

Impact Assessment



Commissioning of Sexual and Reproductive Health Services

Service commissioned by Devon County Council Public Health

Head of Service: Steve Brown, Director of Public Health, Devon County Council

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1. Description of project / service / activity / policy under review

This Impact Assessment considers the commissioning of Sexual and Reproductive Health Services (**Integrated Sexual and Reproductive Health Service**) in the Devon County Area. The service(s) will provide open access sexual health services for everyone in Devon which covers free testing and treatment for sexually transmitted infections (STI); notification of sexual partners of infected persons; free contraception; and reasonable access to all methods of contraception.

The service(s) will enable access to high quality advice and information through an agreed annually forward-looking communications and service development plan that helps people to make informed decisions about relationships, sex and sexual health and preventative interventions which build personal resilience, self-esteem and promote healthy choices.

Services provided currently include:

- Open access STI testing and treatment.
- Specialist and routine contraception
- Psychosexual counselling

- Long Acting – Reversible Contraception (LARC) within GP (General Practice) settings
- EHC (Emergency Hormonal Contraception) and Chlamydia screening within pharmacy settings
- Community prevention and workforce training including limited crisis support for people living with HIV (Human Immunodeficiency Virus)
- Condom distribution for 13–24-year-olds

Changes being proposed do not materially change the types of services being delivered but will seek to organise, deliver, and develop them in new ways to keep pace with changing expectations, and reflect the current and future needs and behaviours of the resident population.

The proposed developments will be set out within a new specification, but will include:

- A universal digital offer to enable self-care, self-management, and digital prevention.
- Incorporating existing local authority commissioned sexual health services delivered within General Practice and community pharmacies.
- Increasing emphasis on digital access and local place-based delivery to reduce burden on specialist services.
- Increased clinical leadership and workforce development.
- Addressing fragmentation by bringing services for West Devon and South Hams residents within scope of the new contract.

In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including:

- transforming the service model
- seeking alternative sources of funding
- developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV.

The new sexual health prevention and promotion element of the integrated sexual health specification will include continued development of networks, pathways, professional

development, skills, and standards of care to reduce the impact of stigma and discrimination.

Devon County Council is anticipating contracting with a provider (or providers) for the delivery of these services through an initial five-year contract (to 30 June 2030), with options to extend for a further 5 years. The total budget to commission this service could be as much as £50m over the 10 years.

2. Proposal, aims and objectives, and reason for change or review

Proposal, Aims and Objectives:

The focus of this specification, and allocation of the budget, will be **Integrated Sexual and Reproductive Health Service** provision.

This will be delivered through:

- a **universal digital offer**, comprising of self-care and self-management, digital prevention and engagement, STI testing, treatment and contraception.
- a range of **place-based health provision** which would a) provide equity in provision using primary care and community pathways and settings offering alternative options to specialised clinics b) peripatetic provision which target geographically challenged areas and those most at risk if poor sexual health outcomes.
- **specialist sexual health services (Level 3)**, providing level 3 GUM and contraception offer which includes level 1 and 2, with a design that seeks to enable ease of access for high-risk people and complex care needs.
- **education and training** to develop sexual and reproductive health knowledge, confidence and skills within the population and workforce (clinical & non-clinical)

The services will contribute to reductions in:

- Unintended conceptions
- The percentage of conceptions leading to abortions
- Rates of sexually transmitted infections
- Transmission of HIV

The reason for change and review:

Local Authorities are required to provide open access sexual health services for everyone in their area as part of the conditions attached to the Public Health Grant. These services are being recommissioned as current contracts expire on 30 June 2025.

Consistency of provision of face-to-face services has been increasingly challenged and people expect services and support to be available online.

Furthermore, there is continuing pressure on Local Authority budgets, exacerbated by the combined impact of increased service costs, service demand, and tight financial settlements from Government.

