

North Yorkshire County Council

Health and Adult Services Executive

23 August 2019

North Yorkshire Integrated Sexual Health Services

Report of the Director of Public Health – Health and Adult Services

1.0 Purpose of report

1.1 This report seeks to gain support from HAS Executive to:

- enter into a Section 75 partnership agreement with current Provider York Teaching Hospital NHS Foundation Trust under Section 75 of national Health Services Act 2006, to work collaboratively to continue to deliver a fully integrated sexual health service; and
- set up a joint management board between North Yorkshire County Council and York Teaching Hospital NHS Foundation Trust to oversee the agreement, improve integrated pathways and ways of working and develop a joint accountability framework
- start a four week consultation in respect of these arrangements
- obtain a key decision from Executive on 3 September.

2.0 Issues and background

2.1 Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights. Good sexual health is a vital aspect of overall health and wellbeing. However, poor sexual health outcomes fall disproportionately on certain groups.

2.2 Since 1 April 2013, Local Authorities have been mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM) and Contraception and Sexual

Health (CaSH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

- 2.3 During 2013/14 the Public Health team spent considerable time, money and expertise on the redesign and procurement of an integrated sexual health service, resulting in the contract being awarded to one provider for a service which was historically delivered through nine different contracts.
- 2.4 York Teaching Hospital NHS Foundation Trust is the provider of the integrated sexual health service in North Yorkshire (YorSexualHealth). The contract commenced on 1 March 2015 with a Service commencement date of 1 July 2015 and an expiry date of 31 March 2018. Within the existing contract there was the option to extend the contract period for a further two years; this has been taken and the contract is now in place until 31 March 2020.
- 2.5 North Yorkshire County Council wishes York Teaching Hospital NHS Foundation Trust to continue to deliver an integrated sexual health service which provides effective, high quality, value for money services to its residents via a Section 75 Agreement.

Implications of entering into a Section 75 Agreement

2.6 Pros

- Clinical governance and delivery expertise as well as any specialist goods or services will be provided by the provider with track record of integrated sexual health delivery;
- Performance management and changes to service or costs could be achieved through joint management which would ensure a fair degree of flexibility and responsiveness;
- Joint working and integration achieved through joint management;
- We have a strong working relationship with York Teaching Hospital NHS Foundation Trust and would be able to develop that.
- Accountability and risk sharing would be shared appropriately between the Council and the Provider;
- Minimal property implications if existing co-location arrangements continue;
- Assists with the wider strategic picture in North Yorkshire;
- No requirement to conduct a procurement exercise which saves time and costs.

2.7 Cons

- Costs, accountability and risk sharing would need to be negotiated and agreed;
- Contract management will need to be robust, the service will need to be clearly outlined and risks carefully managed;
- The time to develop the agreement could be lengthy, however we have an existing relationship with York Teaching Hospital NHS Foundation Trust which should facilitate an agreement.

3.0 Performance Implications

3.1 The existing provider is very experienced and has established a high quality, well regarded integrated sexual health service across North Yorkshire which they continually review to explore ways of improving service delivery. The existing provider is performing to expectations, delivering the KPIs within the contract, and works closely with the Council to address any areas of concern that may arise. The current service is being delivered within the agreed budget.

4.0 Policy Implications

4.1 The integrated sexual health service supports the local population outcome which is that “all people in North Yorkshire experience good sexual health” as set out in the Strategic Framework for sexual health.

4.2 This partnership is an example of integrated working across the health service and the Local Authority, including the wider landscape with Primary Care, Clinical Commissioning Group’s and NHS England. This approach is recommended in the government’s Framework for Sexual Health Improvement (2013) and more recently the Sexual Health Inquiry (2019), NHS Long term Plan (2019) and Prevention Green Paper (2019).

5.0 Financial implications

5.1 North Yorkshire County Council are anticipating a public health grant reduction of 12% over the next two years.

5.2 The cost of the current service is £2,748,111 per year. There is the need to make significant savings and the council requires a 2% year on year reduction as a minimum, which over the first five years of the contract would amount to a 10% saving. However, further savings would be expected.

