Appendix B

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Integrated Sexual Health Services Redesign 2017
Department and section:	Public Health
Name of lead officer/ job title and others completing this assessment:	Janet Hutchins Senior Public Health Manager Joshna Mavji Consultant in Public Health
Contact telephone numbers:	0116 3054255 0116 3050113
Name of officer/s responsible for implementing this policy:	Mike Sandys Director of Public Health Joshna Mavji Consultant in Public Health
Date EHRIA assessment started:	13/7/17

Date EHRIA assessment completed:	26/10/17

Section 1: Defining the policy

Section 1: Defining the policy
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1	**What is new or changed in this policy?** *What has changed and why?* **1.0 Background** Local Authorities are mandated to provide open access sexual health services for contraception and sexually transmitted infection (STI) testing and treatment. [i] Sexual health service contracts commissioned by Leicestershire County Council Public Health end on 31st December 2018 and a procurement process is underway to commission services from 1 January 2019. This process includes: • a review of the services to reflect changing needs of the population of Leicestershire • Implementation of new approaches to sexual health services • Meeting financial targets as part of the medium term financial strategy (MTFS). This has resulted in proposals for sexual health service redesign to commence from 1 January 2019. The proposed changes are informed by: • A comprehensive Leicestershire and Rutland Sexual Health Needs Assessment (2015) • The Leicestershire Sexual Health Strategy (2016-2019) • Assessment of recent sexual health data • Stakeholder engagement. A detailed EHRIA was completed as part of the sexual health strategy. **2.0 Current Specialist Sexual Health Services** The current sexual health service model is commissioned across Leicester, Leicestershire and Rutland (LLR). It delivers a range of services including; • contraceptive services • psychosexual services (sexual health aspects) • sexually transmitted infection testing and treatment • a specific young people's service • outreach and health promotion • professional training • network management • sexual health leadership role across LLR.

The main service is delivered from two hub locations and a range of sessional 'spoke' locations (originally 12 in Leicester City, 4 in Leicestershire and 1 in Rutland). There are additional young people specific sessions and outreach sessions for targeted groups across LLR.

Residents of Leicester, Leicestershire and Rutland can access any of the clinic sites across LLR.

There are also sexual health improvement and HIV prevention elements, separately commissioned focusing on HIV positive people, people of African heritage and men who have sex with men (MSM).

2.1 Hub and Spoke provision

There are currently two hubs locations (St Peters Health Centre, Leicester and Loughborough Health Centre) providing almost 90% of LLR service activity. The hubs provide all levels of service including complex specialist services. The city hub also provides the administrative base for delivery of the service as a whole.

Spokes are sessional clinics operating for a few hours weekly. Services delivered from spokes are less complex. Travel time and expenses are factors in the cost of delivering these services.

The number of spokes across Leicester City has reduced from 6 to 4 spokes, since the initial contract commenced in 2014. Four of these are delivered by GPs through Sexual Health and Contraception Clinic (SHACC) services. SHACC spokes include the delivery of long-acting reversible contraception (LARC). Two of the current SHACC practices provide to the university populations.

There are 4 spokes in Leicestershire (Coalville, Hinckley, Market Harborough & Melton Mowbray) & 1 spoke in Rutland (Oakham).

2.2 Young People's Service (Choices)

The Choices service is a nurse delivered service via sessional clinics for the under 25s which take place in community based settings. There are 16 sites in Leicester City, including 2 university sites. There are currently 4 sites in Leicestershire.

2.3 National Chlamydia Screening Programme (15-24s)

The model of delivery for opportunistic chlamydia screening changed from 1 January 2017. The new model offers opportunistic chlamydia screening for 15-24 year olds via online self-sampling tests and sexual health service sites.

2.4 Outreach

The sexual health service provides clinical outreach sessions to reach groups of higher risk of poor sexual health who may not readily access mainstream services. The outreach includes

sessions at:

- Male saunas
- Trade; Gay Men's sexual health project
- Sex worker locations
- Military barracks (Rutland only)
- Domiciliary service for the most vulnerable e.g. Looked After Children and those with disabilities.

2.5 C-Card (condom distribution service)

The C-card condom distribution scheme now operates across Leicester, Leicestershire and Rutland. This scheme is provided in community, educational and clinical venues across Leicester. It provides free condoms to young people under 25. Certain sites also provide pregnancy testing.