Devon County Council recognises there is a continuing need to invest in preventative offers; not least because effective prevention should save money in the long-term. It is anticipated that funding will be identified from within the ring-fenced Public Health grant to underpin this work. Due to Devon's large geographical area and dispersed population, a significant proportion of the budget will be required to provide a new digital service and broaden community-based interventions to reduce the transmission of sexually transmitted infections, including HIV.

It is recognised that stigma can prevent people living with HIV from accessing statutory and non-statutory services to support their wider health and social care needs. The proposed new service model seeks to expand workforce training to address and prevent stigma, thus enabling wider statutory and non-statutory support services to provide sensitive and culturally appropriate support for people living with HIV with a care or crisis support need. Existing HIV specialist clinical services can also provide some support.

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Benefits include:

- a shift in focus (and resource) from activity in specialist services to preventative activity and self-management building resilience and independence within the population to make informed decisions regarding their sexual and reproductive wellbeing.
- ensuring people have access to the most appropriate level of service to meet their immediate needs (including self-managed care, level 1 and 2 services in primary care and community settings) reducing the burden Level 3 services.

- Integrating place-based offers to build on the assets within communities and provide opportunities to integrate sexual health and wellbeing with wider wellbeing offers.
- System leadership and management which enables localised intelligence led service planning and improvements to the sexual and reproductive health system through local partnerships. This mechanism puts residents needs and lived experience at the centre of delivery and maintains resilience of the system.

Economic, social and environmental wellbeing improvements:

The improvement of sexual health and health inequalities across the life course is acknowledged by the inclusion of five principal indicators in the **Public Health Outcomes Framework for England (2019 - 2022)**; under 18 conceptions, chlamydia detection rate, new STIs diagnosis (excluding chlamydia in the under 25s), prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44), people presenting with HIV at a late stage of infection. The impact of poor sexual and reproductive health on local societal and economic wellbeing is demonstrated in some of the national evidence below:

- Up to 45% of pregnancies continue to be unplanned and teenage parenthood reduces the life chances of young mothers and fathers leading to social exclusion.
- In 2021, approximately 53% of conceptions in young women under 18 ended in abortion and approaching 33% of conceptions in women over 40 ended in abortion in the same period.
- Almost 30% of women <25 years presenting for an abortion already had previous pregnancies.
- Some STIs, if left undiagnosed may cause long term health complications, including cancers.
- Early diagnosis of HIV leads to avoidable serious illness, avoidable use of social services & NHS services, & early death.
- Increasing numbers of older people living with HIV as a long-term condition is linked with greater dependence on welfare and benefits and increased health and social care needs.
- Late HIV diagnosis remains a significant problem among heterosexual people.

There is an established link between sexual ill-health, deprivation, and social exclusion. Public health programmes are targeted at people and communities in greatest need to reduce health inequalities. The scope of the current service provision generally extends to those residents in Devon who are most at risk of poor sexual health outcomes and will continue in the new service through targeted prevention and pathways to specialist services. In terms of a positive benefit, improved access and engagement will improve services and outcomes for residents. People who are fit and well (not ill) are more likely to gain employment and stay in employment, thus having a positive economic contribution and less likely to be socially deprived.

Devon County Council recognises its responsibility to minimise the impact of its own operations on the environment and acknowledges the contribution it can make to protecting and enhancing Devon's distinctive natural, historic and cultural surroundings whilst being sensitive to economic and social considerations.

In line with this, any new service should consider the environmental implications of its working practices. This includes minimising unnecessary car travel, reducing freshwater use, ensuring services are resilient to extreme weather, reducing energy demands and reducing waste, re-using and re-cycling where possible (Devon County Council's Environmental Policy, 2011).

Devon County Council declared a climate emergency in 2019 and aims to achieve net zero carbon for their corporate and supply chain carbon emissions by 2030.