5.3 Entering into a Section 75 Agreement with York Teaching Hospital NHS Foundation Trust will allow us to continue to work collaboratively to deliver a high quality integrated sexual health service. This approach will enable the delivery of the required savings which ensures that the service delivers value for money and remains sustainable. Accountability and risk sharing would be shared appropriately between the Council and the Provider.

6.0 Legal implications

6.1 Powers provided to local authorities and NHS bodies under Section 75 of the NHS Act 2006 and associated Regulations set out that a local authority and an NHS body can each delegate certain functions to the other, provided that the resultant arrangements are likely to lead to an improvement in the way those functions are exercised.

6.2 Arrangements under Section 75 may include (i) arrangements for the exercise by NHS bodies of certain local authority health-related functions in conjunction with the exercise by such bodies of their NHS functions and/or (ii) arrangements for the exercise by local authorities of certain NHS functions in conjunction with the exercise by such authorities of their health-related functions.

6.3 The particular functions that can be included within Section 75 agreements are prescribed by the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. The recommended partnership agreement between the parties would accordingly be within the remit of the legislation.

6.4 Whilst there is a requirement to consult prior to entering into a section 75 agreement (and also consult jointly with person affected by such arrangements (as per regulation 4(2) of the 2000/617 regulations), there is no requirement to do a full procurement exercise.

6.5 Legal advice has been sought from the Council's legal and democratic services department as part of the gateway approval and will be kept under review during the consultation period. The Legal Team will be sought in drafting the Section 75 Agreement.

7.0 Consultation Undertaken and Responses

7.1 Online market engagement was undertaken on the North Yorkshire integrated sexual health service, carried out between February and March 2019.

7.2 If the Section 75 proposal is approved North Yorkshire County Council will consult with any person who may be affected by the partnership being put in place by publishing an online consultation on the Council website for a four week period,

starting 12th September to 10th October 2019. The consultation will invite comments from both the public and interested parties.

8.0 Impact on Other Services/Organisations

8.1 The Council will work with the Provider to ensure that there is no significant negative impact on the health and wellbeing of the North Yorkshire population.

9.0 Equalities implications

9.1 An Equalities Impact Assessment on the integrated sexual health service has been completed and is in place see appendix 1.

10.0 Reasons for recommendations

10.1 Entering into a Section 75 Partnership Agreement with York Teaching Hospital NHS Foundation Trust will allow us to continue to work collaboratively to deliver a high quality, well regarded integrated sexual health service. This approach will enable the delivery of the required savings which will ensure that the service delivers value for money and remains sustainable over the next 10 years.

10.2 The co-operative arrangements with joint management will strengthen the existing relationships with York Teaching Hospital NHS Foundation Trust and allow greater scope and flexibility to explore further collaboration opportunities in the future. Accountability and risk sharing would be shared appropriately between the council and provider.

11.0	Recommendation(s)
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11.1	HAS Executive note the current sexual health arrangements and support the proposed approach.
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11.2	A key decision will be taken by Executive on 3 September.
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Dr Lincoln Sargeant
Director of Public Health

COUNTY HALL
NORTHALLERTON

Date: 23 August 2019

Author of report – Emma Davis, Health Improvement Manager – Health and Adult Services

Appendix 1 EIA

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated May 2015)

North Yorkshire Specialist Sexual Health Services

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services, Public Health
Lead Officer and contact details	Emma Davis – Health Improvement Manager
Names and roles of other people involved in carrying out the EIA	Project Task Group – Sexual Health Jessica Marshall – Health Improvement Officer Emma Davis – Health Improvement Manager
How will you pay due regard? e.g. working group, individual officer	Project Task Group – Sexual Health
When did the due regard process start?	06 January 2014 – this is a refresh as NYCC reviews the Specialist Sexual Health Service in 2019/2020

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

The NYCC Public health team are reviewing the North Yorkshire Integrated Specialist Sexual Health Service, following a 5 year contract with provider York Teaching Hospital NHS Foundation Trust, branded YorSexual Health.

The service will remain largely the same with an open access specialist sexual health service including a focus on the county's priority groups as identified in the Sexual Health Needs Assessment refresh 2019. The service will follow the national specification recommendations and evidence based standards for service provision as outlined in the reviewed service specification.