2.5 Sexual Health Improvement and HIV Prevention

Projects work with specific client groups in relation to prevention of poor sexual health. The client groups are:

- HIV positive people
- People of African Heritage (Leicester City and Leicestershire)
- Men who have sex with men (MSM)

The projects provide:

- Safer sex information/resources in community settings.
- Behaviour change interventions.
- HIV/STI testing including promotion & provision of community HIV testing.
- Work to reduce stigma & discrimination for this population including training
- Links and referrals to appropriate services.

3.0 Rationale for change

Re-procurement of this service provides an opportunity to:

- Review the existing service
- Review the changing needs of the population
- Consider new approaches to the delivery of sexual health services
- Consider how we can meet financial targets as part of the medium term financial strategy (MTFS).

3.1 Review of the existing services

Within Leicestershire and Rutland, there are sessional clinics held in Coalville, Hinckley, Market Harborough, Melton Mowbray and Oakham that are available to all ages. We reviewed attendances at these clinics and found that young people are the most frequent users and are less able to travel to other sites. We also found that usage of the Melton Mowbray clinic has been consistently low with the majority of users being over 25 years of age.

Currently there are sexual health and HIV prevention services provided to the following groups:

- Men who have sex with men
- People with HIV
- People of African heritage
- Sex workers
- Young People

Some of these services are provided within the current sexual health service contract (for example for sex workers and for young people) while the remaining services are provided separately. In addition, the level and quality of services provided to each of these individual groups of people varies.

3.2 Changing needs of the population

Last year, Leicestershire and Rutland County Councils carried out a survey to seek views on ways to develop sexual health services in Leicestershire and Rutland for the future. Responses indicated important areas of focus. One of these areas was increasing access to STI (sexually transmitted infection) & HIV prevention for all at-risk groups with a focus on access to mainstream sexual health services and a range of testing opportunities including online testing.

Users of the sexual health services have indicated that improving accessibility of services e.g. through the development of online services, would be helpful to improve access to the service.

There are new and emerging sexual health issues for men who have sex with men (MSM). This group is a particularly vulnerable group therefore these needs have to be taken into consideration within the new service.

3.3 New approaches to the delivery of sexual health services

Traditionally, contact with health services was predominantly face to face. The emergence of digital technology as an additional means of communication has led to significant changes in the way health care and advice is accessed. This provides an opportunity to change the way our sexual health services are delivered.

3.4 Meeting MTFS targets

Under the Early Help and Prevention Review, an indicative savings target of £238,000 for the new service has been put forward. The current service cannot be delivered in the same way if these savings are to be met.

4.0 Proposed changes to the current service

The proposed changes to the current sexual health service model are as follows:

- The Leicester City Centre hub is moved from St Peter's Health Centre to a more central location to improve accessibility to service users and staff.
- The sexual health sessional clinics in Coalville, Hinckley and Market Harborough will provide services to people under 25 years of age only. Alternative contraceptive services are available from general practice and selected pharmacy sites.

	• Opening hours of the sessional clinics in Coalville and Hinckley will reduce. The reduction in sessional clinic hours will help maximise staffing at the busy main clinic locations. Alternative contraceptive services are available from general practice and selected pharmacy sites. • The sessional clinic in Melton Mowbray to be closed. The nearest clinic will be the Oakham sessional clinic. Alternative contraceptive services are available from general practice and selected pharmacy sites. • Shifting to lower cost activity such as self-serve models of delivery that have the additional benefit of improving access for residents • Improving accessibility of sexual health services through the availability of: ▪ Online booking services for appointments ▪ Online advice and information ▪ Self-sampling test kits available online and by vending machines ▪ Condom provision via the c-card scheme and via vending machines. • Sexual health promotion and HIV prevention work will focus on increasing HIV testing via targeted promotion of the online STI and HIV testing service for high risk groups such as those of African heritage and men who have sex with men (MSM). • Targeted sexual health improvement and risk reduction work to be carried out focusing on men who have sex with men (MSM). This targeted work will take place in appropriate community settings.
2	**Does this relate to any other policy within your department, the Council or with other partner organisations?** *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* The sexual health service redesign is linked to the following strategies/ work streams: - Leicestershire Sexual Health Strategy (2016-2019). Approved by Cabinet on 19th April 2016. - Leicestershire Health & Wellbeing Strategy - Better Care Together (including planned care- gynaecology services) - Medium Term Financial Strategy including early help and prevention review - The digital council
	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them? The potential impact is upon all residents of Leicestershire with a need or potential need for sexual health services. The aim of the service redesign is to ensure people can get the right level and the right type of cost-effective support or service, at the right time to improve sexual health outcomes. These outcomes include: • Reducing the risk of unintended conception • Early diagnosis and treatment of STIs and HIV • Reducing the risk of onward transmission of STIs & HIV • Maximising people's ability to make informed, positive choices about their relationships and sexual health. The intentions of the sexual health service re-procurement and proposed service redesign are to ensure the following:

