West and South Yorkshire and Bassetlaw
Commissioning Support Unit

Equality Impact Assessment 2013

Title of policy, project or service	Commissioning of Non-Medically indicated Infant Male Circumcisions	
Service Area		
Name and role of people completing the assessment	Chris Bridle and Susan Robins	
Date assessment started/completed	20/04/2016	

1. Outline	
Give a brief summary of your policy, project or service • Aims • Objectives • Links to other policies, including partners, national or regional	This EIA relates to the decision by the Leeds CCGs to decommission the use of NHS funding for one local leeds non-medical circumcision service from September 2016. The Department of Health website states that this intervention is not funded where it is requested for non-medical reasons. We have looked at the commissioning intentions across the UK and we have not found another CCG that uses NHS funding to commission non-medical circumcisions. Areas that previously provided this service on the NHS have ceased, including all of the West Yorkshire CCG's. The Clinical Commissioning Groups in Leeds have a remit to commission interventions where there is a clinical need and a local policy for circumcisions for medical reasons is in place. Circumcisions for medical reasons, for all males

	of any age are commissioned from Acute hospitals and GPs can refer to any commissioned provider. We also have the IFR-Individual funding request panel in Leeds available to any patient who wishes to be considered for NHS funding of a non NHS commissioned service. A local review has been undertaken (led by Susan Robins, LWCCG Director of Commissioning, and this has included : • clinical conversations with the clinical lead Consultant Paediatric Urologist at LTHT • Debate at the APMG- Acute provider management group- a meeting with clinicians from the three Leeds CCGs and managers present. • Met with the local provider- a GP in the Harehills area. He intends to continue to provide this service- but on a fee pay basis, as is done currently across all other providers in Yorkshire and the UK. • Researched local providers both within the private sector and also fee pay services provided by GP's. The Clinical Commissioning Groups in Leeds have taken a proportional and reasonable approach but are not in a position to continue to commission services for non-medical reasons where these divert funding away from mainstream health activity. However, it is acknowledged that there may be an impact on those seeking this intervention for non-medical reasons and so a number of mitigating actions have been proposed below.
What outcomes do you want to achieve • Desired outcomes • Benefits • Who for	Engagement with the affected communities in Leeds regarding the decision to decommission this service and a full explanation of the valid reasons for this decision. Information in the form of a leaflet to provide advice and guidance to families seeking a provider of a non-medical circumcision.

2. Consideration of relevant information – what do we know about peoples and groups access, experience or outcomes?	
Protected group	**2a. Consultation, engagement or experience data**
Generic issues	It is difficult to assess how many circumcisions are required in Leeds each year. Families may travel to other local providers in Bradford or Calderdale, or make their own private arrangements. The maternity services in Leeds also do not record if a non-medical circumcision will be desired by the family. The current NHS commissioned service we estimate delivers less than 25% of infant male circumcisions in Leeds, all of which are for religious or social reasons. Male circumcision is not universally recommended by any country- with the exception of the World Health Organisation that considers male circumcision as beneficial in Sub Saharan Africa in reducing the spread of HIV.
Human rights	An NHS funded service will remain in place for those who have a clinical need (see attached protocol). Note: we recognise that people may wish to practice circumcisions as part of their traditions and so we will produce an advice and guidance leaflet available through GP's and the maternity services.
Age	More common for children but some adult converts are circumcised. The current NHS commissioned service only undertakes male infant circumcisions.
Carers	N/A
Disability	No evidence found to indicate that males with disabilities are any more or less likely to be circumcised. Some evidence to show that adult men have suffered trauma and depression as a result of childhood circumcision. (Journal of Health Psychology 7/3, May 2002)
Sex	This procedure applies only to males. Female genital mutilation is illegal but male circumcision for non-medical reasons is not.

