

## Equality Impact Assessment Tool: Policy, Strategy and Plans (Please follow the EQIA guidance in completing this form)



### 1. Name of Strategy, Policy or Plan

Transformational Change Programme – Sexual Health services

This is a : **Current;#Current Policy**

### 2. Brief Description - Purpose of the policy, Changes and outcomes, services or activities affected

In February 2017, Glasgow City Integrated Joint Board (IJB) approved a review of Sandyford Sexual Health services to take place as part of Glasgow City Health and Social Care Partnership (HSCP) Transformational Change Programme. The review aims were to: - improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways - encourage those who could be self managing to be supported differently - ensure that Sandyford services are accessible and targeting the most vulnerable groups. In March 2018, the IJB approved the direction of travel set out in the review recommendations, and an Implementation Plan including detailed proposals, financial framework and proposed engagement activities will be presented to the IJB in March 2019. There may be potential risk caused by the changes to people/groups with protected characteristics, therefore this Equality Impact Assessment is being carried out to formally capture contextual information relating to sexual health services for different groups with protected characteristics and will be used to inform subsequent service proposals and implementation programme. Specific service proposals equality impact assessments will be undertaken to ensure any service change is compliant with the IJB and NHS GGC health board's legal duties in respect of their Public Sector Duty.

### 3. Lead Reviewer

Rhoda Macleod

### 4. Please list all participants in carrying out this EQIA:

Gareth Greenaway (planning manager); Fiona Noble (Planning and Performance Manager, Adult Services); Runima Kakati (Communication and Engagement Co-ordinator)

### 5. Impact Assessment

#### A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

The Transformation Programme for sexual health services has been developed through a robust review of current services and how they are delivered. The proposed model of service will offer a tiered level of service delivery for people who need access to specialist sexual health care. This new model for service modernisation will aim to offer care to clients with non-complex sexual health needs in innovative ways and with involvement of other stakeholders and partners. It will release the highly trained specialist workforce to see clients with specialist sexual health presentations. It will allow better use of clinical time, improve accessibility, and make better use of resources. The model also allows further development of the nursing role and will address the shortfall of medical staff, particularly over levels 1 and 2. In line with the Board's Transformational Strategy Programme (Moving Forward Together), this tiered provision of services makes best use of resources by providing specialised and complex care in a properly equipped specialist centre with an appropriately skilled workforce. Implementation of this programme will promote equal opportunities and anti-discrimination

