know what proportion of young people accessing the service are NEET or what proportion of people using the service have disabilities, as this information is not captured as part of routine reporting.

However, data indicates that there is variation within Essex around STI testing and diagnosis rates. For example, Colchester has the highest rate of STI diagnosis in Essex, statistically similar to the England average but higher than the Essex average. Harlow has the highest STI testing rate in Essex, higher than the England average, and rates of Under 18 conception are significantly higher in Harlow and Tendring than the Essex average. Harlow is also above the 2% threshold for HIV prevalence - the only district in Essex above the threshold and also higher than the England average - which should trigger more significant testing effort. From this we can deduce that the decision to procure a new service will have a positive impact on these areas as without a service sexual health needs would go unmet and sexual health of these populations could indeed worsen.

Based on the findings from the SNHA, the following recommendations have been made:

- Take focused action to tackle Harlow's HIV prevalence (above 2 per 1000 threshold)
- Take focused action to reduce the rate of under 18 conceptions in Harlow, Tendring, Basildon and Castle Point, as these areas are currently above the England average (15.7 per 1,000).
- Improve engagement and communications with residents about their sexual health, to promote preventative

messages, encourage appropriate access to treatment and improve services.

Where the data is limited, we plan to conduct further consultation and engagement with cohorts where we have identified a need to target resource to refine the service specification. The new service specification will stipulate that more focus and resource is placed on disproportionately affected populations where inequalities currently exist.

**What actions have already been taken to mitigate any negative impacts:** Actions are already being undertaken to address findings from the SHNA and the insight gained will be used to inform the new service specification (NB this is still in development). The impacts will either be positive or neutral as one of the recommendations from the Sexual Health Needs Assessment is to improve understanding of the current impacts of the service on inequalities and outlines improvements over the duration of the provider contract to reduce inequalities.

## **Equalities - Inclusion health groups and other priority groups**

### **Refugees / asylum seekers**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Homeless / rough sleepers**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Offenders / ex-offenders**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Carers**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Looked after children**

**Nature of impact:** Positive

**Extent of impact:** Low

### **Veterans**

**Nature of impact:** Positive

**Extent of impact:** Low

### **People who are unemployed / economically inactive**

**Nature of impact:** Positive

**Extent of impact:** Low

## People on low income

**Nature of impact:** Positive

**Extent of impact:** Low

## Working families

**Nature of impact:** Positive

**Extent of impact:** Low

**Rationale for assessment, including data used to assess the impact:** Whilst the decision to procure a new sexual health service is likely to have a minimal impact on these other priority cohorts, the new service will be designed to positively impact on health and reduce inequalities in sexual health.

The current service does not routinely capture data in relation to some of the specified groups (for example, migrant status, if someone has a disability, or if a child is in care) as part of its reporting requirements and therefore it is not possible to know what proportion of these groups are using sexual health services. As such, the data in the recent sexual health needs assessment (SHNA) does not provide the level of granularity required to make an informed decision about the extent of the impact on these priority cohorts. We shall therefore be conducting a period of further consultation and engagement with these cohorts once the specification for the new service has been finalised.

For example, we do have some data which suggests that poor sexual health and unintended teenage pregnancy and abortion are strongly linked with area deprivation. There is a 6-fold difference in teenage conceptions and birth rates between the poorest areas in England and the most affluent. When calculating the rate of registrations to an Essex sexual health service per 1000 population split by indices of multiple deprivation, there is a higher rate of registrations within more deprived areas (where decile 1 is the most deprived and decile 10 is the least deprived).

IMD decile	Registrations since 2016	Population estimated for each decile	Rate of registrations per 1,000 population
1	4,440	51,760	85.8
2	6,993	75,441	92.7
3	10,156	125,251	81.1
4	11,899	146,581	81.2
5	12,959	177,825	72.9
6	10,777	167,729	64.3
7	10,132	168,262	60.2
8	11,876	200,922	59.1
9	9,729	188,260	51.7
10	9,487	187,158	50.7

As part of the new service specification, we will look to understand the needs of these other priority groups. The new service specification will stipulate that more focus and resource is placed on disproportionately affected populations, for example refugees and people on low incomes, where inequalities currently exist.

