

# **Equality Impact Assessment**

#### What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The <u>Public Sector Equality Duty</u> (PSED) is an obligation within the <u>Equality Act 2010</u> ("the Act"), which asks public authorities, like Hampshire County Council, to give 'due regard' to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- 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.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid 'due regard' to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
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	Hampshire Integrated Sexual and Reproductive Health Service
Related EIAs:	None

EIA for Savings Programme:	No
Service affected	The Hampshire Integrated Sexual and Reproductive Health Service, which includes: • Integrated Sexual and Reproductive Health Service (L3) • Sexual Health Promotion and Prevention • Psychosexual Counselling
Description of the service/policy/project/project phase	Public Health is required to deliver sexual and reproductive health services for all residents under a ring-fenced Government Public Health grant to provide mandated sexual health services that must include: • Open access sexual health services for the prevention of, treatment, testing and caring for people with sexually transmitted infections • contraceptive services, including access to a broad range of contraceptives • providing advice preventing unintended pregnancy The current Integrated Sexual and Reproductive Health Service is provided by Solent NHS Trust (https://www.letstalkaboutit.nhs.uk/) on behalf of the County Council and is delivered from clinics across Hampshire, online, postal and outreach services . The service is accessible to anybody in Hampshire, irrespective of their usual place of residence. The Integrated Sexual and Reproductive Health Service provided by Solent NHS Trust will formally end on the 31st of April 2024. To provide a comprehensive, clinically safe, efficient, and effective provision the Integrated Sexual and Reproductive Health Service is currently collaboratively commissioned to provide services for Hampshire, Isle of Wight, Portsmouth, and Southampton residents. The Integrated Sexual and Reproductive Health Service will support delivery against the 5 main population sexual and reproductive health Public Health Outcomes Frameworks measures: • under 18 conceptions • chlamydia detection rate • new STIs diagnosis (excluding chlamydia in the under 25s) • prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44) • people presenting with HIV at a late stage of infection
New/changed service/policy/project	Commissioning authorities have agreed to work together in an open, transparent, and collaborative manner to procure a high quality, effective and outcome focused sexual and reproductive health services across the Hampshire, Isle of Wight, Portsmouth, and Southampton system. Hampshire County Council will be procuring a new service from 1st April 2024. A Hampshire Sexual and Reproductive Health Needs Assessment (HNA) was completed in December 2022 which has informed the commissioning strategy. The following groups were consulted as part of the HNA: A demographically representative sample of Hampshire

Residents Young Parents in Hampshire People from Hampshire LGBTQ+ communities People from Black African communities in Hampshire Improving population sexual and reproductive health outcomes and reducing health inequalities for Hampshire residents are the main objectives of the Integrated Sexual and Reproductive Health Service.

#### Engagement

Key sexual health findings in Hampshire (HNA, 2022):

- In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual, and other men who have sex with men, people of Black Caribbean ethnicity and people aged 15 to 24 years old.
- Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women.
- The rate of new STIs being diagnosed is higher in more deprived areas.
- Young people are more likely to become re-infected with STIs, which is a marker for persistent high-risk behaviour.
- The STI testing rate has been declining since 2019, following previous increases since 2012. In 2021, the figure was 2,167.8 per 100,000, compared to 3,453.5 per 100,000 in 2019. Hampshire is worse than England.The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 18.3% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021, down to 10.6%.
- HIV prevalence and testing coverage are both low. HIV late diagnoses are high in Hampshire. In Hampshire in 2019-2021, late diagnoses in heterosexual men were worse than England's average, at 65.4% compared to 58.1% in England.
- Men are underrepresented in Sexual Health Services and have lower testing rates than women.

Residents and service users will be consulted if there any proposed changes to the Hampshire Integrated Sexual and Reproductive Service. No changes to sexual and reproductive health services are proposed at present.

Although no formal consultation has taken place, engagement with specific groups was undertaken as part of the Sexual and Reproductive Health Needs Assessment. Groups consulted were:

A demographically representative sample of Hampshire Residents Young Parents in Hampshire People from Hampshire LGBTQ+ communities People from Black African communities in Hampshire

Quarterly equity audits will monitor service access by groups with protected characteristics and by geographical location to ensure equitable access to services for Hampshire residents.

