

# Equality Impact Assessment [version 2.9]



|  |   |
|--|---|
| Title: Re-procurement of BNSSG Contract for Provision of Sexual Health Services.   |   |
| <input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service<br><input type="checkbox"/> Other [please state] | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing |
| Directorate: People  | Lead Officer name: Joanna Copping   |
| Service Area: Communities and Public Health  | Lead Officer role: Consultant in Public Health Medicine   |

## Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](https://sharepoint.com).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

### 1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

The purpose of this proposal is to reprocure sexual health services for Bristol, North Somerset and South Gloucestershire (BNSSG) to ensure residents have access to high quality integrated sexual health services from 1<sup>st</sup> April 2024.

Local authorities have the responsibility to commission open access sexual health services. This includes testing and treating sexually transmitted infections and provision of contraception. Bristol, North Somerset and South Gloucestershire councils and Bath and North East Somerset Council (for chlamydia screening only) co-commission these services alongside the BNSSG Clinical Commissioning Group (CCG) - CCGs are responsible for terminations of pregnancy.

Currently University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) hold the contract for this provision. They subcontract with North Bristol NHS Trust, Terrence Higgins Trust & Eddystone, Brook Young People, Marie Stopes International and the British Pregnancy Advisory Service. The service is called 'Unity'.

The initial Unity contract was for 5 years (1 April 2017- 31 March 22). A 2-year contract extension was approved by Cabinet in November 2020. The contract expires on 31<sup>st</sup> March 2024.

### 1.2 Who will the proposal have the potential to affect?

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Bristol City Council workforce   | <input checked="" type="checkbox"/> Service users                             | <input checked="" type="checkbox"/> The wider community |
| <input checked="" type="checkbox"/> Commissioned services | <input checked="" type="checkbox"/> City partners / Stakeholder organisations |   |
| Additional comments:                                      |   |   |

### 1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

|  |                                    |                 |
|--|------------------------------------|-----------------|
| <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> | [please select] |
|--|------------------------------------|-----------------|

## Step 2: What information do we have?

### 2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success>.

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment Form](#)

| <b>Data / Evidence Source</b><br>[Include a reference where known]                         | <b>Summary of what this tells us</b>  |
|--|---|
| <a href="#">A Framework for Sexual Health Improvement in England - GOV.UK (www.gov.uk)</a> | The Framework identifies those that have experienced sexual and/or domestic violence and abuse; those at risk of or who have had female genital mutilation (FGM); people involved in sex work; those with learning disabilities; lesbian, gay, bisexual and transgender (LGBT) people; homeless people; young people; Black women and people with Black African ethnicity groups at higher risk of sexual ill health.<br><br>Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. |

|  |   |
|--|---|
| <a href="https://www.gov.uk/government/consultations/covid-19-understanding-the-impact-on-bame-communities">COVID-19: understanding the impact on BAME communities - GOV.UK</a><br><a href="https://www.gov.uk">www.gov.uk</a>           | <p>Identified significant inequalities in the likelihood of people from Black African and Black Caribbean communities to experience higher rates of Covid-19 and adverse Covid-19 outcomes as a result of longstanding health inequalities, increased likelihood of comorbid health concerns within Black African and Black Caribbean communities and impaired access to health and care services from people with Black African and Black Caribbean ethnicities. One of the key recommendations is to improve access, experience and outcomes from local authority and NHS commissioned services by people with Black African and Black Caribbean ethnicities, and culturally competent health promotion messages.</p> |
| <a href="#">Bristol Sexual Health Joint Strategic Needs Assessment Data Profile (2020).</a>  | <p>Bristol has a relatively young population compared to England and this is predicted to rise. The city is ethnically diverse and has areas of high deprivation. There is an active lesbian, gay, bisexual and trans (LGBT) scene. These factors mean sexual health is a high priority for Bristol.</p>  |
| <a href="https://www.gov.uk/government/consultations/towards-zero-the-hiv-action-plan-for-england-2022-to-2025">Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK</a><br><a href="https://www.gov.uk">www.gov.uk</a> | <p>The report identifies a need to maintain the progress made with HIV for gay and bisexual men and young adults but build on this by significantly improving diagnoses among heterosexual people and people with Black African ethnicity. People with Black African ethnicity remain the ethnic group with the highest rate of HIV, making them a priority for HIV prevention and testing.</p>   |
| <a href="#">Bristol HIV Health Needs Assessment</a>  | <p>Although anyone could become infected with HIV there are some groups in society that are affected disproportionately by HIV. This includes men who have sex with men (MSM), being of Black African ethnicity and people who inject drugs (PWID).</p>   |
| <a href="#">Summary Profile of Local Sexual Health Bristol (2022)</a>  | <p>Bristol ranked 35th highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15 to 24 years in 2020, with a rate of 718 per 100,000 residents aged 15 to 64, worse than the rate of 619 per 100,000 for England.</p>  |