**What actions have already been taken to mitigate any negative impacts:** The impacts will either be positive or neutral as one of the recommendations made in the recent SHNA is to improve data recording to assist understanding of service engagement and associated inequities. This includes improving report of outcomes for those with disabilities, Looked After Children and those leaving care, immigrants, gypsy travellers, and those in or transitioning from the criminal justice system.

## Equalities - Geographical Groups

### People living in areas of high deprivation

**Nature of impact:** Positive

**Extent of impact:** Low

### **People living in rural or isolated areas**

**Nature of impact:** Positive

**Extent of impact:** Low

### **People living in coastal areas**

**Nature of impact:** Positive

**Extent of impact:** Low

### **People living in urban or over-populated areas**

**Nature of impact:** Positive

**Extent of impact:** Low

**Rationale for assessment, including data used to assess the impact:** Whilst the decision to procure a new sexual health service is likely to have a minimal impact on geographical groups, the new service will be designed to positively impact on health and reduce inequalities in sexual health.

We do not have data about sexual health needs of people living in coastal, rural or over-populated areas, however there is evidence to suggest that poor sexual health and unintended teenage pregnancy and abortion are strongly linked with area deprivation. There is a 6-fold difference in teenage conceptions and birth rates between the poorest areas in England and the most affluent.

When calculating the rate of registrations to an Essex sexual health service per 1000 population split by indices of multiple deprivation, there is a higher rate of registrations within more deprived areas (where decile 1 is the most deprived and decile 10 is the least deprived).

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Through the SHNA we have identified several geographical areas where inequalities exist. We shall adopt a universal proportionalism approach to service provision.

**What actions have already been taken to mitigate any negative impacts:** The impacts will either be positive or neutral as one of the recommendations made in the recent SHNA is to improve data recording to assist understanding of service engagement and associated inequities and improve understanding of the current impacts of the service on inequalities and outlines improvements over the duration of the provider contract to reduce inequalities.

## **Families**



**Family formation (e.g. to become or live as a couple, the ability to live with or apart from children)**

**Nature of impact:** None

**Families going through key transitions e.g. becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities, onset of a long-term health condition**

**Nature of impact:** Positive

**Extent of impact:** Low

**Family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities**

**Nature of impact:** None

**Families before, during and after couple separation**

**Nature of impact:** None

**Families most at risk of deterioration of relationship quality and breakdown**

**Nature of impact:** None

**Rationale for assessment, including data used to assess the impact:** Whilst the decision to procure a new sexual health service is likely to have a minimal impact on these other priority cohorts, the new service will be designed to positively impact on families health and reduce inequalities in sexual health.

Through the sexual health needs assessment (SHNA) we have identified key priority areas that will be addressed through the new service. The elements that will impact on family outcomes are:

- teenage conception rates
- unwanted pregnancies
- access to contraception
- HIV rates, with specific focus on men who have sex with men

See previous tabs for data or if required we can provide a copy of the SHNA.

**What actions have already been taken to mitigate any negative impacts:** Actions are already being undertaken to address findings from the sexual health needs assessment (SHNA) and the insight gained will be used to inform the new service specification (NB this is still in development). The impacts will either be positive or neutral as one of the recommendations is to improve understanding of the current impacts of the service on inequalities and outlines improvements over the duration of the provider contract to reduce inequalities.

## **Climate**

**Does your decision / policy involve elements connected to the built environment / energy?:** No

**Does your decision / policy involve designing service provision and procurement to minimise freight and staff travel and enable use of active and public transport options?:** No

**Does your decision / policy involve elements connected to waste?:** No

## **Action plan to address and monitor adverse impacts**

**Does your ECIA indicate that the policy or decision would have a medium or high adverse impact on one**

or more of the groups / areas identified?: No

## Details of person completing the form

**I confirm that this has been completed based on the best information available and in following ECC guidance:** I confirm that this has been completed based on the best information available and in following ECC guidance

**Date ECIA completed:** 08/04/2022

**Name of person completing the ECIA:** Sarah Alderton

**Email address of person completing the ECIA:** Sarah.Alderton@essex.gov.uk

**Your function:** Economy, Investment and Public Health

**Your service area:** Place and Public Health

**Your team:** Public Health

**Are you submitting this ECIA on behalf of another function, service area or team?:** No

**Email address of Head of Service:** chris.french@essex.gov.uk