#### Equalities considerations - Impact Assessment

#### Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	In Hampshire in 2020, STIs disproportionately affected people aged 15 to 24 years old (HNA, 2022). People under the age of 25 are at higher risk of STIs and unplanned pregnancy, the services we plan to commission will continue to prioritise those most at risk. The Solent NHS Trust Sexual Health Service equity uptake audit shows that service users accessing the services commissioned by Hampshire County Council in 2021/22 between the ages of 19-24 (31.3%) and 25-34 (34.8%) made up 66.1% of all unique attendances at the Sexual Health Service. Open access sexual and reproductive health services will be available for all ages through the commissioned service . People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and .other sexually transmitted infections. An outreach service is available for those aged under 25. Young people's clinics are available in a variety of locations and settings in Hampshire including clinics in colleges. The commissioned service to provide quarterly equity audits and monitor access by people and groups with protected characteristics.
Mitigation	

# Disability

<ul> <li>disability which limited their day-to-day activities a lot (HNA, 2022).</li> <li>The commissioned service will provide dedicated clinics for people with learning disabilities and additional needs. Solent NHS Trust Sexual Health Service provides a dedicated clinic for People with Learning Disabilities. The SHIELD clinic provides contraception, STI screening and treatment and offers patients access to extra support, regardless of age and accepts self-referrals. The SHIELD clinics are available in Aldershot, Basingstoke, Southampton, Portsmouth, and Isle of Wight. Accessible Easy Read information is also provided.</li> <li>Open access sexual and reproductive health services will be available for a ages through the commissioned service . People of all ages will continue t have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</li> <li>All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible to people with physical disabilities and people with learning disabilities and additional needs.</li> <li>Provision of a range of digital and remote service elements will seek to reduce the need for travel and help to reduce cost of access. Any face-to-face provision of services will be required to be accessible by Public Transport in order to reduce barriers to access for people who may not have access to personal modes of transport.</li> </ul>		
Rationale       In Hampshire 6.7% of people said they had a long-term health problem of disability which limited their day-to-day activities a lot (HNA, 2022).         The commissioned service will provide dedicated clinics for people with learning disabilities and additional needs. Solent NHS Trust Sexual Health Service provides a dedicated clinic for People with Learning Disabilities. The SHIELD clinic provides contraception, STI screening and treatment and offers patients access to extra support, regardless of age and accepts self-referrals. The SHIELD clinics are available in Aldershot, Basingstoke, Southampton, Portsmouth, and Isle of Wight. Accessible Easy Read information is also provided.         Open access sexual and reproductive health services will be available for a ages through the commissioned service . People of all ages will continue t have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.         All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible to people with physical disabilities and people with learning disabilities and additional needs.         Provision of a range of digital and remote service elements will seek to reduce the need for travel and help to reduce cost of access. Any face-to-face provision of services will be required to be accessible by Public Transport in order to reduce barriers to access for people who may not have access to personal modes of transport.         An outreach service is available for people at higher risk of poor sexual an reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in	Impact on public	Positive
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	The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.
Mitigation	

# Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral
Rationale	Open access sexual and reproductive health services will be available for al genders through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections. All services (including digital and remote) provided in the Integrated Sexua and Reproductive Health Service are required to be fully accessible and inclusive to all. An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire. The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics. The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of gender reassignment.

## Pregnancy and Maternity

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<ul> <li>Maternity contraception pathways are in place to improve access to appropriate contraception in the post-natal period.</li> <li>Open access sexual and reproductive health services will be available for al ages through any the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and .other sexually transmitted infections.</li> <li>All services (including digital and remote) provided in the Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</li> <li>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</li> <li>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</li> <li>Provision of a range of digital and remote service elements will seek to reduce the need for travel which could increase access for pregnant people and those caring for babies and young children.</li> <li>The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of pregnancy and maternity.</li> </ul>

#### Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	<ul> <li>In Hampshire in 2020, STIs disproportionately affected people of Black Caribbean ethnicity, (HNA, 2022).</li> <li>People from some black and ethnic minority backgrounds are at higher ris of STIs than the general population, with people from black African backgrounds bearing a higher burden of HIV than other ethnic groups, the services we plan to commission will continue to prioritise those most at risk.</li> <li>Open access sexual and reproductive health services will be available for all ages through any the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</li> <li>All services (including digital and remote) provided in the Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all. This includes information and advice in different languages and the provision of interpretation services where required.</li> <li>An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.</li> <li>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</li> </ul>

Mitigation

## Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	Open access sexual and reproductive health services will be available for a ages through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections. A strategic objective for the service will be to work with commissioners an other partners to reduce stigma for groups at higher risk. All services (including digital and remote) provided in the Integrated Sexua and Reproductive Health Service are required to be fully accessible and inclusive to all. An outreach service is available for people at higher risk of poor sexual amreproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire. The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics. The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of religion or belief.