**Additional comments:**

Bristol City Council will be leading the undertaking of a comprehensive BNSSG-wide Sexual Health Needs Assessment, which will be completed in September 2022. This will deliver a detailed understanding of sexual health needs across BNSSG including those of its most vulnerable populations. This will be used to inform service design and the subsequent commissioning process.

The current contract identifies the following vulnerable groups:

- Homeless
- Looked after children
- Care leavers
- People with learning disabilities
- Commercial sex workers
- Substance misusers
- Asylum seekers
- Lesbian, gay, bisexual and transgender people
- Men who have sex with men
- Some ethnic groups, including black Africans and Gypsy and Travellers
- People living in deprived areas
- Trafficked people
- Offenders
- Those experiencing or at high risk of sexual exploitation, coercion or violence
- People living with HIV

## 2.2 Do you currently monitor relevant activity by the following protected characteristics?

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Age                 | <input type="checkbox"/> Disability          | <input type="checkbox"/> Gender Reassignment           |
| <input type="checkbox"/> Marriage and Civil Partnership | <input type="checkbox"/> Pregnancy/Maternity | <input checked="" type="checkbox"/> Race               |
| <input type="checkbox"/> Religion or Belief             | <input checked="" type="checkbox"/> Sex      | <input checked="" type="checkbox"/> Sexual Orientation |

## 2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g., pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

There has not been a full sexual health needs assessment in Bristol since the last recommissioning process in 2016. In order to thoroughly examine the sexual health needs of the Bristol population, including its vulnerable groups, a new sexual health needs assessment will be completed in 2022. This will identify trends at a population level, strengths of the current system, and areas for improvement.

Special consideration will be given to effective engagement, including effective engagement with vulnerable groups. To ensure that this objective is achieved, we will enlist support from Bristol City Councils Consultation and Engagement Team, respective teams from North Somerset and South Gloucestershire Councils and BNSSG CCG, and the multi-agency Sexual Health Needs Assessment Steering Group.

An additional risk is that we do not own or have access to good quality local data on some groups, including some equalities communities. We will review the data available as part of the sexual health needs assessment, discuss any continuing gaps with the sexual health needs assessment steering group, and make plans to attempt to resolve any issues as part of ongoing improvement procedures associated with the re-procurement process.

## 2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See <https://www.bristol.gov.uk/people-communities/equalities-groups>.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing change or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

The sexual health needs assessment will include extensive engagement across BNSSG. This will be undertaken with service users, current service staff, other professionals/stakeholders, the general public, and targeted work with vulnerable groups. The views and feedback that result from this engagement will be detailed within the needs assessment, reflected in the recommendations following the needs assessment, and then used to inform future service design and the recommissioning process.

This engagement will be led by Bristol City Councils Consultation and Engagement Team, alongside respective teams from North Somerset and South Gloucestershire Councils and BNSSG CCG.

## 2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

There will be a second consultation phase as a part of the re-procurement process. This second consultation phase will involve sharing proposed plans for the new (post-2024) BNSSG sexual health service and will invite current sexual health service users, current service staff, professionals/stakeholders, the general public, and targeted vulnerable groups, to share their views on the proposals.

## Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above, and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

### 3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

#### GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

We have not identified any significant negative impact from the ambition to recommission BNSSG sexual health services nor from the proposed approach to re-procurement with Bristol City Council as lead commissioner.

The proposal to reprocure BNSSG-wide sexual health services could have potential adverse impacts on some people with protected or other relevant characteristics if we do not fully understand or meet their specific needs. The current services include the delivery of specialised services to identified vulnerable groups.

Any risk of change to how these services are delivered has the potential to destabilise services and impact some groups disproportionately. This will be mitigated by advance planning for a smooth service transition, with clear communication and thorough handover to a new service provider (should this occur).

The potential benefits of re-procurement vastly outweigh this potential adverse impact by ensuring that high quality specialist service provision is maintained after March 2024.

The re-commissioning process, which includes the delivery of a BNSSG Sexual Health Needs Assessment. The needs assessment will include looking at all available local data and a large piece of engagement with BNSSG residents including targeted work with priority groups. This needs assessment will improve our understanding of the sexual health needs of the BNSSG population overall including that of vulnerable groups and people with protected characteristics. This improved understanding will allow us to better address any identified needs of people on the basis of their protected characteristics.

#### PROTECTED CHARACTERISTICS

Age: Young People

Does your analysis indicate a disproportionate impact? Yes  No

|                              |  |
|------------------------------|--|
| Potential impacts:           | There is a risk of potential negative adaptation to change in service provider and/or delivery.  |
| Mitigations:                 | <p>We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.</p> <p>The current sexual health service has a dedicated subcontractor to deliver bespoke young peoples services and it is likely that this will remain a priority within future commissioning intentions.</p>  |
| <b>Age: Older People</b>     | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| Potential impacts:           |  |
| Mitigations:                 |  |
| <b>Disability</b>            | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:           | There is a risk of potential negative adaptation to change in service provider and/or delivery.  |
| Mitigations:                 | <p>We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.</p> <p>There is currently additional support provided for learning disabled people and it is likely that this will remain a priority for future commissioning intentions.</p>   |
| <b>Sex</b>                   | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:           | 58.89% of all attendees at sexual health services in 2021-22 (YTD) are female. This suggests that changes to the service will impact women somewhat more than men or people with other gender identities.  |
| Mitigations:                 | <p>We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.</p> <p>The current sexual health service is designed to deliver services in a way which is sensitive and responsive to the impact of sex, and it is likely that this will remain a priority within future commissioning proposals.</p>                |
| <b>Sexual orientation</b>    | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:           | There is a risk of potential negative adaptation to change in service provider and/or delivery.  |
| Mitigations:                 | <p>We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.</p> <p>The current sexual health service is designed to deliver services in a way which is sensitive and responsive to the impact of sexual orientation, and it is likely that this will remain a priority within future commissioning proposals.</p> |
| <b>Pregnancy / Maternity</b> | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:           | There is a risk of potential negative adaptation to change in service provider and/or delivery.  |
| Mitigations:                 | We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our   |



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|   | <p>vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.</p> <p>The current sexual health service is designed to deliver services in a way which is sensitive and responsive to the impact of pregnancy/maternity, and it is likely that this will remain a priority within future commissioning proposals.</p>  |
| <b>Gender reassignment</b>              | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:                      | There is a risk of potential negative adaptation to change in service provider and/or delivery.   |
| Mitigations:                            | <p>We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.</p> <p>The current sexual health service is designed to deliver services in a way which is sensitive and responsive to the impact of people who are undergoing/have undergone gender reassignment as well as all transgender and non-binary people, and this will remain a priority within future commissioning proposals.</p>   |
| <b>Race</b>                             | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:                      | There is a risk of potential negative adaptation to change in service provider and/or delivery.   |
| Mitigations:                            | <p>We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.</p> <p>The current sexual health service is designed to deliver services in a way which is sensitive and responsive to the impact of ethnicity and cultural background and has specialist subcontractors to work effectively with people from Black, Asian and minority ethnic backgrounds, and it is likely that this will remain a priority within future commissioning proposals.</p> |
| <b>Religion or Belief</b>               | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| Potential impacts:                      |   |
| Mitigations:                            |   |
| <b>Marriage &amp; civil partnership</b> | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| Potential impacts:                      |   |
| Mitigations:                            |   |
| <b>OTHER RELEVANT CHARACTERISTICS</b>   |   |
| <b>Socio-Economic (deprivation)</b>     | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:                      | There is a risk of potential negative adaptation to change in service provider and/or delivery. We are aware that there is greater need for sexual health services in areas of high socio-economic deprivation.   |
| Mitigations:                            | We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service.   |
| <b>Carers</b>                           | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| Potential impacts:                      |   |
| Mitigations:                            |   |