Since 1 April 2013, North Yorkshire County Council (NYCC) have been required by regulation to commission HIV prevention and sexual health promotion, open access genito-urinary medicine and contraception service for all age groups. Other elements of the sexual health system are commissioned by partner organisations.

North Yorkshire County Council intend to enter into a Section 75 partnership agreement with York Hospital NHS Foundation Trust to deliver a comparable service to commence on 1st April 2020. The existing Primary Care contract for GP's and Pharmacies will remain separate.

This EIA is being completed with regards to updates to statistics for protected characteristics of the population and updates to the service specification as part of updates to the evidence base.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

As detailed above, the current contract for the Integrated Specialist Sexual Health service provided by YorSexualHealth is due to expire on 31st March 2020 after a 5 year period.

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion. Provision of sexual health services is complex and can be delivered by a wide range of providers, including general practice, community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector (Department of Health, 2013).

Despite efforts to control STIs, including the improved availability and uptake of sexual health screening, we are not seeing a significant impact on numbers of STIs diagnosed, with STI rates continuing to rise. Whilst some of the increase is associated with improved access to services and more testing, it is clear that high rates of infection persist in some population groups such as men who have sex with men (MSM) and young people. This highlights the continued importance of sexual health services.

The percentage of late stage diagnosis of new cases of HIV remains a concern, and improved uptake of HIV testing, particularly for those with HIV indicator conditions, is vital for early detection and treatment to reduce morbidity and mortality.

Existing prevention efforts, such as greater STI screening coverage and easier, more rapid access to sexual health services need to be sustained and improved in some localities to support earlier diagnosis and prevent onward transmission. These efforts need to be focussed on high risk groups in particular.

LARC is the most effective form of contraception. Provision of LARC services is good across North Yorkshire and maintaining and up-skilling healthcare professionals to support people to make informed choices about contraception, and fit and remove LARC, needs to be ensured.

Whilst good progress has been made on teenage pregnancy rates across North Yorkshire, more needs to be done in certain localities and should be supported by broader prevention work to identify and support young people at risk of teenage pregnancy.

Improving the sexual health of the population of North Yorkshire requires an integrated response from all relevant agencies. The Local Authority is responsible for commissioning comprehensive, open-access sexual health services. It needs to work with key partners to build on the existing good work that has previously occurred.

Section 3. What will change? What will be different for customers and/or staff?

The new service will be the same for service users (customers) and staff. Minor changes have been made to the current service specification to highlight current good working practices and updates in light of new evidence.

The aim of the service will remain the same; all people in North Yorkshire to experience good sexual health. Residents of North Yorkshire will be supported in making informed, confident choices around their sexual health with a particular focus on prevention, and supporting young people and other at risk and vulnerable groups and communities from experiencing sexual ill-health.

The service will continue to be delivered in the same way as the current service providing an integrated specialist service which is complemented by a separate contract for Primary Care (GP's and Pharmacies).

Eligibility Criteria

The eligibility criteria and key components of the service offer remain the same.

The Local Authority is mandated to commission open access confidential services. The provider must operate an open access policy for both contraception and STI services regardless of residence of the patient. The legislation defines services as:

- (i) for preventing the spread of sexually transmitted infections;*
- (ii) for treating and caring for persons with such infections;*
- (iii) for notifying sexual partners of persons with such infections*
- (iv) advice on, and reasonable access to, a broad range of contraceptive substances and appliances;*
- (v) advice on preventing unintended pregnancy*

However this service specification is commissioning a range of service elements over and above a core offer. Therefore not all service elements have to be delivered regardless of residence of the patient, it is acceptable for some elements to only be available for North Yorkshire residents' e.g. digital testing services.

The funding received for the Integrated Sexual Health Service (ISHS) pays for residents of North Yorkshire only. However, the Provider shall provide a free, open access, ISHS to anyone that attends without referral, irrespective of their place of residence or GP registration.

Staff

The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) which protects employees' terms and conditions of employment when a business is transferred from one owner to another will not apply if a Section 75 partnership agreement is established.

Priorities

Key principles have been developed to inform sexual health commissioning to help achieve the goal of improving sexual health outcomes of our residents. These have been informed by an engagement exercise conducted as part of the review. In the recent market testing (online) all respondents supported the current principles of the service and felt they still reflected the need for the service.

