

Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Under the Equality Act 2010 Protected characteristics are Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity. Page 6 of guidance. Other areas to note see guidance appendix 1

Name of policy, service or function. If a policy, list any associated policies:	Integrated Sexual Health Services. The Rotherham NHS Foundation Trust
Name of service and Directorate	Integrated Sexual Health Service – Family Health-TRFT
Lead manager	
Date of Equality Analysis (EA)	29/05/18
Names of those involved in the EA (Should include at least two other people)	

Aim / Scope

Rotherham Integrated Sexual Health Service has received notice of a planned year on year budget reduction of £26,000 as of April 2019.

In order to achieve these savings it is suggested that the service will close on Sundays from the 1st of April 2019. The service currently opens 11.00 am-14.00 pm providing both sexual health screening and contraceptive services to those under 25 years.

The rationale for closing Sunday services is to achieve maximum savings while causing minimum disruption and risk to both patients and staff. Sunday working incurs enhanced unsociable hours payments to staff therefore greater savings can be made with minimum reduction in overall clinic capacity.

On reviewing the attendance data for 1 April 2017 – 31 March 2018 the uptake of Sexual Health screening appointments on a Sunday in comparison with clinics during the rest of the week is reduced.- (282 appointments available, 135 utilised, 48% uptake) in comparison to the uptake of Sunday Contraceptive appointments, (282 available appointments, 277 utilised, an uptake of 98%.

SUNDAY CLINIC DATA 1 April 17 - 31 March 18

CLINICS	CAPACITY	UTILIZED	% FILLED
Contraception	282	277	98%
Screen & Go	282	135	48%
TOTAL	564	412	73%

These figures highlight a demand for both services, particularly contraceptive services on Sundays; however patients' requiring emergency contraception is low.

Steps have been taken to mitigate and minimise any risk to patients arising from the

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closure of Sunday clinics:

The following measures have been taken:-

- As part of the GP contract the service has set up two weekly Implant clinics for under 25 year olds. These are in Eastwood and East Herringthorpe which are areas of deprivation within Rotherham town, thus targeting hard to reach individuals and providing a greater choice of venues for young people. This is in addition to seven established youth clinics for under 20 year olds.
- A record number of pharmacists within Rotherham area have signed a contract with TRFT to provide emergency hormonal contraception with effect from 1 April 2018 – this information is visible on the Trust website and within clinical areas. **Appendix 2**, demonstrates the distribution across Rotherham Borough.
- ISHS will continue to provide a walk in service for those under 25 years on Saturday mornings, between 10.00 am -14.00pm. This service is for walk in contraception and pre booked appointments.
- The request for and uptake of LARC (Long acting reversible contraception) is currently 40% in the Sunday service and these appointments will be re- provide as Screen & Go appointments to under 25's on a Monday evening 16.30pm-19.30pm and Wednesday afternoons 13.30pm-16.30pm. If there is capacity within these clinics LARC will be offered at the first appointment. If this is not feasible a follow up appointment will be made.
- Regarding performance indicators for the uptake of LARC under 18 years (Target >25%) 18 years – 25 years (Target >30%) with a year on year increase. These targets are currently being achieved with the existing service (Including Sundays) however with the additional Monday and Wednesday clinics it is anticipated that these targets will be maintained with a year on year increase.
- Current data from April and May 2018 indicates a high demand for repeat pills on a Sunday (+50% of Sunday attendances) we would utilize our capacity within the evening services Monday-Thursday 16.30-19.30 pm to re-provide these appointments.
- The Integrated Sexual Health Website will clearly identify to patients and GP Practises the sexual health clinic options available both within the Trust & in the community including links to MESMAC. This will include details of opening times & contact numbers.

What equality information is available? Include any engagement undertaken and

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identify any information gaps you are aware of.
What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?
 See page 7 of guidance step 2

We will continue to offer a number of alternative services for young people, six days a week including four evening clinics Monday-Thursday 16.30-19.30 pm.
 Friends and family feedback will continue to be reviewed and discussed at clinical governance meetings.
 Staffs within the service regularly provide feedback and make suggestions through weekly staff huddles and at monthly staff meetings.

