

# Equality Impact Assessment [version 2.9]



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|--|---|
| Title: Sexual Health Services Contract Extension to March 2025   |   |
| <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 extend existing sexual health contracts for Bristol, North Somerset and South Gloucestershire (BNSSG) for a year to accommodate the publication of the new Sexual and Reproductive Health Strategy and service specification, and the introduction of the NHS Provider Selection Regime during 2022-23. Local authorities have the responsibility to commission open access sexual health services. This includes preventing, 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 Integrated Care Board (ICB) who are responsible for terminations of pregnancy.

Currently University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) hold the contract for this provision, and they subcontract to other providers. The service is called 'Unity'. Primary care providers (GPs and pharmacists) are also commissioned by local authorities to deliver long-acting contraception, emergency contraception, chlamydia screening and condoms.

The current Unity contract expires on 31<sup>st</sup> March 2024 and the original plan was to recommission services with a start date of April 2024 however, delay to expected publication of key guidance combined with the NHS reorganisation and establishment of the new Integrated Care Board have had a significant impact on our ability to proceed with the procurement process, hence a recommendation to extend the existing contract to ensure alignment with national frameworks.

### 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.

Yes

No

[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](#)

| Data / Evidence Source<br>[Include a reference where known]                                | Summary of what this tells us   |
|--|---|
| <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. |

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|--|--|
|  | Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.   |
| <a href="#">COVID-19: understanding the impact on BAME communities - GOV.UK (www.gov.uk)</a>   | 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. |
| <a href="#">Bristol Sexual Health Joint Strategic Needs Assessment Data Profile (2020).</a>  | 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.  |
| <a href="#">Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK (www.gov.uk)</a>   | 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.   |
| <a href="#">Bristol HIV Health Needs Assessment</a>  | 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).   |
| <a href="#">Summary Profile of Local Sexual Health Bristol (2022)</a>  | 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.  |
| <a href="#">Women's Health Strategy for England - GOV.UK (www.gov.uk) 2022</a>   | Women spend a significantly greater proportion of their lives in ill health and disability when compared with men. Women with an existing health condition or disability are less likely to feel comfortable talking to healthcare professionals about some topics –e.g. contraception. Some groups of women face additional barriers regarding access to and experience of services, and lesbian and bisexual women can face stigmatisation when accessing healthcare – for example discrimination in sexual health clinics. This strategy proposes actions to address these disparities.   |
| <p><b>Additional comments:</b></p> <p>Bristol City Council is currently leading the development of a comprehensive BNSSG-wide Sexual Health Needs Assessment, which will be completed in October 2022. This will include population and service level data, a review of the evidence around what works in sexual health, a population wide and staff survey and interviews with key stakeholders. This will give us detailed understanding of sexual health needs and inequalities across BNSSG. This will be used to inform service design and the subsequent commissioning process.</p> <p>The current contract identifies the following vulnerable groups:</p> <ul style="list-style-type: none"> <li>• Homeless</li> <li>• Looked after children</li> <li>• Care leavers</li> <li>• People with learning disabilities</li> <li>• Commercial sex workers</li> <li>• Substance misusers</li> </ul> |  |

- 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 BNSSG population, including its vulnerable groups, a new sexual health needs assessment will be completed in 2022. Special consideration will be given to effective engagement, including effective engagement with vulnerable groups. This is being supported by Bristol City Councils Consultation and Engagement Team, respective teams from North Somerset and South Gloucestershire Councils and BNSSG ICB and overseen by a multi-agency Sexual Health Needs Assessment Steering Group. A new sexual and reproductive health strategy is expected in 2022/23. It is anticipated that this will provide further information on a national level about the inequalities faced by some groups at a national level. But an additional risk is that we do not have 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 has included extensive engagement across BNSSG. This was undertaken with service users, current service staff, other professionals/stakeholders and the general public. In addition, in order to explore the needs of vulnerable groups, interviews with key stakeholders has been undertaken. 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 has been supported 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 another consultation phase as a part of the re-procurement process. This 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 delay recommissioning of BNSSG sexual health services. Rather, the delay will enable us to take full heed of the national guidance due to be published, with the aim of improving population health and understanding and reducing sexual health inequalities. It will also enable us to take an in-depth exploration of our local data obtained through our comprehensive needs assessment to better understand the differences in access to sexual health services and outcomes and will ensure the needs of those with protected or other relevant characteristics (such as deprivation) are fully addressed within our recommissioning process.