Devon County Council report their carbon emissions annually, including emissions resulting from its own activities and from the activities of contractors working on its behalf. Any new service should work to understand and reduce their own carbon emissions over the life of the contract. Devon County Council may require the provider of any service to demonstrate that they are working to minimise, as far as practical, the level of carbon emissions over the life of the contract.

Environment impacts could be reduced by the online service provision in terms of reducing the impact of travelling to face-to-face services. This is particularly significant for those communities living in more rural and isolated communities.

The integrated sexual and reproductive health service needs to connect well with the local health and care system but also with voluntary, community, business and education settings and those populations requiring most support. The tender process including background population profile will ensure the provider offering the best reach and offer to Devon residents will be successful. The evaluation questions are designed to understand

how the provider will do this. This will include systematic consideration of social value principles and will utilise appropriate outcomes.

3. Risk assessment, limitations and options explored (summary)

The sexual health needs assessment(s) undertaken in 2023, identified key groups of individuals and communities most at risk of poor sexual health outcomes. The impact of unplanned pregnancies can have an enduring effect on the lives of people. The burden of sexual ill-health continues to disproportionately affect young people, some transgender communities, men who have sex with men (MSM) and some black and minority ethnic groups. The integrated sexual and reproductive health service will support those most at risk of poor sexual health outcomes to improve their own sexual health.

The goal of any commissioned services would be to identify any potential barriers to accessing help and seek to eliminate these where possible. Devon County Council's Equality Policy states that 'equality is not about treating everyone the same; equality is about valuing a person 'as an equal' regardless of their characteristics and treating people according to their needs to achieve an equal or fair outcome'. The availability, accessibility, acceptability and quality of sexual health information will have a positive impact on human rights. Place based and digital services will have an anticipated positive impact on these variables and more effectively reach groups with protected characteristics under the Equality Act and groups with increased vulnerability.

Digital and placed based service offers reduce the need for residents to travel far within Devon to have some of their sexual and reproductive health needs met. Furthermore, the digital user-led elements of the service will result in an increase in paperless interactions, reducing the need for paper documentation. Therefore, negative environmental impacts are unlikely.

The main impact is social but there is a linkage between all the social, economic and environmental impacts. People who are fit and well (not ill) are more likely to gain employment and stay in employment thus having a positive economic contribution and less likely to be socially deprived. It is possible that there will be negative impacts to some people as a result of the changes from the current service to the proposed Integrated Sexual and Reproductive Health service, due to be outlined in the specification. Plans are in place to mitigate against any negative impacts as far as possible. These negative impacts could include:

1. Reduced face-to-face opportunities to assess safeguarding issues due to the introduction of self-managed digital services for residents 25 years and over.
 - However, the specification will ensure safeguarding questions form part of the triage process for digital access.
2. Some people living with HIV with more complex social needs will need to be supported by health and social care (if they meet the necessary care eligibility thresholds) and other providers to access additional support services e.g., mental health services, advocacy, housing and benefits. These services may be less equipped to address specific HIV/AIDS related issues. However:
 - It has been a contracted expectation within the current contract to no longer continue with this element of service delivery in future.
 - In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including, transforming the service model, seeking alternative sources of funding and developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV. This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations (in 2017 and 2019). The changes were set out in a letter to the current provider and from them to service users.
 - Within the new specification, it is anticipated that any new provider will continue to develop networks, pathways, professional development, skills, and standards of care to support people living with care and contribute to a reduction in the impact of stigma and discrimination.
 - Those that meet the eligibility criteria will be able to access services commissioned by adult social care.

This proposal has both a positive and negative impact on people with a disability. In terms of a positive benefit, improved access and engagement will improve services and outcomes for residents.

The change to crisis support for people living with HIV could have a negative impact in terms of access to a specialist organisation able to advocate and address issues specific to HIV, including stigma associated with HIV status.

The impact of the service will be monitored against Public Health Outcomes Framework indicators and other relevant health and social care indicators. Contract monitoring

frameworks will be agreed with key performance indications alongside qualitative service user feedback.