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People who require an intervention/ support are identified early and effectively prioritised
Joined up sexual health commissioning across organisational boundaries to support seamless sexual health patient pathways.
Highly skilled sustainable sexual health workforces across all levels of the sexual health service, to ensure people have quality experiences and confidence in services they access.
Key sexual health messages, referral and signposting are integrated into other non-core services to ensure that people's sexual health needs are identified and supported as part of their holistic health and wellbeing.
People have good access to services in appropriate settings and locations, including primary care and via new technologies.

</td></tr>
<tr><td>4</td><td>Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)
<table>
<tr><th></th><th>Yes</th><th>No</th><th>How?</th></tr>
<tr><td>Eliminate unlawful discrimination, harassment and victimisation</td><td>x</td><td></td><td>The sexual health services model is informed by local needs assessment and aims to improve the sexual health of all people of Leicestershire. The service changes are in line with the Leicestershire Sexual Health Strategy which includes empowerment, patient centred approaches and availability of equitable services proportional to need. Elements of the sexual health services remit relate to training of professionals and sexual health communications. These include aspects of discrimination, harassment and victimisation. Sexual health services have a key role in relation to sexual violence prevention including awareness and support for child sexual exploitation and female genital mutation.</td></tr>
<tr><td>Advance equality of opportunity between different groups</td><td>x</td><td></td><td>The sexual health service delivery approach includes development of innovative ways to increase universal access to services across urban and rural locations as well as targeting groups identified at higher risk of poor sexual health. (i.e. young people, MSM, sex workers and black African communities.)</td></tr>
<tr><td>Foster good relations between different groups</td><td>x</td><td></td><td>The sexual health service model involves reducing stigma associated with sexual health which inherently requires better understanding and acceptance between different population groups.</td></tr>
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Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2 **A: Research and Consultation**			
5.	Have the target groups been consulted about the following? a) their current needs and aspirations and what is important to them; b) any potential impact of this change on them (positive and negative, intended and unintended); c) potential barriers they may face	**Yes** **X**	**No***
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	**X**	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	**X**	
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		

Section 2 **B: Monitoring Impact**			
9.	Are there systems set up to: a) monitor impact (positive and negative, intended and unintended) for different groups; b) enable open feedback and suggestions from different communities	**Yes** **x** **x**	**No**

Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2
C: Potential Impact

10. Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

	Yes	No	Comments
Age	**x**		Young people aged 15-24 are most at risk of STIs, particularly chlamydia, and poor sexual health. Young mothers (under 18s) and their babies are more likely to have poorer health outcomes compared to older ages. The proposed sexual health service delivery model includes the need to target young people. Specific changes include: Proposed changes in sessional clinics in Leicestershire: Sessional clinics in Hinckley, Market Harborough and Coalville will be available for under 25s only. (previously there were also all age clinic times that could be accessed by young people) There may be a reduction in the opening hours of the sessions overall. Melton Mowbray sessional clinic will close. This clinic had low usage and was predominantly used by over 25s. **Overall impact: Positive for young people** **Negative for the over 25s** This impact will be mitigated by: - Availability of contraceptive services from general practice and selected pharmacies - Provision of online advice and information - Provision of self-sampling test kits