Race	Although circumcision is linked to religion rather than race (white and Black British Muslims would be circumcised for instance), the Muslim population in Leeds is predominantly from the BME community and consequently, this has a racial perspective. There is also a number of African immigrants in Leeds that request male infant circumcision- not always for religious, but also for cultural reasons.
Religion or belief	Circumcision of infant males (for non-clinical reasons) is established religious practice within Judaism, Islam, Coptic Christianity and the Ethiopian orthodox church.
Sexual orientation	N/A
Gender reassignment	N/A
Pregnancy and maternity	N/A
Marriage and civil partnership (only eliminating discrimination)	N/A
Other relevant group a group identified as relevant ie, rural communities, asylum seekers and refugees	N/A

Protected group	2b. Evidence, data or research available
Generic issues	The WHO recommends circumcision in heterosexual adult males living in sub Saharan Africa as there is evidence that it may protect against HIV transmission.
Human rights	N/A
Age	N/A
Carers	N/A
Disability	N/A
Sex	N/A
Race	N/A
Religion or belief	N/A

Sexual orientation	N/A
Gender reassignment	N/A
Pregnancy and maternity	N/A
Marriage and civil partnership (only eliminating discrimination)	N/A
Other relevant group	

3.Analysis of impact

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to;

- eliminate unlawful discrimination
- advance equality of opportunity
- foster good relations

	What key issues have you identified?	What action do you need to take to address these issues?	What difference will this make?
General issues	Advice and guidance for people seeking non-therapeutic circumcision.	Discussions will be held with local community and VCS leaders on how best to make advice and guidance available to those who will seek circumcisions for non-medical reasons. For example, the content of the guidance, its format, key language(s) and key locations for where this information should be available.	It will support people to access private provision of non-therapeutic circumcision
	Issue of families needing to self-fund, when its been highlighted that some families may not be able to afford the procedure on a fee pay (around £130) basis	No action is possible as the NHS does not fund procedures based upon the ability or non-ability to pay for a non commissioned service.	

	Concern re the quality and safety of alternate private providers.	The Leeds CCG will explore the possibility of providing a service framework in order to support providers in terms of training, clinical safety and governance.	The advice leaflet will stress the need for families to seek a local provider that undertakes these procedures regularly, preferably a GP provider- who will be CQC regulated for all activity they undertake in their practice. Please note: not all local providers are known to the CCG as whilst this is a legal procedure, it is not regulated.
Human rights	N/A		
Age	N/A		
Carers	N/A		
Disability	N/A		
Sex	N/A		
Race	As above	As above	As above
Religion or belief	As above	As above	As above
Sexual orientation	N/A		
Gender reassignment	N/A		
Pregnancy and maternity	N/A		
Marriage and civil partnership (only eliminating discrimination)	N/A		
Other relevant group			

Using the above actions populate the plan below.

4. Action plan				
Action	**Progress milestones**	**Lead**	**Timescale**	**How will impact be measured**
1. Consultation with community and VCS leaders		Chris Bridle	August 2016	Communication with and responses from VCF organisations
2. Production of a leaflet		Chris Bridle	August 2016	Developed and shared with appropriate services
3. Produce a service framework		Victoria Ajayi	September 2016	

5. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions	Patient and GP feedback. Community leader and VCS feedback. Review of LTHT attendances and admissions in relation to non-medical circumcisions Review of any safeguarding concerns raised in the next two years.		
How will these actions form part of mainstream activity			
Lead Officer	**Sue Robins**	**Review date:**	**Dec 2016**

6.Sign off			
Lead Officer	Susan Robins		
Director	Director of Commissioning	**Date approved:**	20/4/16

Once complete please forward to your Equality lead;

Pia Bruhn. Lynne Carter, Sarah Mackenzie-Cooper, Sharon Moore or Elaine Barnes

Guidance

This guidance has been put together to support completion of the equality impact assessment process.

Equality impact assessment is an integral part of our commissioning processes. It involves looking at what steps could be taken to advance equality, eliminate discrimination and promote good relations. Case law has demonstrated that we need to ensure that we give full consideration to the impact our decisions have on protected groups to avoid both risks in terms of litigation and reputation. We also need to ensure that those we commission deliver on equality improvements.

As a public authority we are subject to the General and Specific Public Sector Equality Duties. Using EQIA is one way of demonstrating that we are compliant with the Equality Act 2010.

1. Project outline

- What is the purpose of the policy
- In what context will it operate
- Who is it intended to benefit
- What results are intended
- Why is it needed
- Are there any implications for partners, or national or regional policy

2. Consideration of relevant information

Consultation, engagement or experience
This could be any evidence of existing consultation or engagement from meetings, focus groups, satisfaction or patient experience surveys, staff surveys or others. It could be work done previously or undertaken for the purposes of the analysis. You may have to extrapolate from local, regional or national data.