4. People affected, diversity profile and analysis of needs

Unique service users

Characteristics of unique service users in 2022 are shown in the tables below and as a percentage of the overall population.

Unique service users are the individual users of the service who are counted as a single users irrespective of the number of times they have used the service in that year e.g., one individual may have multiple attendances but will be counted as one unique service user.

Sex	No. of Unique service users	Percentage of unique users split by sex	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Male	8,289	38%	394,026	2.1%
Female	13,325	62%	417,625	3.2%
Not Known	41	0%		
Total	21,655	100%	811,651	2.7%

Around 2.7% of Devon's population used the service in 2022, 62% of these were female.

Sexual orientation	No. of Unique service users	Percentage of unique users split by sexual orientation	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Heterosexual/Straight	13,849	64%	612,432	2.3%

Gay/Lesbian	1776	8%	8820	20.1%
Bisexual	1033	5%	9985	10.3%
Other/Not Known	4997	23%	52,225	9.6%
Total	21,655	100%	*683,462	3.2%

* Sexual orientation in census is recorded for ages 16+

64% of service users in 2022 were recorded as heterosexual or straight. 8% of service users were recorded as gay or lesbian and this represented service use by 20.1% of Devon's gay and lesbian population overall.

Age	No. of Unique service users	Percentage of unique users split by age	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Ages <15	33	0%	119,802	0.0%
Ages 15-24	14,154	65%	89,079	15.9%
Ages 25-34	3,719	17%	84,564	4.4%
Ages 35-44	1,826	8%	86,262	2.1%
Ages 45-54	1,072	5%	105,013	1.0%
Ages 55-64	577	3%	117,533	0.5%
Ages 65+	266	1%	209,398	0.1%
Not Known	8	0%		
Total	21,655	100%	811,651	2.7%

65% of service users in 2022 were aged between 15 and 24, which represents 15.9% of Devon's population aged 15-24.

Ethnicity	No. of Unique service users	Percentage of unique users split by ethnicity	Devon Population per Census 2021	Unique service users as a percentage of the Devon Population
Asian	189	1%	11,830	1.6%
Black	138	1%	2,474	5.6%
White	16,918	78%	782,444	2.2%
Mixed	480	2%	10,980	4.4%
Other	178	1%	3,880	4.6%
Not Known	3,752	17%	43	
Total	21,655	100%	811,651	2.7%

Whilst acknowledging that different groups within the population will have different levels of need, this does show areas where the current integrated specialist sexual and reproductive health service is being well utilised. For example, by younger people.

People Living with HIV

Public Health England (PHE) publishes the number of people (aged 15 to 59 years) living with a diagnosed HIV infection and accessing HIV care at an NHS service in the UK. In 2022 the current cohort of HIV positive people in Devon was 370 in total, with the highest numbers residing in Exeter and East Devon areas.

The Eddystone Trust reported in 2023 that they support nearly 20 service users at any given time, with approximately 10-50% of these of these having a formal support plan in place. Since 2020, this has reduced significantly from 100 service users, 57 of which had support plans with varying levels of need.

Analysis of Needs

Public health plans adopt a life course approach and target programmes and interventions at those in greatest need through the life course. This means that different people, families and communities are targeted for specific programmes. All public health programmes are

developed following a needs assessment ([Sexual Health - Devon Health and Wellbeing](#)) and evidence-based review, adopting a proportionate universalism methodology to ensure programmes reduce inequalities in health.

Where adults are at increased risk of developing a long-term condition or have a long-term condition through their lifestyle and behaviour, public health programmes target specific communities and groups to reduce health inequalities and tackle the wider determinants of health. This includes groups such as Lesbian, Gay, Bisexual and Transgender people, Gypsies and Travellers, and people with learning and physical disability.

The burden of sexual ill health disproportionately affects young people, some transgender communities, men who have sex with men and some Black and minority ethnic groups.