The key principles are:

- Priority to be given to prevention and early intervention with a focus on young people and most at risk populations.
- Services to be delivered by a professional integrated skilled sexual health workforce.
- Strong clinical leadership to be embedded across the local sexual health system.
- Encourage the use of evidence based practice, innovation and use of technology.
- Ensure rapid and easy access to services - including in rural areas- delivering services in appropriate settings.
- Ensure all contraceptive and STI diagnosis and treatment is dealt with in one place.

Strong links exist between deprivation and STIs, teenage conceptions and abortions with the highest burden borne by women, men who have sex with men (“MSM”), trans community, teenagers, young adults and black and minority ethnic groups. HIV infection also has an unequal impact on MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. The Integrated Sexual Health Service will be delivered with an aim to address these inequalities by providing easily accessible services.

The decision has been made not to include sexual health services currently commissioned from GP practices and pharmacies in the services review at this stage. This is due to the need to allow for flexibility in the development of primary care sexual health services and for the development of the primary care market. Instead these services will continue to be commissioned as they are currently, as part of the public health primary care services contract.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

North Yorkshire County Council intends to enter into a Section 75 partnership agreement with current provider York Hospital NHS Foundation Trust to deliver the Integrated Sexual Health Service for North Yorkshire (ISHS).

Procurement of the ISHS 2013-15

A significant review and re-configuration programme commenced in August 2013.

An extensive joint engagement exercise with City of York Council took place during August- October 2013 to establish what stakeholders views were on what the successful elements and challenges were with current service provision, as well as views on how services could be improved. Based on the feedback from the

engagement exercise a proposed new system for delivery of services was developed.

North Yorkshire County Council and City of York Council held a joint public consultation on the proposed new system for delivery of sexual health services in both local authorities over an eight week period from 6th January 2014 to 28th February 2014.

These activities were summarised and recorded to shape and inform the new model used for the commissioning arrangements of the North Yorkshire ISHS in 2014. A Sexual Health Needs Assessment was conducted and a full review of the evidence base.

Review of the ISHS 2018/19

Throughout December 2018 – February 2019 a refresh of the Sexual Health Needs Assessment has been completed, a review of the evidence including advances in diagnostic and treatment of STI's, and the Integrated Sexual Health Services; A suggested national service specification (PHE and DoH, August 2018) and a look at the landscape regionally and with comparable neighbours. In addition to this, engagement activity with stakeholders and professionals has been conducted online for market testing and information checking.

A 9 day market testing event took place online via YorTender (28 Feb – 8 March) on the draft specification with a focus on the following areas:

- Updating the current Key Principles
- The Condom Distribution scheme service description and methods
- Training of the wider workforce and the role of Clinical and Systems Leadership
- Out of Area and Cross Charging payment arrangements
- Cervical screening opportunities
- General procurement and contracting

Stakeholders and potential service providers were invited to comment. This has been collated into a summary report and feedback has informed the final service specification.

The combination of information provided from the market engagement, the needs assessment, regional and neighbour benchmarking, and evidence review has informed and shaped the minor changes in the service specification update. Relevant UK clinical guidance covering the specialities of Sexual and Reproductive Healthcare and Genitourinary Medicine can be found at www.fsrh.org and www.bashh.org. The Provider shall ensure the ISHS reflect updates in guidance and recommendations as and when produced.

The key results from the review are:

- The current service is cost effective
- Evidence remains for an integrated sexual health service
- Primary care provision works well and should remain a separate contract

- Training requirements need enhancing to ensure the skills of primary care are maintained
- Offering beyond opportunistic cervical screening would be welcomed and discussions between the successful provider and the local CCG would be encouraged to support this and improve screening rates in at risk population groups.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

Please explain briefly why this will be the result.

The council currently invests approximately £2,750,000 per annum into the Integrated Sexual Health Service. This is funded through the Public Health Grant. Efficiencies have already been made from the current contract value price at the start of the existing contract (£2,895,847). Further efficiencies will be needed and are yet to be fully confirmed; however, this may ultimately result in a reduction in service capacity which is likely to have a negative impact on outcomes.