				available online and by vending machines <u>Possible move of city centre main service site to city centre location</u>: Improved access for all ages. Particular benefit for young people as they are more dependent on public transport and less familiar with or less comfortable walking beyond the main city centre area to the existing clinic location. **Overall impact: Positive** <u>New technologies to deliver self-service sexual health services:</u> a) Establishing full online STI screening for all ages alongside the existing chlamydia screening for 15-24 year olds. b) Provision of vending services at appropriate locations throughout the County to access sexual health services such as condoms and STI testing kits. This will increase options to access services and reduce wait times for non-complex sexual health service requirements. c) Improved website information and signposting. These services will increase options for access without the need to attend clinical services. **Overall impact: Positive**
	Disability	**x**		a) Increase opportunity to access online self-sampling STI screening – the proposed service model provides additional access routes for STI screens which has potential to improve access for those with disability. b) Change in service model for HIV positive people. Closer links to be developed with HIV treatment clinical service to ensure that all HIV positive people receive sexual health information at clinical appointments including their annual check-ups and appointments.

				Overall impact: Neutral/Positive
	Gender Reassignment	**x**		Service access for gender reassigned individuals should not be affected by the proposed changes. However increased opportunity to access self-sampling STI testing could improve uptake of screening. **Overall impact: Positive**
	Marriage and Civil Partnership		**x**	Marital status does not impact on access or availability of services.
	Pregnancy and Maternity	**x**		Changes in sessional clinics, limiting access to under 25s and closure of Melton clinic will reduce local access for a small number of people. However, the proposed changes could increase points of access via vending machines and online access to self-sampling. This will also potentially reduce wait times in main clinics. **Overall impact: Neutral/Positive**
	Race	**x**		The Sexual Health Needs Assessment identifies higher risk of HIV/STI for those of black ethnic group. The proposals increase access to HIV/STI testing via online self-sampling in place of point of care testing or specific outreach for Black Africans. Promotion of STI testing options, including national campaigns to high risk communities such as Black African will be incorporated into the Sexual Health Communication partnership plan for the Leicestershire Sexual Health Strategy work. **Overall impact: Neutral**
	Religion or Belief		**x**	Religion or belief does not impact on access or availability of services.
	Sex	**x**		Women are frequent users of sexual health services in relation to contraception and chlamydia screening. Men are frequent users in relation to STI screening services. The proposed sexual health service changes potentially have a greater impact on women as the highest users of the sessional clinics. However, improved access to self-sampling STI screening and potential for women to

				access general practice for contraception, including long-acting reversible (LARC) contraception via GP federation groups should mitigate issues of access in localities. **Overall impact: Neutral**
	Sexual Orientation	**x**		Men who have sex with men (MSM) are a particularly high risk group in Leicestershire in relation to STIs & HIV. The service delivery model aims to increase access to services using additional technologies and increase access to STI/HIV self-sampling as well as promotion of services & safer sex messages via social media. Further assessment of Pre-exposure prophylaxis (PrEP) and Hepatitis A vaccination will be considered within the sexual health service provision once national guidance is available. **Overall impact: Positive**
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	**x**		Access to services for those in rural locations, particularly young people and those without transport is identified as an issue. Improved access to the Leicester City centre main site, increase availability of self-service information advice and services such as STI self-sampling aims to improve choice and access across Leicestershire. **Overall impact: Positive**
	Community Cohesion		**x**	

11. Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]

	Yes	**No**	**Comments**
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	**x**		WHO, 2002 defines sexual health as: '… a state of physical, emotional, mental

				and social well-being in relation to sexuality.' Good sexual health is an important aspect of life for individuals and to society. Safeguarding and sexual violence prevention remain important elements of the sexual health services. Women have the right to contraception to enable them to plan a pregnancy and achieve best health outcomes. The service provides women with good access to specialist sexual health services alongside their option to access contraception from general practice.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way		**x**	
	Article 4: Right not to be subjected to slavery/ forced labour		**x**	
	Article 5: Right to liberty and security		**x**	
	Article 6: Right to a fair trial		**x**	
	Article 7: No punishment without law		**x**	
	Article 8: Right to respect for private and family life		**x**	
	Article 9: Right to freedom of thought, conscience and religion		**x**	
	Article 10: Right to freedom of expression		**x**	
	Article 11: Right to freedom of assembly and association		**x**	
	Article 12: Right to marry		**x**	
	Article 14: Right not to be discriminated against	**x**		The sexual health service model aims to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing services and that services are equitable, being proportionate to need.
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		**x**	

	Article 2: Right to education		**x**	
	Article 3: Right to free elections		**x**	

Section 2
D: Decision

12.	Is there evidence or any other reason to suggest that:	**Yes**	**No**	**Unknown**
	a) this policy could have a different affect or adverse impact on any section of the community;	**x**		
	b) any section of the community may face barriers in benefiting from the proposal	**x**		

13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact ☐	Positive Impact ☐	Neutral Impact ☐	Negative Impact or Impact Unknown X

Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.