5. Stakeholders, their interest and potential impacts

Stakeholders include voluntary and community sector organisations, specialist sexual health services, adult social care.

6. Additional relevant research used to inform this assessment

- A framework for sexual health improvement in England. Department of Health (2013)
- Women's Health Strategy for England (2022)
- Towards Zero: the HIV Action Plan for England - 2022 to 2025 (2021)
- What Good Sexual and Reproductive Health and HIV Provision Looks Like (2019)
- Behaviour change: individual approaches. (NICE 2014) Public Health guidance PH49
- Behaviour change: digital and mobile health interventions (NICE 2020) NG 183
- Contraceptive services for under 25s Public health guideline [PH51] Published: 26 March 2014
- Health Promotion for Sexual and Reproductive Health and HIV, Public Health England, 2016
- HIV testing and prevention (NICE 2017)
- Local Government Digital Service Standard
- Making it work: a guide to whole system commissioning for sexual health, reproductive health, and HIV. (Public Health England revised March 2015)
- National Survey of Sexual Attitudes and Lifestyles (<http://www.natsal.ac.uk>)
- Public Health Outcomes Framework for England 2019-2022
- Reducing sexually transmitted infections NICE guideline [NG221] Published: 15 June 2022
- Reproductive health: what women say (PHE) 2018
- Sexual Health NICE Quality standard [QS178] Published: 05 February 2019
- Long-acting reversible contraception (CG30) Updated: 02 July 2019

- Sexual Health Rapid Needs Assessment, Devon (Public Health Devon 2023) (and subsequent updates)
- Sexual Health Rapid Needs Assessment, Torbay (Torbay Council 2022) (and subsequent updates)
- HIV Advocacy and Support Options Appraisal (2018) – produced by Torbay Council and The Eddystone Trust
- Teenage Pregnancy Prevention Framework (PHE and Local Government Association) 2018
- You're Welcome: Quality Criteria for Young People Friendly Health Services. (Public Health England, revised standards, 2023)
- British HIV Association Standards of Care for People Living with HIV, BHIVA, 2018
- HIV Support Services – The State of the Nations, NAT, 2017
- British HIV Association Standards of Care for People Living with HIV, BHIVA, 2018
- HIV testing (QS157) NICE Published: 07 September 2017
- HIV testing (NG60) NICE Published: 01 December 2016
- Positive Voices 2020: Survey report, UKHSA

7. Description of consultation process and outcomes

A new specification is being developed.

In 2017 an in-depth review of the needs of people accessing support from the current provider of targeted community interventions at that point was undertaken and a subsequent report was written for Torbay and Devon commissioners, to inform decisions on the future of the contract. The purpose of the report was to understand the impact on individuals, in the event that the specialist HIV advocacy and support were no longer commissioned. The review was undertaken by a working party including representatives from the provider, The Eddystone Trust; people who are living with a diagnosis of HIV and members of the wider council environment who understood eligibility for non-HIV mainstream care and support services. All active cases were reviewed, and appropriate consent was gained from the service users who were interviewed as part of the review. The Eddystone Trust sent a letter to all service users informing people of the proposed changes and detailing a route to feedback/complaints.

A public consultation took place from the 10th August to 31st August 2017 to allow the public and stakeholders to view the draft service specifications. The consultation and results are available at the link below:

<https://new.devon.gov.uk/haveyoursay/consultations/integrated-sexual-reproductive-health-service/>

[FINAL Public SH Consultation Report 181017.pdf \(sharepoint.com\)](#)

Following this public consultation, the options appraisal for the provision of advocacy and support for people living with HIV was completed with The Eddystone Trust. A further public consultation took place in February 2019 which can be found at the link below:

<https://www.devon.gov.uk/haveyoursay/consultations/hiv-advocacy-and-support-consultation/>

This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations mentioned above (in 2017 and 2019). The changes were set out in a letter to the current provider and to service users.