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#### Sex

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<ul> <li>Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women. Men are underrepresented in Sexual Health Services and have lower testing rates than women.</li> <li>Open access sexual and reproductive health services will be available for all ages through the commissioned service . People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.</li> <li>All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</li> <li>The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.</li> <li>The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because of sex.</li> </ul>
Mitigation	

### Sexual Orientation

Impact on public	Positive
Impact on staff	Neutral

Rationale	In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual, and other men who have sex with men (HNA,
	2022). Gay, bisexual men and men who have sex with men (GBMSM) are at high risk of poor sexual health, particularly in relation to HIV and other sexually transmitted infections, and are a priority group for the Integrated Sexual and Reproductive Health Service. Sexually transmitted infection diagnoses in MSM has risen sharply in England over the past decade. The Office for National Statistics report on Sexual orientation: 2019, suggests that an estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019. Hampshire follows the national tren with gay, bisexual, and other men who have sex with men (GBMSM) having higher rates of STIs (SHNA, 2022).
	An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.
	The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.
Mitigation	GBMSM will continue to have access to dedicated clinics (Clinic Xtra) in Hampshire. An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.

# Marriage and Civil Partnership

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mpact on staff	Neutral
Rationale	Open access sexual and reproductive health services will be available for al ages through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and .other sexually transmitted infections.
	All services (including digital and remote) provided in the Integrated Sexua and Reproductive Health Service are required to be fully accessible and inclusive to all.
	A strategic objective for the service will be to work with commissioners and other partners to reduce stigma including that which exists for married people and those in civil partnerships who require sexual health interventions linked to sexual activity outside of their main relationship.
	An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.
	The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.
	The procurement of a new Integrated Sexual and Reproductive Health Service will have no disproportionate impact on the service user and staff because marriage and civil partnership.
Vitigation	

## Poverty

Impact on public	Positive
Impact on staff	Neutral

Rationale

Rationale	
	The rate of new STIs being diagnosed is higher in more deprived areas (HNA, 2022).
	People living in more deprived areas are at higher risk of STIs and unplanned pregnancy, the services we plan to commission will continue to prioritise those most at risk.
	Open access sexual and reproductive health services will be available free at the point of care for through the commissioned service. to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections.
	All services (including digital and remote) provided in the Integrated Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.
	Provision of a range of digital and remote service elements will seek to reduce the need for travel and help to reduce cost of access. Any face-to- face provision of services will be required to be accessible by Public Transport in order to reduce barriers to access for people who may not have access to personal modes of transport.
	An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented communities in Hampshire.
	All treatment is free for Hampshire residents.
	The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.
Mitigation	

# Rurality

Impact on public	Positive

Impact on staff	Neutral
Rationale	<ul> <li>Clinic locations will be geographically located to ensure access for rural communities. Digital and remote services will also be available. Provision of a range of digital and remote service elements will seek to reduce barriers to access for those living in rural locations.</li> <li>Open access sexual and reproductive health services will be available for all ages through the commissioned service. People of all ages will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and .other sexually transmitted infections.</li> <li>All services (including digital and remote) provided in the Sexual and Reproductive Health Service are required to be fully accessible and inclusive to all.</li> </ul>
	An outreach service is available for people at higher risk of poor sexual and reproductive health. The Sexual Health Promotion and Prevention Service works to improve access with underrepresented rural communities in Hampshire. The commissioned service will be required to provide quarterly equity audits and monitor access by people and groups with protected characteristics.
Mitigation	

Geographical Impact:All Hampshire

### **Equality Statement**

#### Additional information:

Activity provided through thenew Integrated Sexual and Reproductive Health Service will support delivery of the Public Health Strategy objectives:

- use collaborative commissioning of integrated sexual and reproductive health services to support those groups known to experience the worst health outcomes
- support the development of Women's Health Hubs to improve access to long acting reversible contraception
- work towards zero HIV transmission

The new Integrated Sexual and Reproductive Health Service will be monitored by key performance indicators and through contract review meetings. The sexual and reproductive health of Hampshire residents will be continually reviewed through the data provided by UKHSA, OHID, Office of National Statistics and other local system data. The Sexual and Reproductive Health Needs Assessment (2022) will be regularly refreshed.

#### **Overview Statement:**

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 00408

Date of production of EIA for publication: 30/05/2023