Outline the main points form the consultations and then provide a link to the report/document for further information.

In the event of a service change the NHS may need to undertake a statutory consultation. This is called Section 242, this means that NHS organisations are required to make arrangements to involve and consult patients and the public in:

- Planning of the provision of services;
- The development and consideration of proposals for changes in the way those services are provided, and decisions made by the NHS organisation affecting the operation of services.

The duty applies if implementation of the proposal, or a decision (if made), would have impact on -

a) the manner in which the services are delivered to users of those services, or
b) the range of health services available to those users.

IMPORTANT - Ensure you provide the links to any reports or data you reference.

Evidence, data or research available

You will be required to detail relevant data such as monitoring, take up rates, census statistics, regional or national data or research. You can utilise evidence obtained from PALS, complaints or recommendations from inspections or audits, or any good practice in the area which could be drawn on.

Detail the data that is known about the area, what data we have from providers, what gaps there are in the data we ask to be recorded, what levels of use there are and if there are any gaps in the representation of our local communities.

It will also be useful to access data and information about our communities, public, staff and epidemiology to determine if there are any gaps in representation, or differentials in access and outcomes that may relate to equality.

National and regional data can be used to predict expected patterns/outcomes where data is not available locally. Comparisons should be made with expected use and against known community data, such as the census or local profiles.

Data collection and monitoring
Data can be routinely collected on age, gender, disability and ethnicity; however there may be more difficultly with sensitive data monitoring of sexual orientation, religion and belief or gender reassignment. Different approaches may be used for this monitoring such as anonymous survey work to gather views or snapshots of users. The integration of such monitoring is implicit in the Equality Act 2010.

Types of data you may wish to consider include;
- JSNA
- Demographic data
- Census findings
- Recent research finding
- Studies of deprivation
- Results of recent consultations and surveys
- Information from groups and agencies within Calderdale
- Comparisons between similar policies and functions
- Complaints and public enquires
- Information analysis of audit reports and reviews.
- Health Equity Audits
- Health Needs Assessment

3. Analysis of impact

Now the data has been gathered together in one place it now needs to be considered for its likely impact, positive or negative, on people's experiences, outcomes or opportunities. The first column asks what are the identified issues, the second – 'what are you going to do about it', this forms the core of the analysis.

Some people can belong to more than one protected group, attention needs to be paid to issues which may affect across groups, such as learning disabled people who are gay or older Irish people etc. .

Detail what the likely issues could be, using the information already considered and other intelligence.

Some of the significant issues that may be relevant to our service users and staff are detailed below, this is not an exhaustive list but should be a good start;

- What equality data do ask for from Providers to support that all people who are potential users of the service are able to, or do access them, ie is their service user data representative of the community as a whole, or of the proportion of the population eligible for it? Are there any representation/data gaps?
- How is the service advertised and promoted– is it in accessible formats, with representative images, in locations likely to be seen by people not being reached or who are under-represented have we ensured providers are required do this?
- What timing has the service been commissioned for; is this when the service is needed or can be accessed by people who may have different needs, parents of school age children, people of different religions and older and younger people?
- Have you required the provider to consider any different needs people may have, interpreters, accessible information, suitable catering and locations that are accessible by public transport and have accessible parking bays?
- When commissioning services have you incorporated the requirement to involve service users in service design, delivery and feedback mechanisms.

To be able to measure progress in equality for our communities and staff we need to appreciate the outcomes, rather than the input, so the 'what difference will this make' column allows for consideration of the likely outcomes.

4. Action Plan

Action planning for improvement
Give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any action to address specific equality issues and data gaps that need to be addressed through consultation or further research. Ensure the actions are specific, measureable, achievable, realistic and have a timescale.

5. Monitoring, review and publication

Detail how and who will monitor this action plan and review this equality analysis.

6. Sign off

The completed equality analysis must be forwarded to your local equality support, for review and once approved signed by the relevant Director. If the assessment is to be used as part of a decision making process it must be recorded as such in the minutes or notes of the meeting held and those making the decision must be fully informed as to their legal responsibilities in regards to equality.