To inform a new specification covering the full range of sexual and reproductive health services, over the last 18 months officers have conducted a series of engagement exercises to listen to and understand the facilitators of (and barriers to) sexual and reproductive health and wellbeing of populations resident in Devon. Stakeholders were given opportunities to engage and help shape the service model and specification as detailed below in the table. A final stage of market engagement is planned for April 2024 whereby a draft specification (in the form of commissioning intentions) will be published.

A public consultation took place from the 4th September to 23rd October 2023 to allow the public to share their views on what a future service should look like through a survey hosted on Devon County Councils 'Have your say' website. The consultation and results are available at the link below:

[Devon and Torbay sexual and reproductive health services - Have Your Say](#)

In addition, an extensive review of alternative commissioning and service models has been conducted and service providers were invited to directly share their ideas through written submissions and in-depth conversations.

The insights and intelligence from the listening exercises were consolidated to help inform stakeholders of service user's experience of the current system and services.

Sexual Health Needs Assessment undertaken	December 2023
Insight reports:	

Social Insight Marketing 'Gen Z' insight report – Devon – Ruth Dale	January – April 2023
Social Change behavioural insight – Devon – final report pending	August 2023 – January 2024
The Eddystone Trust, insights with target groups (care experienced young people, men who have with men but do not identify as gay or bisexual, women engaged in prostitution and swingers)	June 2023
Devon Sexual Health – condom insights with young people - 2022	June 2023
Devon and Torbay Sexual and Reproductive Health Public Consultation	4th September – 23rd October 2023
Focus Groups base on consultation: West Devon young people focus group	September 2023
Early sexual health market engagement conversations for providers to share key considerations for a future service specification.	September 2023
Feedback, ideas and challenges were triangulated with national evidence and local intelligence.	November 2023
Options appraisal of service model	November 2023
Market warming event with market providers and stakeholders to help inform service deliver model and service specification based on key themes from consolidated listening exercises	January 2024
Commissioning Intentions Market Engagement	TBC

Background information

8. Equality analysis

Under the Equality Act 2010, the local authority must consider how people will be affected by a service, policy or practice. In so doing we must give due regard to the need to: eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity and foster good relations across protected characteristics of age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership (for work),

sex, sexual orientation, race, and religion and belief. The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are: informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations; proportionate (negative impacts are proportionate to the aims of the policy decision); fair, necessary, reasonable, and those affected have been adequately consulted.

- a) Is this group negatively or potentially negatively impacted, and in what way?
- b) What could be done or has been done to remove the potential for direct or indirect discrimination, harassment or disadvantage and inequalities?
- c) In what way do you consider any negative consequences to be reasonable and proportionate in order to achieve a legitimate aim?
- d) What can be done to advance equality further? This could include meeting specific needs, ensuring equality of opportunity and access, encouraging participation, empowering people, making adjustments for disabled people and action to reduce disparities and inequalities.
- e) Is there a need to foster good relations between groups (tackled prejudice and promote understanding) and help people to be safe and protected from harm? What can be done?

All residents by geographic area

No negative impact based on this characteristic.

Age

With modern treatment advances, people are living with HIV into old age and those aged 50 and over are the fastest growing group of people with HIV in the UK. Consideration will need to be given to the growing proportion of users who are aged 50 and over, living with HIV.

Disability (includes sensory, mobility, mental health, learning disability, neurodiversity, long term ill health) and carers of disabled people

Not continuing to provide crisis support for people living with HIV within the sexual health prevention and promotion element of the service will likely have a negative impact in terms

of access to a specialist organisation able to advocate and address issues specific to HIV, including stigma associated with HIV status.

In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including, transforming the service model, seeking alternative sources of funding and developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV. This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations (in 2017 and 2019). The changes were set out in a letter to the current provider and to service users. The number of people receiving crisis support has been reducing over the years and at last count was approximately 20.

