

# Equality Impact Assessment Form

Before completing this form, please refer to [the supporting guidance document](#)

The purpose of this form is to aid the Council in meeting the requirements of the Public Sector Equality Duty contained in the Equality Act 2010. This requires the Council to have “due regard” of the impact of its actions on the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and those who do not.

The assessment is used to identify and record any concerns and potential risks. The following actions can then be taken to address these issues.

- Remove risks: abandon the proposed policy or practice
- Mitigate risks – amend the proposed policy or practice so that risks are reduced
- Justify policy or practice in terms of other objectives

<b>1- Policy details</b>	
<b>Name of policy</b>	Sexual Health Services - Re-commissioning
<b>Department and service</b>	Public Health - Sexual Health Services
<b>Who has been involved in completing the Equality Impact Assessment?</b>	Nicki Jarvis - Strategic Lead - Health Related Harms Gemma Andrews - Project Support Officer
<b>Contact numbers</b>	Nicki Jarvis - 0116 3059382 Gemma Andrews - 0116 3055427

## 2- Objectives and background of policy or practice change

Use this section to describe the policy or practice change

What is the purpose, expected outcomes and rationale?

Include the background information and context

### What is the proposal?

#### Background

Sexual Health Services in Leicestershire and Rutland currently comprise of

- The integrated sexual health service (ISHS)
- Community based services (CBS)

The ISHS provides the following services:

- contraceptive services
- sexually transmitted infection testing and treatment
- a specific young people's service
- psychosexual counselling
- outreach and health promotion

This is delivered by one provider who is commissioned to deliver both clinic-based and online services across LLR

The CBS offers provision of

- Long-Acting Reversible Contraception (LARC) - Fitting and Removal Service of intrauterine device (IUD), intrauterine system (IUS) and sub-dermal implants (SDI)
- Oral Emergency Hormonal Contraception (EHC) to women under 25 years of age.

These services are provided by via multiple contracts held with various GPs and pharmacies across the county.

**The Proposal**

The proposal is to commission sexual health Community Based Services (CBS), the Integrated Sexual Health Service (ISHS), and online sexual health services within one procurement exercise.

This may mean some services are delivered differently for users.

- The clinic service currently available in the county and Rutland will remain
- There may be additional clinic options offered in the south of the county
- The online provision will remain however there may be a reduction to some online services to safeguard and promote community access
- The LARC will remain available in primary care however this won't be offered on an individual surgery basis, GPs will be required to either create a networked LARC service - for example a specific number of surgeries or clinics per district/PCN with inter surgery referrals  
Or one larger GP/Provider could potentially offer to deliver all LARC across the LA'S
- The (EHC) offer will continue with multiple pharmacies, who will be encouraged to expand their service provision improving local access.

**What change and impact is intended by the proposal?**

Intentions are that this approach will offer

**What is the rationale for this proposal?**

- Accessible clinic provision for county and Rutland users
- Local alternatives to clinic provision, where low level services are required
- Better connections and partnership working between the ISHS and CBS services
- Dedicated staffing complement for Leicestershire and Rutland
- Skilled LARC fitters, meeting required competency levels allowing consistent clinic delivery

If approved by Cabinet 16 Dec 2022, we will be consulting on these proposed changes.

**3- Evidence gathered on equality implications - Data and engagement**

What evidence about potential equality impacts is already available?

This could come from research, service analysis, questionnaires, and engagement with protected characteristics groups

**What equalities information or data has been gathered so far?**

**What does it show?**

We know from the monitoring of the ISHS service that

- more females access both clinic and online provision
- Under 19s account for the highest usage age group
- In terms of ethnicity there is high usage by those from a white background, compared to the demographic make-up of the county there is good usage by Black and Mixed-race groups however there is a low take up within the Asian background groups.
- Significantly more gay men use the service than lesbian women or bisexuals

Nationally we know sexually transmitted infections (STIs) are more likely to be diagnosed in young people, gay, bisexual and other men who have sex with men (MSM) and black and ethnic minorities. There are also national indicators relating to young people we monitor.

**What engagement has been undertaken so far?**

A period of engagement on current sexual health service with professional stakeholders took place in August 2022 to seek feedback on the current provision.

**What does it show?**

strengths of the existing offer

- Availability of a sexual health online service
- Access to expert practitioners within the service
- Having a variety of locations for face-to-face clinics

areas for development were

- Accessibility of provision locally
- Accessibility of services in rural areas
- Service communication and engagement
- Widening the digital offer

Key gaps were reported as

- Marketing and promotion of sexual health services
- Increasing outreach support
- Provision of targeted support
- Mechanism for pharmacies to provide oral contraception

Overall, the feedback highlighted the following:

- Good access is a priority for both face to face and digital service provision
- Importance of community access points
- The need to improve awareness of the service offer
- The need for education and awareness through targeted outreach to reduce stigma and/or discrimination.

#### 4- Benefits, concerns and mitigating action

Please specify if any individuals or community groups who identify with any of the '[protected characteristics](#)' may **potentially** be affected by the policy and describe any benefits and concerns including any barriers.