Engagement undertaken with customers. (date and group(s) consulted and key findings) See page 7 of guidance step 3

To date informal feedback from patients and staff has been considered.

We plan to conduct a patient survey during June-August to confirm these findings.

Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings) See page 7 of guidance step 3

A number of management meetings have been held and an objection document has been submitted to RMBC highlighting concerns raised with regard to any budget retraction within ISHS, and the implications this may impose on service users and the wider community.

Staffs are unaware of the proposed reduction in service due to concerns regarding morale, since staff within the service have undertaken a significant time of change including two consultation processes resulting in a reduction in staff numbers. The decision not to inform staff is to protect and minimise work related stress, and not to destabilise the service. Informal engagement with staff is an on-going process within the service.

The Analysis

How do you think the Policy/Service meets the needs of different communities and groups?
 Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive.

ISHS will continue to offer a wide range of services at varying locations which is demonstrated in **Appendix 3** - these aim to meet the needs of differing groups and communities within Rotherham

Analysis of the actual or likely effect of the Policy or Service:
 See page 8 of guidance step 4 and 5
Does your Policy/Service present any problems or barriers to communities or

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Group?

Identify by protected characteristics

Does the Service/Policy provide any improvements/remove barriers?

Identify by protected characteristics

As highlighted earlier and included in this document RMBC has been provided with a document highlighting the concerns raised regarding the immediate and long term effects of any budget cuts to ISHS.

To mitigate against any risk to patients associated with the closure of Sunday clinics and as previously identified, the service will continue to provide a six day service including four late evenings Monday-Thursday working until 8pm and also providing a Saturday walk in service 10.00 am -14.00 pm for under 25 years old.

In addition to this the service operates;

- Seven youth clinics during the week for individuals under 20 years of age these clinics are widely distributed across the borough.
- Two Implant clinics within deprived areas for females under 25 years of age.
- ISHS works in collaboration with MESMAC, a third sector charity, who provide daily targeted screening services to, BME, LGBTQ, MSM's and under 25 year olds.
- Since April 2018 numerous pharmacies (**Appendix 2**) within Rotherham are now providing EHC, details of these are on Rotherham ISHS website and in Trust clinical areas.

What affect will the Policy/Service have on community relations?

Identify by protected characteristics

Integrated Sexual Health Service will continue to strengthen community relations with GP Practices and Pharmacists in the Rotherham area in addition to attending PLT events & LMC & LPC meetings together with Practice Managers Meetings.

However the reduction of a newly established seven day Integrated Sexual Health Service will impact on community relations with the Trust reducing a gold standard service within the Rotherham Borough.

Please list any **actions and targets** by Protected Characteristic that need to be taken as a consequence of this assessment and ensure that they are added into your service plan.

Website Key Findings Summary: To meet legislative requirements a summary of the Equality Analysis needs to be completed and published.

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Equality Analysis Action Plan - See page 9 of guidance step 6 and 7

Time Period - April-August 2018

Manager - Clinical Lead

Service Area - Integrated Sexual Health Services The Rotherham Foundation Trust

Tel : 01709 - 427760

Title of Equality Analysis:

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic.

List all the Actions and Equality Targets identified

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
Collate and review data for Sunday under 25's service COMPLETED	ALL	April - May 2018
Management team to discuss data and improvement of access elsewhere COMPLETED	ALL	May – June 2018
Informal discussions with ISHS staff members regarding service provision ONGOING	ALL	May – July 2018
Conduct patient survey to ascertain views on service provision	ALL	June – August 2018
Name Of Director who approved Plan		Date

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***A = Age, C= Carers D= Disability, S = Sex, GR Gender Reassignment, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.**

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members SLT or Directorate Management Teams

Completed equality analysis	Key findings	Future actions
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Completed equality analysis	Key findings	Future actions
<p>Directorate:</p> <p>Function, policy or proposal name:</p> <p>.....</p> <p>Function or policy status: (new, changing or existing)</p> <p>Name of lead officer completing the assessment:</p> <p>.....</p> <p>Date of assessment:</p>		