14.	Is an EHRIA report required?	Yes X	No ☐

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3
A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups? a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights)

Professional and stakeholder engagement.
In 2015, two key partnership events and some targeted focus groups were completed to gain the views of over 100 sexual health partners and stakeholders across Leicestershire, Leicester City and Rutland (LLR) about current sexual health services and priorities for the future. The views and feedback gathered at these events was incorporated alongside other engagement findings within the needs assessment which informed the Sexual Health Strategy.

Service user engagement.
Between May and September 2015, 7 focus groups were undertaken with 94 service users to find out what they thought about the current service offer. The groups consulted included: Young parents, families, LGB, young people and a learning disability group. A questionnaire was also completed by sex workers in LLR.

An eight week consultation exercise regarding the proposed new strategy for sexual health in Leicestershire ended on 15th March 2016. This was open to residents and practitioners. 62 respondents completed an online questionnaire. The consultation was also taken to both local Clinical Commissioning Groups, Leicestershire Health & Wellbeing Board, Rutland Health and Wellbeing Board, Leicestershire Teenage Pregnancy Leadership Board and a Looked After Children workshop event, to enable further opportunity for feedback. The feedback was collated and used to inform the Sexual Health Strategy.

In June 2016 a stakeholder engagement event took place to inform development of the sexual health service delivery model across LLR. In addition to this, a stakeholder and public consultation lasting 8 weeks commenced in August 2017 to seek views on the proposed changes to the sexual health service delivery model across LLR. The feedback from this consultation is described below.

16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?

It would be appropriate to conduct a Health Equity Audit 12-24 months after the new service is operational to ensure that the needs of target groups are being met by the service and to make changes if there are inequities.

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups?

An 8 week consultation took place from 21st August to 16th October 2017 in relation to the proposed model for sexual health services. Questions that were focused on changes to the service (access, clinic changes and HIV & sexual health promotion) were asked. The questionnaire was widely promoted to stakeholders, including those working with young people. Feedback was received from a variety of people including:

- Staff who provide the current service
- Service users
- Stakeholders
- Members of the public

The consultation also involved the provision of drop-in sessions at existing sexual health services as well as engagement with the Youth Council at a Wellbeing Event.

The equalities monitoring information shows that responses were received from a diverse range of people.

There were a total of 138 responses from residents of Leicestershire County Council. The responses showed support for the proposals to increase options for accessing sexual health services. However, there were some concerns in relation to clinic changes which will be mitigated by the availability of:

• Alternative contraceptive services from general practice and selected pharmacy sites. • Self-service options including on line self-sampling STI tests and vending provision of STI test kits and condoms.	
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	No

Section 3 **B: Recognised Impact**		
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.	
		Comments
	Age	Young people aged 15-24 are most at risk of STIs, particularly chlamydia, and poor sexual health. Young mothers (under 18s) and their babies are more likely to have poorer health outcomes compared to older ages. The proposed sexual health service delivery model includes the need to target young people. Specific changes include: <u>Proposed changes in sessional clinics in Leicestershire</u>: Sessional clinics in Hinckley, Market Harborough and Coalville will be available for under 25s only. (previously there were also all age clinic times that could be accessed by young people) There may be a reduction in the opening hours of the sessions overall. Melton Mowbray sessional clinic will close. This clinic had low usage and was predominantly used by over 25s. **Overall impact: Positive for young people** **Negative for the over 25s** This impact will be mitigated by: - Availability of contraceptive services from general practice and selected pharmacies - Provision of online advice and information - Provision of self-sampling test kits available online