Any risk of change to how services are delivered has the potential to destabilise which inevitably impacts some groups disproportionately. The additional time created through the delay could be seen as prolonging uncertainty for services and users, but it will also ensure a more gradual and smooth service transition, with clear communication and thorough handover to a new service provider (should this occur).

#### PROTECTED CHARACTERISTICS

##### Age: Young People

Does your analysis indicate a disproportionate impact? Yes  No

##### Potential impacts:

Young people are higher users of sexual health services. The current service provides additional dedicated input to young people. The delay to recommissioning could

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|                          | <p>prolong the period of destabilisation for this group as well as delay the implementation of improvements to services.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provision. It will take into account recommendations from anticipated new national guidance and give people time to adapt to new services and processes.</p>  |
| Mitigations:             | <p>We are mitigating the risk of negative impacts of the delay by carrying out high quality engagement with young people as part of both the Sexual Health Needs Assessment and then again communicating and consulting on our intentions as part of the commissioning process. This will ensure that we are able to listen to what our young people want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.</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:       | <p>There is currently additional support provided for learning disabled people and the delay to recommissioning could prolong the period of destabilisation for this group as well as delay the implementation of any improvements to services or processes.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in services provider. It will take into account recommendations from anticipated new national guidance and give people time to adapt to new services and processes.</p>  |
| Mitigations:             | <p>We are mitigating the risk of a negative impact by carrying out high quality engagement with our vulnerable groups as part of both the Sexual Health Needs Assessment and then again communicating and consulting on our intentions as part of the commissioning process. This will ensure that we are able to listen to what people with disabilities want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.</p>   |
| <b>Sex</b>               | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:       | <p>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. The delay to recommissioning could prolong the period of destabilisation for this group as well as delay the implementation of any improvements to services or processes.</p> <p>The delay will enable us to utilise the recommendations from the just published women's health strategy to ensure relevant services are accessible to women and integrated. It will also take into account recommendations from anticipated new national guidance and give people more time to adapt to new services and processes.</p> |
| Mitigations:             | <p>We are mitigating 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 priority groups want and need from services and reassure them that we positively and thoroughly use this information to inform the design and commissioning of future services.</p>  |

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| <b>Sexual orientation</b>    | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:           | <p>Current provision is designed to be sensitive and responsive to the impact of sexual orientation. The delay to recommissioning could prolong the period of destabilisation for groups with greater sexual health needs as well as delay the implementation of any improvements to services or processes.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and give people time to adapt to new services and processes.</p>   |
| Mitigations:                 | We are mitigating 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.  |
| <b>Pregnancy / Maternity</b> | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:           | <p>Pregnant women have different sexual health needs and may require specialist input as is currently provided by services. The delay to recommissioning could prolong the period of destabilisation for this group as well as delay the implementation of any improvements to services or processes.</p> <p>The delay will enable recommendations from the just published Women's Health Strategy to be fully considered as well as guidance from expected national sexual health strategy. The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery and will give people time to adapt to new services and processes.</p>              |
| Mitigations:                 | We will mitigate this risk by carrying out high quality engagement with 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 pregnant women want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.  |
| <b>Gender reassignment</b>   | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:           | <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 transgender and non-binary people. The delay to recommissioning could prolong the period of destabilisation for this group as well as delay the implementation of any improvements to services or processes.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and give people time to adapt to new services and processes.</p> |
| 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.   |