Services for adults, including an advocacy service is available through services commissioned Adult Social Care. These services are open to all adults, including those living with HIV with complex care needs.

Race and culture: nationality/national origin, ethnic origin, skin colour, religion and belief, asylum seeker and refugee status, language needs

The development of an integrated sexual and reproductive health service through the targeted prevention element of the service will bring the needs of those groups or communities who are disproportionately affected by sexual ill-health into view; young people, some transgender communities, men who have sex with men and some black and minority ethnic groups. Place based and digital services will have an anticipated positive impact on this group.

It is likely that there will be a negative impact to some of the Devon residents/service users who currently access HIV crisis support from The Eddystone Trust. The loss of this support may impact on their health and wellbeing, leading to potential risk-taking behaviour and reduced medication compliance.

The introduction of lifesaving, free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic, manageable condition. People living with HIV in the UK can now expect to live into old age if diagnosed promptly. However, despite these significant advances and consequent improvement in clinical outcomes, HIV remains a stigmatised and under-recognised condition that disproportionately affects already vulnerable populations. This can affect people's motivation to access health and social care services.

Gay and bisexual men, transgender women, black African men and women and people who use drugs continue to be disproportionately represented among people living with

HIV. The needs of people living with HIV, those affected by HIV and those at risk of acquiring HIV in the UK are particularly wide-ranging, cross many organisational boundaries and involve statutory and voluntary sectors within health and social care. Mitigation to reduce the negative impacts as far as possible will include:

- It has been a contracted expectation within the current contract to no longer continue with this element of service delivery in future.
- In respect of crisis support for people living with HIV, the Local Authorities have been working with the current provider since 2017 to allow for the safe withdrawal of this offer, including, transforming the service model, seeking alternative sources of funding and developing a training offer to the wider health and care workforce to address stigma and to continue to raise awareness of HIV. This change confirms the decision set out in the specification for the current contract (sections 2.3.4, 2.3.5 and 4) which was informed by two public consultations (in 2017 and 2019). The changes were set out in a letter to the current provider and to service users. The number of people receiving crisis support has been reducing over the years and at last count was approximately 20.
- Within the new specification, it is anticipated that any new provider will continue to develop networks, pathways, professional development, skills, and standards of care to support people living with care and contribute to a reduction in the impact of stigma and discrimination.
- Current service users will continue to be encouraged and supported as part of the transition plan to access information, advice and guidance on how they can access existing support services and improve their own health and wellbeing. This will include existing telephone and web-based support services e.g., Terrence Higgins Trust. This will be sensitive to the needs of people on grounds of ethnicity/culture, sex, sexual orientation, religion/belief, age, gender or gender identity.
- All service users and anybody living with HIV, will have their social care and personal care needs met, if they are assessed as eligible using the national criteria.
- Anybody living with HIV who is assessed as eligible under the Care Act will be able to access the Devon Advocacy Service.
- Some psychological support is available in the specialist clinical GUM/HIV services in Devon.
- NHS England commissions the HIV treatment and care package in the specialist clinical HIV service for individuals who are diagnosed with HIV to maintain good health and wellbeing e.g., medicines compliance. The percentage of people (aged 15 years and over) in Devon accessing HIV care who were prescribed ART in 2022 was 100%, better than 98.1% in England.

In addition, a key part of HIV prevention is pre-exposure prophylaxis or PrEP, a daily medication to help prevent HIV that is recommended for people at high risk. Since 2020, PrEP is routinely available from sexual health services and has the potential to help reduce infection still further.

Religion and belief - The proposals neither have a specific positive or negative impact based on this characteristic.

Sex and gender identity and reassignment (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed)

Gender identity and reassignment -Please see section above.

Sex - The proposals neither have a specific positive or negative impact based on this characteristic.

Pregnancy and maternity- no negative impact based on this characteristic.

Sexual orientation, and marriage/civil partnership if work related

Sexual orientation -Please see race and culture section.