The efficiency of the sexual health services integrated contract has been improved since the introduction of the collated sexual health service in 2014. This has shown to be cost effective through the Public Health Outcomes Framework and the BEST self-assessment review.

We have compared our performance and spend per head of eligible population to other areas in the Yorkshire and Humber Region and also to those considered as statistical neighbours (CIPFA). This has shown the current service to provide value for money (lower spend = better outcomes).

It is important to retain an appropriate critical mass within the service to facilitate the provider to deliver a responsive, safe and effective service that is capable of addressing unmet need and further improving performance.

Value for money will continue to be assessed under new arrangements.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age	X			<p>The ISHS is open access to individuals aged 13 and over. The Provider shall comply with their specific responsibilities and safeguarding protocols relating to young people aged 13-15 years and for those under the age of 13 years.</p> <p>In addition those aged under 24 will be targeted as part of the Condom Distribution Scheme. Those under 25 diagnosed with Chlamydia will be re-tested 3-months after treatment. There will be targeted service for Young People aged up to 25 and vulnerable groups due to being more likely to have poor sexual health including higher rates of Sexually Transmitted Infections, and abortions than older people. STI's disproportionately affect the younger population and the open-access service combined with targeted interventions for under-25's aims to improve this. The Provider shall find innovative methods for delivering the ISHS specifically to meet the sexual health and contraceptive needs of young people. This should include a range of digital solutions to address this.</p> <p>The service is provided on an open access basis and available to anyone requiring care, irrespective of their age, gender, place of residence or GP registration, without referral in line with the National Integrated Sexual Health Services specification (2018).</p> <p>North Yorkshire is due to see an increase in the older population by 19.8% in the 65-84 age group and 42.6% in the 85+ age group between</p>

				2020 and 2030. In contrast, a reduction in the 45-64 age group by 9.8% is expected in the same period.
Disability	X			<p>The ISHS is an open access service – available to all who need it. We currently have no evidence of an impact in relation to disability. The successful provider will be expected to meet all requirements around the Equality Act 2010 to ensure their services are accessible to people with a disability. This is built into the service specification.</p> <p>The ISHS will actively work towards providing sexual health information and advice in order to increase knowledge and understanding of sexual health issues with a specific focus on high risk and vulnerable groups including those with learning disabilities or mental health conditions.</p> <p>Each premises will be fit for purpose for the services delivered in that particular location, be well maintained and compliant with Disability Discrimination Act (DDA).</p> <p>The Provider will deliver a Specialist Clinical Outreach Team (SCOT) to provide services to the most socially complex, vulnerable young people and adults. This will include, but is not limited to, people with learning disabilities, mental health problems and military populations including in Catterick and Harrogate.</p> <p>The provider will ensure there are referral routes to receive patients with disabilities including learning disabilities and also the ability to refer on and signpost to additional services for support to ensure a continued pathway of care.</p>

				<p>Service user feedback and engagement through the provider will be conducted with a variety of groups including those with disabilities and learning disabilities. The provider will ensure they have processes in place for routinely seeking and recording feedback to demonstrate how this informs their practices and service development. This information will be published within their annual report.</p>
Sex (Gender)	X			<p>The ISHS is an open access service – available to all who need it.</p> <p>The service offers the full range of contraceptive services including a free condom distribution scheme and LARC (Long Acting Reversible Contraception).</p> <p>Nationally there is significant variance in the diagnosis of STI's in males and females. In 2017 Chlamydia was diagnosed 85,647 times in males and 115,672 times in females in England. Gonorrhoea diagnoses in males was 33,129 and 11,475 in females. There were 11,712 Herpes (first episode) diagnoses in men and 20,972 in women. Syphilis is diagnosed more commonly in males (6,690 in 2017) compared to females (430). Nationally the total STI diagnoses rates are similar for males and females with 218,633 new diagnoses in males in 2017 and 201,403 in females, however there are variations as outlined above in individual STIs.</p>
Race	X			<p>The ISHS is an open access service – available to all who need it.</p> <p>The ethnic diversity varies between districts, with Harrogate having the biggest number of those not in the non-white categories; however, Richmondshire has the greatest proportion of BME groups in the County, with non-white groups making up 4.6% of the population.</p>