		and by vending machines <u>Possible move of city centre main service site to city centre location</u>: Improved access for all ages. Particular benefit for young people as they are more dependent on public transport and less familiar with or less comfortable walking beyond the main city centre area to the existing clinic location. **Overall impact: Positive** <u>New technologies to deliver self-service sexual health services:</u> a) Establishing full online STI screening for all ages alongside the existing chlamydia screening for 15-24 year olds. b) Provision of vending services at appropriate locations throughout the County to access sexual health services such as condoms and STI testing kits. This will increase options to access services and reduce wait times for non-complex sexual health service requirements. c) Improved website information and signposting. These services will increase options for access without the need to attend clinical services. **Overall impact: Positive**
	Disability	a) Increase opportunity to access online self-sampling STI screening – the proposed service model provides additional access routes for STI screens which has potential to improve access for those with disability. b) Change in service model for HIV positive people. Closer links to be developed with HIV treatment clinical service to ensure that all HIV positive people receive sexual health information at clinical appointments including their annual check-ups and appointments. **Overall impact: Neutral/Positive**
	Gender Reassignment	Service access for gender reassigned individuals should not be affected by the proposed changes. However increased opportunity to access self-sampling STI testing could improve uptake of screening. **Overall impact: Positive**
	Marriage and Civil Partnership	Marital status does not impact on access or availability of services.

	Pregnancy and Maternity	Changes in sessional clinics, limiting access to under 25s and closure of Melton clinic will reduce local access for a small number of people. However, the proposed changes could increase points of access via vending machines and online access to self-sampling. This will also potentially reduce wait times in main clinics. **Overall impact: Neutral/Positive**
	Race	The Sexual Health Needs Assessment identifies higher risk of HIV/STI for those of black ethnic group. The proposals increase access to HIV/STI testing via online self-sampling in place of point of care testing or specific outreach for Black Africans. Promotion of STI testing options, including national campaigns to high risk communities such as Black African will be incorporated into the Sexual Health Communication partnership plan for the Leicestershire Sexual Health Strategy work. **Overall impact: Neutral**
	Religion or Belief	Religion or belief does not impact on access or availability of services.
	Sex	Women are frequent users of sexual health services in relation to contraception and chlamydia screening. Men are frequent users in relation to STI screening services. The proposed sexual health service changes potentially have a greater impact on women as the highest users of the sessional clinics. However, improved access to self-sampling STI screening and potential for women to access general practice for contraception, including long-acting reversible (LARC) contraception via GP federation groups should mitigate issues of access in localities. **Overall impact: Neutral**
	Sexual Orientation	Men who have sex with men (MSM) are a particularly high risk group in Leicestershire in relation to STIs & HIV. The service delivery model aims to increase access to services using additional technologies and increase access to STI/HIV self-sampling as well as promotion of services & safer sex messages via social media. Further assessment of Pre-exposure prophylaxis (PrEP) and Hepatitis A vaccination will be considered within the sexual health service provision once national guidance is available. **Overall impact: Positive**

	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	Access to services for those in rural locations, particularly young people and those without transport is identified as an issue. Improved access to the Leicester City centre main site, increase availability of self-service information advice and services such as STI self-sampling aims to improve choice and access across Leicestershire. **Overall impact: Positive**
	Community Cohesion	Community cohesion will not be impacted on by this proposal.

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms: See section 2	
	Article 2: Right to life	WHO, 2002 defines sexual health as: '… a state of physical, emotional, mental and social well-being in relation to sexuality.' Good sexual health is an important aspect of life for individuals and to society. Safeguarding and sexual violence prevention remain important elements of the sexual health services. Women have the right to contraception to enable them to plan a pregnancy and achieve best health outcomes. The service provides women with good access to specialist sexual health services alongside their option to access contraception from general practice.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	
	Article 6: Right to a fair trial	
	Article 7: No punishment without law	
	Article 8: Right to respect for private and family life	
	Article 9: Right to freedom of thought,	

	conscience and religion	
	Article 10: Right to freedom of expression	
	Article 11: Right to freedom of assembly and association	
	Article 12: Right to marry	
	Article 14: Right not to be discriminated against	The sexual health service model aims to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing services and that services are equitable, being proportionate to need.
	Part 2: The First Protocol: See section 2	
	Article 1: Protection of property/ peaceful enjoyment	
	Article 2: Right to education	
	Article 3: Right to free elections	