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| <b>Race</b>                             | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:                      | <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 services to work with people from Black, Asian and minority ethnic backgrounds. The delay to recommissioning could prolong the period of destabilisation for this group as well as delay the implementation of any improvements to services or processes.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and findings from local research (e.g. Common Ambition Bristol) and also give people more time to adapt to new services and processes.</p> |
| 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.   |
| <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:                      | <p>There is greater need for sexual health services in areas of high socio-economic deprivation. The delay to recommissioning could prolong the period of destabilisation for this group as well as delay the implementation of improvements to services.</p> <p>The delay will also enable data around deprivation and impacts on sexual health to be more fully explored to ensure we are meeting access needs. The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and give people more time to adapt to new services and processes.</p>   |
| 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.   |
| <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:   | <p>Some migrant groups have higher sexual health needs and current services are provided accordingly. The delay to recommissioning could prolong the period of destabilisation for these groups as well as delay the implementation of improvements to services.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and give people more time to adapt to new services and processes.</p>              |
| Mitigations:   | We are mitigating 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.   |
| <b>Homeless People</b>   | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts:   | <p>Homeless people are likely to have higher sexual health needs and services are currently provided with this in mind. Any delay could prolong the period of destabilisation for these groups as well as delay the implementation of improvements to services.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and give people more time to adapt to new services and processes.</p>               |
| Mitigations:   | We are mitigating 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.   |
| <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:   | <p>People with substance misuse problems have greater needs around sexual health and services are currently provided with this in mind. Any delay could prolong the period of destabilisation for this group as well as delay the implementation of improvements to services.</p> <p>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and give people more time to adapt to new services and processes.</p> |
| Mitigations:   | We are mitigating 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.   |

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| <b>Sex Workers</b> | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Potential impacts: | Sex workers have greater needs around sexual health and there is specialist input provided currently to help address these needs. Any delay could prolong the period of destabilisation for these groups as well as delay the implementation of improvements to services.<br><br>The delay to recommissioning will also enable a more gradual approach to developing and implementing any proposed change in service provider and/or delivery. It will take into account recommendations from anticipated new national guidance and give people more time to adapt to new services and processes. |
| Mitigations:       | We are mitigating 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 priority groups want and need from services and provide reassurance that we have used this information to inform the design and commissioning of future services positively and thoroughly.   |

### 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 delay will ensure that the BNSSG Sexual Health Needs Assessment, which includes a review of new national guidance comprehensively improves 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 future services.

## 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:

There is a risk is that this delay could prolong the period of uncertainty and thus destabilise current services which could have knock on effects for some vulnerable groups. We are mitigating this risk by carrying out high quality engagement with our vulnerable groups and stakeholders as part of the Sexual Health Needs Assessment. We will then communicate our intentions to provide reassurance that we have listened and acted upon their needs and utilised the most relevant national guidance and evidence to improve future services.

Although the delay could arguably also delay implementations of improvements, we feel that the benefits of getting the future service right justifies the delay.

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| <b>Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:</b>   |
| The delay to 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 those of vulnerable groups and people with protected characteristics, and our understanding of the evidence of what interventions are recommended to best address these needs. This improved understanding will allow us to better address these needs with the recommissioning of future services. |

## 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 to include engagement with vulnerable groups through surveys and interviews.  | Joanna Copping      | October 2022 |
| Design of a new service delivery model which takes into account the needs of vulnerable groups as well as anticipated new national guidance and evidence.  | Joanna Copping      | 2023         |
| Communication and consultation of proposed new service model with vulnerable groups (plus professionals and other stakeholders) to provide reassurance that we have listened and understood needs as well as communicating reasons for delayed approach. | Joanna Copping      | 2023/2024    |

## 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.

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| <p>The Sexual Health Needs Assessment Steering Group are overseeing the engagement process to ensure appropriate vulnerable groups are identified and approached for their views.</p> <p>The engagement lead will work with BCC Engagement and Communications team to monitor survey responses from those with protected characteristics.</p> <p>The new service model will be developed with a range of stakeholders utilising feedback from the Sexual Health Needs Assessment and will include evidence from the anticipated new sexual and reproductive health strategy. We will be able to demonstrate that we have designed a service which prioritises delivery to our vulnerable groups and has addressed views from our Sexual Health Needs Assessment engagement process. This will then be taken out for further consultation to ensure we have fully taken into account the needs of vulnerable and protected groups. This process will be overseen and monitored by the Sexual Health Recommissioning Board.</p> |
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## 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> |
|--|---------------------------|

<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.

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| Date: 11/8/2022 | Date: |