

Equality Impact Assessment (EqIA)

Introduction

This EqIA is for:	Sexual Health Service Re-procurement	
Details are set out:	Public Health Committee Report – November 2014 Health and Wellbeing Board – February 2015	
Officers undertaking the assessment:	Libby Lomas, Public Health Manager, Sally Handley, Senior Public Health Manager	
Assessment approved by:	Jonathan Gribbin, Public Health Consultant	Date: 13/02/2015

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

1. Background

Nottinghamshire County Council's current contracts relating to sexual health services expire on 31/03/2016. It is the commissioners' aim is to develop and commission an evidence-based, responsive, integrated sexual health service (ISHS) which delivers high quality, evidenced based services that are accessible and reflect value for money. A number of the current sexual health services lack integration and there is some evidence of inequitable provision across the county. It is therefore timely and appropriate that an evidenced based and integrated service model is developed.

Good sexual health is an important aspect of health and wellbeing, and it is vital that people have the information, the confidence and the means to make choices that are right for them, regardless of their age, gender, ethnicity, sexual orientation, religion or belief or disability. It helps people to develop positive relationships and enables them to protect themselves and their partners from infections and unintended pregnancy.

The highest burden of sexually related ill-health is borne by groups who often experience other inequalities in health, including men who have sex with men, young people, black and minority ethnic groups, and more socio-economically deprived groups.

2. Impact against protected characteristics

Age

The ISHS supports access across age ranges; particularly young people. There are no age restrictions for the adult population.

Disability

The model and commissioning arrangements support access for people who live with a disability. DDA requirements will

be implicit within the contract

Pregnancy and maternity

Services are accessible and will offer clinical knowledge and skills to meet the needs of pregnant and post natal women. This includes referral to termination of pregnancy services as indicated.

Gender reassignment

The ISHS model and service delivery will positively support the engagement and specific sexual health service needs of this group

Race

There is recognition of the cultural influence on sexual health beliefs and behaviour and the impact of this in relation to accessing services and the specific sexual health needs of individuals. It is recognised that some groups have higher sexual health needs than others (for example Black African/Caribbean groups in respect of HIV)

Religion

There is recognition of the specific impact of religious beliefs and practices. These specific needs will be positively met by the service

Gender & sexual orientation

The ISHS model & service is designed to maximise engagement with both men and women, and in particular men or women with increased vulnerabilities and sexual health needs such as male/female sex workers, men who have sex with men, bisexual individuals or those of transgender orientation.

3. How did we arrive at the proposed model?

3.1 National & local evidence

ISHS is the recommended approach (DH 2014). As well as this national evidence, the findings from the refresh of the JSNA for Sexual Health have also informed the model and commissioning approach; with particular focus on population groups who are most at risk of sexual ill health.

The full (final draft) JSNA is pending formal approval. Meanwhile it can be accessed

on: [http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Cross-cutting-themes/Sexual-Health-\(2015,-draft\).aspx](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Cross-cutting-themes/Sexual-Health-(2015,-draft).aspx)

The findings of the JSNA chapter for Teenage pregnancy were also applied

[http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Children-and-young-people/Teenage-pregnancy-\(2014\).aspx](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Children-and-young-people/Teenage-pregnancy-(2014).aspx)

Based on these assessments the more vulnerable groups at risk of poor sexual health are known to be:

Young People

Those with a learning disability

Gender type including transgender people

Ethnicity

Sexual Orientation

People Who Inject Drugs (PWID)

Homeless People

Offenders and Prisoners

Sex workers / Prostitutes

Social class five (manual unskilled)

3.2 Rigorous engagement process with key stakeholders

We have undertaken extensive engagement including:

Service users

Service providers

Public Health peers (local and within the region)

Local population

Local/national professional bodies (Local Medical Council, Local Pharmacy Committee and The British Association for Sexual Health and HIV (BASH)).

A summary of the main results of the engagement process can be found in Appendix A. The key themes identified were:

- Joined up (integrated) sexual health services were favoured
- The need for a greater emphasis on health promotion and health education
- Communication and promotion of sexual health services need to be enhanced especially targeted to those most at risk

Consultation around the ISHS model will take place between March 5th 2015 – April 2nd 2015. Findings of this consultation will firm up a proposed model for the service which will be commissioned to begin April 1st 2016

- 2 Protected Characteristics: Is there a potential positive or negative impact based on:**
 Tick as appropriate. You may tick one or more boxes for each protected characteristic, for example there may be both negative and neutral impact, but you must explain negative impact and mitigating actions in section 3 if you have ticked negative impact.

Consider each protected characteristic in turn; therefore you will have a minimum of 8 ticks.

Age	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Disability	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Gender reassignment	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Pregnancy & maternity	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Race including origin, colour or nationality	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Religion	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Gender	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Sexual orientation including gay, lesbian or bisexual	<input type="checkbox"/> Positive ✓	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact

- 3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:**

How do the potential impacts affect people with protected characteristics <i>What is the scale of the impact?</i>	How might negative impact be mitigated or explain why it is not possible	How will we consult
Use this section to describe negative impact related to the tick box above.	Use this section to describe how negative impacts may be mitigated	If you have identified negative impact/s we have a duty to consult with people who may be affected. Describe how we will do this.

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Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

Not required

Completed EqlAs should be sent to equalities@nottsc.gov.uk and will be published on the Council's website.