Section 3
C: Mitigating and Assessing the Impact

Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

The outcomes of the consultation undertaken with regards to the proposed changes to sexual health services identified some concerns in relation to the following:

- Age restriction at the sessional clinics in Coalville, Hinckley and Market Harborough
- Closure of the sessional clinic in Melton

The above changes have the potential to have an adverse impact on users of the service aged over 25 and on individuals who are unable to travel to alternatives clinics in other areas. However, these will be mitigated by the availability of:

- Alternative contraceptive services from general practice and selected pharmacy sites.
- Self-service options including on line self-sampling STI tests and vending provision of STI test kits and condoms.

Also, there has been consideration of extensive evidence and local consultation completed to inform the sexual health services delivery model from 1 January 2019 for Leicestershire.
The evidence used includes:

- A comprehensive sexual health needs assessment (completed October 2015), including good local engagement at a visioning event in July 2015.
- Health Impact Assessment of Proposed Contract Variation to Leicester, Leicestershire and Rutland's Integrated Sexual Health Service. (December 2015)

- Consultation on draft Leicestershire Sexual Health Strategy, online and via presentation to stakeholder meetings (January to April 2016).

The evidence base for sexual health services has been considered against savings needed to be made for both MTFS and the significant reduction in the Public Health grant.

The balance of evidence supports the proposed changes to the current service delivery model with potential for mitigation to limit negative impact.

N.B.

i) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

See section 21.

Section 3
D: Making a decision

23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

The Leicestershire Sexual Health Services delivery model has a positive impact overall with some exceptions. However when balancing the evidence base together with the requirement to reduce sexual health budgets as part of the reduction to Public Health grants, these proposals are considered appropriate.

The range of mitigating actions proposed will support individuals to access sexual health services so that those at risk remain able to get the services and information that they require from self-service or mainstream sexual health services. Community based sexual health promotion and HIV prevention work will focus on MSM, being the group at highest risk of poor sexual health in Leicestershire.

The proposed service model overall responds to the needs of the Leicestershire population and is considered to meet Leicestershire County Councils responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3 **E: Monitoring, evaluation & review of your policy**	
24.	Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact? Review of the findings of the EHRIA will be built into contract management of the new service contract and as part of the wider sexual health strategy implementation. This includes quarterly review of the PHE Sexual Reproductive Health Profiles and other sexual health datasets to identify trends in Chlamydia screening. Additional analysis will be completed comparing Leicestershire's chlamydia detection rate with other local comparators and further analysis on age, gender etc. can be completed on the remaining chlamydia screening data.
25.	How will the recommendations of this assessment be built into wider planning and review processes? *e.g. policy reviews, annual plans and use of performance management systems* See 24 above. The results from this EHRIA will be considered for the final version of the sexual health service specification and contract and reviewed as part of ongoing contract management and sexual health strategy progress monitoring.

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Embed equality issues into SHS specification and performance monitoring schedules	Contract and service specification will be developed to reflect local need and equality requirements.	Contract(s) for SHS will include equality requirements.	Joshna Mavji/Janet Hutchins	December 2017
Equalities monitoring is ongoing and embedded	Use the outcomes of EHRIAs to inform procurement of SHS	SHS redesign and procurement reflect EHRIA outcomes.	Joshna Mavji/ Janet Hutchins	Sept 2017 – April 2018
Ongoing impact upon specific groups due to any changes is monitored	Regular monitoring of sexual health data sets to review impact on specific groups. (Quarterly & Annually as available.)	Annual report of sexual health performance indicators reflecting EHRIA outcomes	Joshna Mavji/ Janet Hutchins	Ongoing
Young People are engaged with sexual health services procurement process	Young people representatives from LLR are involved in specific elements of assessing the SHS bids.	Young Peoples' views are incorporated decision making panel for SHS procurement	Janet Hutchins	September 2017 – March 2018

Maintain the required standards of commissioned sexual health services in the face of reducing budgets.	Commission services as aligned with Sexual Health Needs Assessment and Sexual Health Strategy 2016-19 ensuring all statutory functions and standards are met.	All new procurement addresses this balance of need versus financial savings.	Joshna Mavji	Ongoing

[i] Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

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