For marriage/civil partnership, the proposals neither have a specific positive or negative impact based on this characteristic.

Other relevant socio-economic factors and intersectionality

This includes, where relevant: income, housing, education and skills, language and literacy skills, family background (size/single people/lone parents), sub-cultures, rural isolation, access to services and transport, access to ICT/Broadband, children in care and care experienced people, social connectivity and refugee status/no recourse to public funds. Also consider intersectionality with other characteristics.

Geographical barriers to accessing services are common in Devon. Improved access to STI testing and condoms will also directly support residents living with increased risks of poorer sexual health outcomes in Devon.

There are also geographical areas and populations who are affected by digital exclusion, and face to face or telephone services will be required to meet their needs. This will be detailed in the new specification.

Other barriers to accessing services which may include inability to pay for transport, childcare responsibilities, chaperoning for vulnerable young people and issues with reading/writing/digital literacy require providers to be flexible in their approaches and adopt an asset-based approach, drawing on resources in the community, help from family and friends where appropriate.

Devon County Council enlists staff to volunteer as part of the Devon Digital Lives programme. These volunteers will be linked to volunteering opportunities around Devon to provide assisted digital support.

Further information about e-learning and support being rolled out across the wider Devon area is available via:

[Home - Digital Health Devon - https://www.digitalhealthdevon.co.uk/](https://www.digitalhealthdevon.co.uk/)

Commissioners have previously been in contact with Healthwatch to address the concerns of clients unable to access computers at home or public places. As part of the service, the current provider could ensure that residents are linked to these schemes for support.

By supporting timely and accessible contraception services, it is anticipated that this will enable and empower individuals and families to plan conception and family sizes. Place based and digital services, as well as community engagement will have an anticipated positive impact on this group.

9. Human rights considerations:

We need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

This Integrated Sexual and Reproductive Health service specification will use the World Health Organisation (WHO) definition of sexual health which says that sexual health is "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual Health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of

having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO, 2006).

The service will enable people to access high quality reproductive and sexual health advice, information and a range of contraception choices and promote healthy relationships, consent and safer sex. The availability, accessibility, acceptability and quality of sexual health information will have a positive impact on human rights.

10. Environmental analysis

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties. The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please mark X in the relevant box below and proceed to the 11, otherwise complete the environmental analysis information below):

Devon County Council’s Environmental Review Process	
Planning Permission	
Environmental Impact Assessment	
Strategic Environmental Assessment	

- a) Description of any actual or potential negative consequences and consider how to mitigate against these.
- b) Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

[If carrying out an options appraisal, explore the pros and cons of each option for each area]

Reduce, reuse, recycle and compost

Reduced negative impact compared to current services. The digital user-led elements of the service will result in an increase in paperless transactions and reduce the need for paper documentation.

Conserve and enhance wildlife

No impacts envisaged.

Safeguard the distinctive characteristics, features and special qualities of Devon's landscape

No impacts envisaged.

Conserve and enhance Devon's cultural and historic heritage

No impacts envisaged.

Minimise greenhouse gas emissions

No impacts envisaged.

Minimise pollution (including air, land, water, light and noise)

Digital and placed based service offers will enable residents to access services closer to home which could have a positive impact on air pollution.

Contribute to reducing water consumption

No impacts envisaged.

Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level)

No impacts envisaged.

Other (please state below)

11. Economic analysis

- a) Description of any actual or potential negative consequences and consider how to mitigate against these.
- b) Description of any actual or potential neutral or positive outcomes and consider how to improve as far as possible.

[If carrying out an options appraisal, explore the pros and cons of each option for each area]

Impact on knowledge and skills

No impact.

Impact on employment levels

Potential reduction in staff to reflect the change in requirements of this specification. The Integrated Sexual Health Service will shift towards a greater focus on prevention to improve sexual health and ability to remain in employment.

Impact on local business

No impact.