Use this section to demonstrate how risks would be mitigated for each affected group

<b>Group</b>	<b>What are the benefits of the proposal for those from the following groups?</b>	<b>What are the concerns identified and how will these affect those from the following groups?</b>	<b>How will the known concerns be mitigated?</b>
<b>Age</b>	<p>Young people may not have facility to travel, to required services due to their age or finances, a better local offer should support their sexual health needs.</p> <p>Reduction of some online services to promote face to face interaction and increase safeguards particularly for young people and those at risk of exploitation.</p> <p>Opportunity to access online self-sampling STI screening –service model provides access routes for STI screens which has potential to improve access</p>		<p>Online offer to support</p> <p>Improved local access, via local face to face options.</p>
<b>Disability</b>	<p>Opportunity to access online self-sampling STI screening –service model provides access routes for STI screens which has potential to improve access for those with disability.</p>	<p>Reduction of some online services may create barrier for those with a disability.</p>	<p>Improved local access, via local face to face options. Those with disabilities should be linked into pharmacy schemes to ensure they do not have to physically attend services if they don't want to.</p>

	Improved promotion of service and variety of access points to allow those with additional needs or their carers to access services.		
<b>Race</b>	Low uptake in Asian groups online self-sampling HIV/STI testing improves access for these at-risk groups, allowing greater privacy/discretion for the user.  (see notes on religion- potential barriers)		Improved promotion of service, greater knowledge, and de-stigmatisation.  Variety of access points (online, face to face clinics) allowing user discretion.
<b>Sex</b>	Reduction of some online services to promote face to face interaction and increase safeguards for those at risk of exploitation.	The reduction of some online services may impact women more than men due to type of services that they access.	Improved face to face local access
<b>Gender Reassignment</b>	Service access for gender reassigned individuals should not be affected by the proposed changes. The group is not currently represented in our KPIs.		Ensure KPIs for new service capture all groups.  Any underrepresented groups will benefit from improved promotion of service and variety of access points to specific groups to ensure they have the information they require to remain safe and well.
<b>Marriage and Civil Partnership</b>	Proposed service changes should not impact access or availability of services based on marital status.		

<p><b>Sexual Orientation</b></p>	<p>Online self-sampling HIV/STI testing improves access for these at-risk groups, such as gay, bisexual and other men who have sex with men (MSM)</p>	<p>Explore service appeal to Lesbian and Bisexuals - to be targeted via consultation. – <b>Update post consultation no concerns identified that were specific to this groups – 20% respondents Gay/Bi-sexual</b></p>	<p>Improved promotion of service and variety of access points to specific groups to ensure they have the information they require to remain safe and well.</p>
<p><b>Pregnancy and Maternity</b></p>	<p>Proposed service changes should not impact access or availability of services based on maternal status.</p>		
<p><b>Religion or Belief</b></p>	<p>Proposed service changes should not impact access or availability of services for this group. However, we are aware approaches to sex, views on relationships, childbearing, marriage, contraception, pregnancy, and abortion, are often influenced by religious beliefs.</p>		<p>Improved promotion of service and variety of access points to specific groups to ensure they have the information they require to remain safe and well.</p>
<p><b>Other groups: e.g., rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, armed forces.</b></p>	<p>An improved local offer combined with online options should support the sexual health needs of these other groups. Such as rurality, the armed forces service will remain at the barracks.</p>		<p>Improve promotion of service and variety of access points to specific groups to ensure they have the information they require to remain safe and well.</p> <p>Actively engage during consultation with appropriate links such as VSOs or council departments that provide services to these groups.</p>



## 5- Action Plan and Recommendations

Use this section to describe concerns further

Produce a framework to outline how identified risks/concerns will be mitigated.

What concerns were identified?	What action is planned?	Who is responsible for the action?	Timescale
Potential reduction in online services.	Review of consultation findings and discussion of risks and mitigations the decision has been made that there will be no immediate reduction to online services, but this will be continually reviewed during the contract life course to ensure the service remains in budget.	Nicki Jarvis – Strategic lead	Contract term – 2024-2028
Accessibility for disabled users - easy read information for users of service with disabilities and where English isn't their first language–  easier to use website	Utilise new health promotion and outreach contract to ensure information regarding sexual health reaches groups/services that work with/support those with disabilities  Website was issue for wider groups too, this will be looked at during tender process and contract life course	Nicki Jarvis – Strategic lead	Contract term – 2024-2028  Tender process & contact term

<b>6- Way forward</b>	
<b>How will the action plan and recommendations of this assessment be built into decision making and implementation of this proposal?</b>	The above actions will be built into the strategic lead work plan
<b>How would you monitor the impact of your proposal and keep the EIA refreshed?</b>	Contract monitoring will ensure all equality groups are monitored, this information is reviewed on a quarterly basis via the contract officer and strategic lead.  There will be an additional EIA completed for the Sexual Health Strategy refresh which is due to commence once new services are embedded.
<b>Sign off by DEG Chair/Director or Head of Services</b>	Adrian Allen – Assistant Director 3 <sup>rd</sup> May 2023.