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| <b>Other groups</b> [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness] |   |
| <b>Asylum seekers and Refugees/Migrants</b>  | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:   | There is a risk of potential negative adaptation to change in service provider and/or delivery.   |
| Mitigations:   | We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service. |
| <b>Homeless People</b>   | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:   | There is a risk of potential negative adaptation to change in service provider and/or delivery.   |
| Mitigations:   | We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service. |
| <b>People with Substance Misuse Problems</b>   | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:   | There is a risk of potential negative adaptation to change in service provider and/or delivery.   |
| Mitigations:   | We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service. |
| <b>Sex Workers</b>   | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:   | There is a risk of potential negative adaptation to change in service provider and/or delivery.   |
| Mitigations:   | We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service. |

### 3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The re-commissioning process, which includes the delivery of the BNSSG Sexual Health Needs Assessment, will improve our understanding of the sexual health needs of the BNSSG population including that of vulnerable groups and people with protected characteristics. We will be undertaking a specific audit of inequalities within this needs assessment. This improved understanding will allow us to better address these needs with the recommissioning of a new service.



## Step 4: Impact

### 4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

#### Summary of significant negative impacts and how they can be mitigated or justified:

The primary risk is that we could destabilise the service which could have knock on effects for some vulnerable groups. We will mitigate this risk by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and later again as part of the commissioning process. This will ensure that we are able to listen to what our vulnerable and priority groups want and need from services and use this information to inform the design and commissioning of the new service. We will use these opportunities, plus opportunities during exit planning of the incumbent contract provider and mobilisation of any new contract provider, to keep all service users adequately informed and to communicate that we are not cutting services but will ensure that we are meeting the needs of the people who need them most.

#### Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

The recommissioning process, which includes the delivery of the BNSSG Sexual Health Needs Assessment, will ultimately improve our understanding of the sexual health needs of the BNSSG population including that of vulnerable groups and people with protected characteristics. This improved understanding will allow us to better address these needs with the recommissioning of a new service.

### 4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

| Improvement / action required  | Responsible Officer | Timescale      |
|--|---------------------|----------------|
| Sexual health needs assessment including engagement with vulnerable groups.  | Joanna Copping      | September 2022 |
| Consultation of new service delivery model with vulnerable groups (plus professionals and stakeholders).   | Joanna Copping      | April 2024     |
| Design of a new service delivery model which takes into account the wants and needs of vulnerable groups and prioritises them within its delivery. | Joanna Copping      | April 2024     |

### 4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.


We will apply process evaluation to both the SHNA engagement and consultation on the new service delivery model to ensure that we are receiving feedback from our vulnerable groups.

Feedback from the SHNA will inform the design of the new service delivery model so we will be able to demonstrate that we have designed a service which prioritises delivery to our vulnerable groups.

Regular and thorough performance monitoring processes associated with the new contract will allow monitoring of the services ability to prioritise delivery to vulnerable groups.

## Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director<sup>1</sup>.

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|--|---|
| <b>Equality and Inclusion Team Review:</b><br><i>Reviewed by Equality and Inclusion Team</i> | <b>Director Sign-Off:</b><br> |
| Date:  | Date: 27/04/2022  |

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<sup>1</sup> Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.