				<p>Ryedale is the least diverse district, with only 1.3% of the population being non-white.</p> <p>The 2011 census data indicates that North Yorkshire has a smaller proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 14.5% in all districts (Craven 2.7%, Hambleton 1.7%, Harrogate 3.7%, Richmondshire 4.6%, Ryedale 1.3%, Scarborough 2.5%, Selby 1.6%). Within these minority groups, the highest proportion is those in the Asian/Asian British categories, with 1.5% of the Harrogate population falling into this group and 2.4% of the total population of Richmondshire (2011 census).</p> <p>Gonococcal infection (Gonorrhoea) tends to be concentrated in the UK amongst homosexual/bisexual men and black ethnic minority populations. Due to the small overall BAME population in North Yorkshire, it is not possible to comment on the diagnoses of STIs in this population.</p>
Gender reassignment	X			<p>The ISHS is an open access service – available to all who need it. There is currently no data on this group in North Yorkshire.</p> <p>Transgender persons are amongst the most at risk groups of people experiencing a higher risk of poor sexual health outcomes. The provider will ensure that sexual health interventions are targeted at this group to reduce their risk of exposure to HIV and other STIs throughout North Yorkshire. In addition the Community Outreach Service for Most at Risk Populations will aim to improve their access to HIV/STI diagnostic and treatment interventions.</p>
Sexual orientation	X			<p>The ISHS is an open access service – available to all who need it. There</p>

				<p>are some groups of individuals or communities that are at higher risk of poor sexual health outcomes due to their risk taking behaviours or lifestyles this includes the LGBTQ+ community and MSM. The Provider shall ensure that sexual health interventions are targeted at groups at high risk of exposure to HIV and other STIs in North Yorkshire.</p> <p>HIV infection also has an unequal impact on Men who have Sex with Men (MSM), they are also disproportionately affected by STIs. Public health interventions will be targeted at key prevention group including MSM and LGBTQ+.</p> <p>New HIV diagnoses among MSM has decreased by almost a third (31%) since 2015 to 2,330 diagnoses in 2017. The Number of gay and bisexual men newly diagnosed with HIV dropped by 28% outside of London from 1,618 to 1,167 in 2017⁷. The North Yorkshire rates have not decreased as significantly and instead seem to be relatively stable (<i>North Yorkshire Sexual Health Needs Assessment, 2019</i>).</p> <p>There will be a targeted offer for Hepatitis A and B vaccination for those most-at risk including MSM with multiple sexual partners.</p>
Religion or belief	X			<p>The ISHS is an open access service – available to all who need it. We currently have no evidence of an impact in relation to religion or belief. Open access services will be available in each North Yorkshire district. The provider will be expected to meet all service user needs relating to religion or belief.</p>
Pregnancy or maternity	X			<p>We have no evidence of an impact in relation to pregnancy/maternity.</p>
Marriage or civil partnership	X			<p>We have no evidence of an impact in relation to marriage or civil partnership.</p>

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		X		<p>The provider will ensure that individuals receive the same level of service regardless of location, rurality, socioeconomic status and protected characteristics. North Yorkshire covers 3,000 square miles ranging from isolated rural settlements and farms to market towns and larger urban conurbations such as Harrogate and Scarborough.</p> <p>The Provider shall address the range of factors that impact on accessibility of the Integrated Sexual Health Service. These include being able to deliver the Integrated Sexual Health Service to a diverse population living in the largest county in England. The geography of North Yorkshire presents practical difficulties in locating services and staff in the best possible locations to enable them to engage with the local community and to respond to service demands. Whilst the scale of local provision should be determined by local need and the requirement to provide value for money, the Provider shall be able to demonstrate reach of the Integrated Sexual Health Service into every District Council area in North Yorkshire.</p> <p>The specification states that the provider will ensure rapid and easy access to the Integrated Sexual Health Service including in rural areas, delivering services in appropriate settings.</p> <p>Patients should have the option of accessing services without the need for seeing a practitioner and/or</p>