#### B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source

All		
Sex	<p>Gonorrhoea is more commonly detected in males across Scotland. 3:1 ratio of men to women, 40% of male acquisition is rectal Glasgow has the highest prevalence in Scotland of gonorrhoea with the numbers and rate having doubled over the last ten years. Infectious syphilis is mostly found in gay and bisexual men In 2015 12 per 1,000 of all reproductive age women had an abortion, indicating unmet reproductive health care needs. Of these almost 30% had their termination carried out over the recommended 9 week gestation period. 19% of women and 5% of men report an experience of non volitional sex Gender split is monitored and reported at all Sandyford service locations. The ratio of women to men attending all Sandyford services has been 60% to 40% consistently over recent years. Some services are delivered specifically to men (Steve Retson Project for gay and bisexual men, vasectomy counselling and procedures) or women (complex gyn services, termination of pregnancy assessment service), but the majority of services are open to and accessed by all genders. This does vary across individual clinics and locations, and developments This programme of change has been designed to meet the needs of those who most require services and no-one will be disadvantaged because of their gender.</p>	<p>HPS Weekly Report 27 September 2016 Volume 50 No. 2016/39, Termination of Pregnancy Statistics Year ending December 2015 ISD - 31May 2016 and National Survey of Sexual Attitudes and Lifestyles (2014)</p>
Gender Reassignment	<p>Transgender people are among the most marginalised protected characteristic groups in the UK. Trans people are likely to experience abuse at various points through their lives. In a study by Scottish Transgender Alliance (2008), 46% respondents had experienced transphobic abuse in relationships and 62% had experienced transphobic abuse from strangers in public places. The number of trans people accessing services at Scottish Gender Identity Clinics is around 7.5% of the estimated number of Trans adults in Scotland. The number of referrals each year increased markedly across Scotland during 2014 to 2017. The largest increases were from 2014 to 2015, and though 2017 numbers were still higher than previous years this may be reaching a plateau. Further data for 2018 would be required to confirm this, as the rate of change is not completely predictable. In recent years there has also been a marked increase in the number of referrals of young people and non-binary people (those who do not identify as male or female), as well as an increase in the proportion of trans people who were still at the stage of questioning their gender identity. Potential inequalities in accessing services relate to gender identity: presence of co-existing mental or physical health problems; lack of financial means to travel or access private treatments; trans people experience health inequalities related to poorer social and economic circumstances, stigma and discrimination, violence, and difficulties accessing healthcare and other services There is a socioeconomic gradient in those referred to adult GICs from 2014 to 2017, with more individuals referred from more deprived quintiles. Young Trans people - there is a notable over-representation of those in the most deprived quintile, with representation across deprivation quintiles otherwise seemingly fairly evenly distributed with no clear gradient. Sandyford hosts the largest service for transgendered adults in Scotland, and a large number of clients travel from outside NHS GGC. It also hosts the only specialist Gender Identity clinic in Scotland for young people aged under 18. Support is provided to TransparentSees - a support group for parents and family members of trans people. The changes to service will not directly impact on this service or on these clients.</p>	<p>STA – Transgender Experiences in Scotland 20018 and Scottish Public Health Network (ScotPHN) Health Care Needs Assessment of Gender Identity Services Rachel Thomson, Jessica Baker, Julie Arnot May 2018</p>
Race	<p>Black African communities have a higher than average prevalence of HIV There are ongoing increases of HIV transmission, mainly affecting gay and bisexual men and people who originate from countries with high HIV prevalence (especially Sub Saharan Africans). One in five people living with HIV are thought to be undiagnosed while 40% of HIV diagnoses are made "late" in disease progression, contributing towards onward transmission and lack of treatment for those people. Late diagnoses disproportionately affect our Black African population 90% of people attending services across all Sandyford sites during 2017 were white, with 8% from BME communities. It is not anticipated that the service will impact upon this protected characteristic. This programme of change is based on providing access to routine sexual health services within local communities, and these will be developed according to local need. For example, service user data in Govanhill showed a low uptake from the large Roma community, and so local services have been enhanced to meet the needs of this population. Sandyford services are currently accessed by telephone, and this can be a barrier to accessibility for some people who's first language is not English. Information is offered in a range of languages and interpreters are available at all clinics.</p>	<p>HPS Weekly Report 21 March 2017, Volume 51 No. 2017/11 and Health Protection Scotland - HIV diagnoses and integrated CD4/VL database reported on Scottish government Sexual Health and BBV Data Portal, extracted 22/3/17</p>

<b>Disability</b>	Disabled people are among the poorest people living in Scotland and have borne the brunt of welfare cuts with over half of all those made by the last government falling on disabled people and their families. Sandyford services are currently accessed by telephone, and this can be a barrier to accessibility for some people. Information is offered in a range of formats and BSL interpreters can be booked for clients Transformation programme will give consideration to how the sexual health care and support of people with disabilities can be improved.	Dr Sally Witcher OBE, CEO, Inclusion Scotland
<b>Sexual Orientation</b>	Gay and bisexual men are at greatest risk of acquiring HIV and other STIs, and new HIV diagnoses amongst gay men are continuing to rise. Around a quarter of gay and bisexual men accessing sexual health and HIV services experience a range of overlapping vulnerabilities, including poor emotional and mental health, experience of domestic abuse and violence, problematic alcohol and drug use, and experience of discrimination. PrEP for HIV became available in 2017 and may contribute to further increase in STI incidence in gay and bisexual men	HPS Weekly Report 27 September 2016 Volume 50 No. 2016/39
<b>Religion and Belief</b>	Transformation programme has been designed to meet the needs of people regardless of their religion or belief.	
<b>Age</b>	Local needs assessments tell us that young people experience challenges to healthy sexuality and relationships including: o The very common experience of "sexting" and sending/receiving explicit self generated images and the loss of control of these images; o widespread free access to pornography leading to distorted expectations of sexual behaviour including extreme or violent sexual acts, and the impact of pornography addiction on normal sexual functioning; o an increase in reporting of intimate partner violence. It is estimated one in ten young people has chlamydia Teenage conception correlates to socioeconomic deprivation and experiences of adverse childhood events. Although the overall teenage conception rate has been falling in every area in Scotland, Glasgow has some of the highest rates in Western Europe. In Govanhill nearly 1 in every 5 young women aged 15-19 has a conception and in other areas (including Easterhouse, Shawlands, Milton and Maryhill) the rate is 1 in 10. At a health board level NHSGGC has the third lowest rate of teenage pregnancy of the mainland health boards in Scotland. However at a local HSCP level the rates vary considerably with West Dunbartonshire having the highest rate followed by Glasgow City, both higher than the Scottish average. For those aged under 20 (in 2015): • East Renfrewshire has the second lowest rate in Scotland at 15.6 per 1,000 • East Dunbartonshire has the lowest rate in Scotland at 15.3 per 1,000 • Glasgow City is 34.1 per 1,000 • Inverclyde is 29 per 1,000 – a marginal increase on the preceding year • Renfrewshire is 29.9 per 1,000 • West Dunbartonshire is 36.5 per 1,000 and has again become the local authority with the highest rate in the Board. The numbers of young people attending all Sandyford services decreased every year from 2011-2015. As well as a decline in absolute numbers, the proportion of young people estimated to be sexually active who attend the service has also decreased over the same period of time Exploring the reasons why young people attend Sandyford across 2015 to 2017 it is evident that while young people presentations can be complex, in the main the complexity relates to the social contexts of their sexual relationships rather than being medically complex. Only 2.5% of attendances in this time period have been medically complex. Age related data showed a year on year decline in young people attending services. Consultation with young people suggested that the service is not open at the right times and is not easily accessible in some locations. As a result extended opening times were trialled at Sandyford Parkhead for a year, and this has been continued as it improved the attendance figures. The Parents@Sandyford website provides support to parents around addressing sexual health issues with their children.	Young People – Sexual Health and Wellbeing (NHSGGC 2015), HPS Weekly Report 27 September 2016 Volume 50 No. 2016/39 and Teenage Pregnancy rates per 1,000 2013 -2015 extracted from SMR01/SMR02
<b>Pregnancy and Maternity</b>	Transformation programme has been designed to meet the needs of people regardless of their pregnancy/maternity status. Ref. Age section above with regards to teenage pregnancy. Women seeking a termination in Greater Glasgow present to Sandyford Termination of Pregnancy service to be assessed and may proceed on to medical or surgical abortion (or may proceed with the pregnancy). In 2017, the number of women who attended this service was 4,235	
<b>Marriage and Civil Partnership</b>	Transformation programme has been designed to meet the needs of people regardless of their marital or civil partnership status. There were 2,556 marriages in Glasgow in 2016, 2,406 of these were opposite sex and 150 were same sex marriages. There were 15 civil partnerships	

<b>Social and Economic Status</b>	Greater Glasgow and Clyde contains some of the most and least deprived areas in Scotland. 36% of our population live in the most deprived areas as defined by the Scottish Index of Multiple Deprivation (SIMD). There is a significant range from 3.6% in East Dunbartonshire to 62% in Glasgow North East. Nearly 60% of East Renfrewshire residents live in the least deprived areas compared to only 2.5% of residents in Glasgow North East. The locations of the hub/satellite services were originally planned so that services are accessible to people from the most deprived backgrounds. Across the service 34% of individuals attending in 2016 were known to be from the most deprived SIMD quintile. This varied by location from 4% at Sandyford Kirkintilloch to 63% at Sandyford Easterhouse. We know that socio economic status has an effect on teenage pregnancy, experience of adverse childhood events, and also on other vulnerabilities such as drug and alcohol misuse, mental health, physical health.		
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	Sandyford offers additional support to those that may find it difficult to access mainstream services such as people who are homeless. Clients attending with support workers are fast tracked at all drop-in services. Sandyford provides a full service sensitive to the needs of men and women involved in prostitution. Sandyford works with local prison services to enable prisoners to access services		
<b>C. Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for communities	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Sex</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for men, women and non-binary people.	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Gender Reassignment</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for people who consider themselves transgender	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Race</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for ethnic minority communities and individuals	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people

			and partners to help implement change and shape future service delivery.
<b>Disability</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for people living with a disability	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Sexual Orientation</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for LGB communities and individuals	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Religion and Belief</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for people of all religions and faiths	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Age</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for people of all ages	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Marriage and Civil Partnership</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for people regardless of their marital or civil partnership status	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for all people	Changes will provide the opportunity to review the equality impact on individual

<b>Pregnancy and Maternity</b>			communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Social and Economic Status</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for individuals from areas of social and economic deprivation	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>		The development of a tiered service delivery model will improve accessibility, capacity, and service provision for people in marginalised groups	Changes will provide the opportunity to review the equality impact on individual communities of local service provision, and to engage with and involve people and partners to help implement change and shape future service delivery.
<b>D. Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	None	None	None
<b>Sex</b>	None	None	None
<b>Gender Reassignment</b>	None	None	None
<b>Race</b>	None	None	None
<b>Disability</b>	None	None	None
<b>Sexual Orientation</b>	None	None	None
<b>Religion and Belief</b>	None	None	None
<b>Age</b>			

	None	None	None
<b>Marriage and Civil Partnership</b>	None	None	None
<b>Pregnancy and Maternity</b>	None	None	None
<b>Social and Economic Status</b>	None	None	None
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	None	None	None