			<p>attending a clinic. Patients should be provided with information about sexual health, on line triage, signposting to the most appropriate services for their needs and the option of ordering condoms and self-sampling kits for chlamydia, gonorrhoea, syphilis and HIV. Routine STI test results should be available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered an appointment within 24 hours or fast tracked, if available to a walk-in service. Free online treatment service should be provided where it is clinically safe to do so (e.g. chlamydia), including a follow up procedure and tracking to check the treatment programme has been completed.</p>
...have a low income?		X	<p>Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the County that are ranked within the 20% most deprived areas in England.</p> <p>Strong links exist between deprivation and STIs. Sexual ill health has broad social and economic costs for society.</p> <p>Treatment provided through the ISHS is free from prescription charges although the Provider shall ensure that Service Users are made aware that if they receive treatment from other settings, such as primary care, charges may apply. In addition Emergency Hormonal Contraception (EHC) is available free of charge to young people in North Yorkshire aged 14-24 from participating pharmacies (under the Primary Care contract).</p> <p>The funding received for the ISHS pays for residents of North Yorkshire only. However, the Provider shall provide a free, open access, ISHS to anyone that attends without referral,</p>

				irrespective of their place of residence or GP registration. The Provider shall have in place cross charging mechanisms for charging other Local Authorities for out of area attendances.
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Section 8. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.

The North Yorkshire ISHS will retain open access for all people who live in North Yorkshire or are registered with a North Yorkshire GP practice. The service will continue to have a focus on those priority groups who have a higher risk of ill sexual health. The service is offered free of charge at point of access including free prescription costs for associated medicines. All these factors ensure that all regardless of age, gender, income and other protected characteristics as outlined by the 2010 Equality Act will be able to access the service.

The service will be insight led and this should be a continuous process throughout the contract, to ensure the service is working hard for the population it serves. The service will be expected to monitor its population and be led by need, this means the service will target age groups with highest STI prevalence, maintain focus on additional at risk groups and follow technology changes for online testing. The service provider will be expected to meet all requirements of Equality Act 2010.

The rural nature of North Yorkshire can sometimes adversely impact on populations in terms of access to services, to mitigate against this potential impact the service specification details what the provider must put in place such as online signposting and information, an online booking system, a one-stop service where appropriate and online testing, in addition to minimum travel times for face to face appointments.

Section 9. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	X
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	

<p>4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.</p>	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>The ISHS is being re-procured on a specification largely the same as the existing specification of which the ISHS is currently being delivered in North Yorkshire.</p>	

Section 10. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

We undertake quarterly performance reporting to ensure the provider is delivering to the service specification and performance and outcome framework.

Annual contract reviews will be a further opportunity to explore service impact on our population.

The service will be insight led, will collect feedback from its service users and make improvements based on the feedback.

Section 11. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Quarterly reporting	Provider/ED	Quarterly		Performance report
Annual contract reviews	Provider/ED/Contracting	Annually		Contract review
Service insight	Provider	Quarterly		Performance report
Service user feedback	Provider	Quarterly		Performance report

Section 12. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The North Yorkshire ISHS will retain open access for all people who live in North Yorkshire or are registered with a North Yorkshire GP practice. The service will continue to have a focus on those priority groups who have a higher risk of ill sexual health. The service is offered free of charge at point of access including free of prescription costs for associated medicines. All these factors ensure that all

regardless of age, gender, income and other protected characteristics as outlined by the 2010 Equality Act will be able to access the service.

The service will be insight led and this should be a continuous process throughout the contract, to ensure the service is working hard for the population it serves. The service will be expected to monitor its population and be led by need, this means the service will target age groups with highest STI prevalence, maintain focus on additional at risk groups and follow technology changes for online testing.

North Yorkshire County Council and the provider will ensure annual reports make reference to ongoing work with those most at risk groups as identified from the national service specification, the North Yorkshire Sexual Health Needs Assessment and protected characteristics as defined in the 2010 Equality Act.

Section 13. Sign off section

This full EIA was completed by:

Name: Georgina Wilkinson, Emma Davis and Jessica Marshall
Job title: Health Improvement Managers, Health Improvement Officer
Directorate: Health and Adult Services (Public Health)

Signature:

Completion date: 8 March 2019

Authorised by relevant Assistant Director (signature):

Date: