KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats, Please contact wendy.jeffreys@kent.gov.uk or telephone on 0300 333 5148

You need to start your Equality Analysis and data collection when you start to create or change any policy, procedure project or service

When developing high-level strategies under which other policies will sit, if those policies are jointly owned by KCC and partner organisations, they will need to take the partnership approach to EqIAs.

Please read the EqIA GUIDANCE and the EqIA flow chart available on KNet.

Directorate: Business Strategy and Support

Name of policy, procedure, project or service
Procurement of Sexual Health Services

What is being assessed?
Sexual Health Services incl:

- Young People’s Provision
- Community Contraceptive Services
- Psychosexual Therapy Services
- Genitourinary Medicine (GUM)
- Free Condoms programme
- Emergency Hormonal Contraception (EHC)
- Chlamydia Screening
- Clinical Networks and Workforce Development

Responsible Owner(s)/ Senior Officer(s)

Faiza Khan – Public Health Consultant Lead
Wendy Jeffreys – Head of Sexual Health Commissioning
Karen Sharp – Head of Public Health Commissioning

Date of Initial Screening
26 July 2013
### Date of Full EqIA :

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Date</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Graham Tanner</td>
<td>15/08/13</td>
<td>For Head of Sexual Health Commissioning to review</td>
</tr>
<tr>
<td>2</td>
<td>Graham Tanner</td>
<td>29/08/13</td>
<td>For Sexual Health Procurement Steering Group to review</td>
</tr>
<tr>
<td>3</td>
<td>Clive Lever</td>
<td>04/09/13</td>
<td>Comments by Equalities and Diversity Team</td>
</tr>
<tr>
<td>4</td>
<td>Graham Tanner</td>
<td>07/10/13</td>
<td>Agreed by Meradin Peachey and Faiza Khan</td>
</tr>
<tr>
<td>Characteristic</td>
<td>Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?</td>
<td>Assessment of potential impact</td>
<td>Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Age</td>
<td>YES – service needs to be adapted in order to provide better bespoke access to Young People and ensure that universal services are provided in a more accessible and supportive way. Consideration also needs to be given to the needs of older people and ensure that services are made fully accessible, avoiding real or perceptual barriers to services.</td>
<td>[Medium]</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
<tr>
<td>Disability</td>
<td>YES – service needs to be fully supportive to those with disabilities, ensuring that needs are fully integrated within core service provision.</td>
<td>[Medium]</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
<tr>
<td>Gender</td>
<td>YES – service needs to be accessible and attractive to men as well as women. The nature of the service is that it tends to be accessed predominantly by women, whilst the behaviour of some men can put them at greater risk of sexually transmitted infections.</td>
<td>Low</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
<tr>
<td>Gender identity</td>
<td>YES – due to the sensitive nature of the services provided, gender identity may prove to be a barrier to accessing services.</td>
<td>Low</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
<tr>
<td>Race</td>
<td>YES – there are racially specific trends and population characteristics associated with sexual health and these need to be incorporated and accommodated within the service specification. English language skills may also be a</td>
<td>Low</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>YES - There are aspects of universal sexual health provision that may conflict with those of particular religions of beliefs e.g. 'Long Acting Reversible Contraception' (LARC), Emergency Hormonal Contraception (EHC) and Termination of Pregnancy (not a service included under the remit of KCC, although associated advice and counselling may be).</td>
<td>Low</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
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<tr>
<td>---</td>
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<tr>
<td>Sexual orientation</td>
<td>YES – arguably sexual orientation in relation to sexual health services is too much of a homogenous term. There are very specific needs and behaviours associated with, for example, men who have sex with men (not necessarily linked to sexual orientation). Lifestyles can incorporate specific needs to be considered in respect of outreach and service accessibility. Other examples include specific behaviours linked to substance abuse.</td>
<td>Low</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
<tr>
<td>New July 2013</td>
<td></td>
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<tr>
<td>young people and their ability to access specific services e.g. dental dams and lesbian women in terms of cervical screening.</td>
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<tr>
<td>Pregnancy and maternity</td>
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<tr>
<td>NO – pregnancy and maternity services do not form part of this service specification although clearly advice and support around contraception is relevant to preventing unplanned teenage pregnancy and reducing rates in targeted locations, as is accommodating the accessibility needs of pregnant women and those with babies/young children. Pregnancy tests are conducted as part of community sexual health services</td>
<td></td>
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<tr>
<td>No specific actions identified.</td>
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<tr>
<td>Marriage and Civil Partnerships</td>
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<tr>
<td>NO – services and support are universally available to support individuals involved in all sexual relationships.</td>
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<tr>
<td>No specific actions identified.</td>
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<tr>
<td>Carer’s responsibilities</td>
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<td></td>
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<tr>
<td>YES – consideration will be need to be given to the needs of those with caring responsibilities through extended and flexible working hours.</td>
<td>Low</td>
<td></td>
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<tr>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
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<tr>
<td>Consideration will be given to extended and flexible opening hours and a comprehensive web site to improve access to services outside of traditional 9 to 5 provision.</td>
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<tr>
<td>Commercial sex workers</td>
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<td></td>
<td></td>
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<tr>
<td>YES – services need to be provided close to known locations with identified need.</td>
<td>Low</td>
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<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the</td>
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<tr>
<td>As part of the service specification consideration will be given to locating services close to areas of known need</td>
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<tr>
<td>Homeless</td>
<td>YES – services need to be provided close to known locations with identified need.</td>
<td>Low</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
<tr>
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</tr>
<tr>
<td>Ex-Offenders</td>
<td>YES – service needs to be better integrated with probation and other support provision.</td>
<td>Low</td>
<td>Further actions are required to ensure that the positive outcomes are achieved as part of the service design – these are included in the Action Plan.</td>
</tr>
</tbody>
</table>
Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low relevance or Insufficient information/evidence to make a judgement.</td>
<td>Medium relevance or Insufficient information/evidence to make a judgement.</td>
<td>High relevance to equality, likely to have adverse impact on protected groups</td>
</tr>
</tbody>
</table>

State rating & reasons
High relevance to equality, part of health inequalities priorities

Context

Good sexual health is a vital aspect of health and well-being and it is important that people have the right information, confidence and the means to make the right choices for themselves. Promoting sexual health is about enabling people to develop safe and positive relationships.

Everyone deserves equal access to sexual health information and services regardless of social or demographic identity. age, race, disability, gender, sexual orientation or religion.

This procurement recognises that there are many different faiths and cultures and lifestyles in Kent. It also recognises that people in Kent will have a diverse range of needs for other reasons (such as access requirements for disabled people). It is essential that all service providers and service users recognise and respect this diversity.

In order to ensure that Kent County Council provides the best possible services for the local population the following issues need to be addressed:

- The current service provision across the county is not equitable and there are differences in the availability of access to services
- Reducing late diagnosis and undiagnosed sexually transmitted infections including HIV
- Improving access to contraceptive services to reduce unintended pregnancies
- Reduce the number of teenage conceptions leading to an abortion, as these are higher than the national average and suggest that both contraception and risky sexual behaviour needs to be addressed
- Kent County Council needs to work with all providers to understand and address barriers preventing achievement of national and regional targets.

It is widely acknowledged that whilst much work has been undertaken to improve the sexual health of the local population, mainly in recent years,
much more is needed to really coordinate services and address the inequalities that exist within the county.

**Beneficiaries**

The Sexual Health Needs Assessment and Sexual Health Population Profile updates continue to highlight the main groups who experience sexual health inequalities and are at high risk of sexual ill health:

- Young people, especially those in areas of deprivation within Kent
- Lesbian, Gay, Bisexual and transgender (LGBT) community, especially men who have sex with men
- Commercial sex workers
- Some Minority ethnic groups where there is evidence to suggest a higher prevalence of sexual health inequalities e.g. Black Africans and late diagnosis of HIV.

Other identified groups that are also more likely to experience sexual health inequalities include:

- Homeless people
- People with learning, physical and sensory disabilities
- Offenders
- People with drug and alcohol abuse issues
- People living with HIV
- Asylum seekers and recent migrants.

**Information and Data**

**Involvement and Engagement**

Patient and Public Engagement is key to developing services that fully meet the needs of the local population. This is especially so with sexual health services, where poorly designed services that do not meet local people’s needs can lead to poor engagement with services and then potentially to sexual ill health or unintended conception.

Consultation and Engagement work to date:

In February 2013, West Kent PCT commenced the process of the review of sexual health services with the support of two external agencies MBARC and PHAST commissioned by the Director of Public Health to:

- Engage with users of the services, professionals and managers to identify views on the quality of services and potential changes with presentation of recommendation for a revised integrated service model
- Collate and review population sexual health need and service uptake to inform service development
As part of the service review MBARC engaged with Key Informants (KI’s), including NHS managers and clinical staff. A stakeholder event offered opportunity for a broader dialogue about developing services in response to questions in the Guidance on Improving Sexual Health. PHAST have drawn upon all service data to understand service use and the sexual health status of the population in Kent with a report provided in June 2013.

Recommendations and findings were presented by MBARC in June 2013 which led to decision to tender for sexual health services in West and East Kent.

Consultation with stakeholders and users in East Kent along with audits of LARC provided by GPs and emergency hormonal contraception provided by community pharmacists have further helped inform the picture of current services and population need.

Some headline outputs from the consultation work -

Stakeholders:
- 85% felt services should be integrated
- 53% thought that nurses and outreach staff are best placed to provide sexual health outreach to young people
- 75% agreed that community assets should be utilised to provide and/or promote sexual health services
- Over 80% agreed social media should be used to promote sexual health services

Users:
- Over 75% wanted online information and online booking system
- 77% have never seen information advertising local sexual health services
- 37% were unaware that if they put themselves at risk of HIV infection they could access emergency treatment which could prevent them becoming infected
- 34% are not aware of where the services are located in Kent
- 13% accessed sexual health services outside Kent, mainly in London

Feedback from the consultation work is reflected in the proposed service redesign and integration.

Kent County Council will continue to monitor the progress of patient and public engagement in sexual health services, and work to come up with innovative ways to engage with people from all backgrounds to ensure fair representation is made.
New July 2013

Potential Impact

It is anticipated that the service would have an impact on the following protected characteristics:

- Age
- Disability
- Gender
- Gender identity
- Race
- Religion or belief
- Sexual orientation
- Carer’s responsibilities

In addition, the service needs to be designed to better meet the needs of:

- Commercial sex workers
- Homeless
- Ex-Offenders

Adverse Impact:

No adverse impacts are anticipated as the screening process and associated Action Plan will inform the service specification and design.

Positive Impact:

The new integrated sexual health service will provide a fair and equitable service which supports clients by providing accurate, high quality and timely information that enables clients to make informed decisions about their relationships, sex and sexual health.

It is intended that the service specification and design will improve Equality and Diversity outcomes in the following ways:

- Provider(s) will ensure accessibility to services which will include clinics outside of core hours, offering self-referral and operating a walk-in system alongside an appointment system. The website will signpost people to a variety of booking options e.g. phone and online and will provide an opportunity to indicate specific needs and requirements. GP surgeries, libraries and Gateways will host contact information in hard copy format and will be able to access service information for those without home based access to the internet.
- Data will be collected, monitored and analysed in order to ensure equitable access and relevant action will be taken to ensure equity where challenges are identified.
- Outreach workers will be expected to work with vulnerable groups and encourage all sections of the population to access the service.
services will be flexible continually evaluating provision to ensure greater accessibility for vulnerable and disengaged groups, including those with disabilities, different ethnic groups and men.

- Training will be provided to all service providers to concerning the specific needs of vulnerable and disengaged groups, including those with disabilities, different ethnic groups and men.

**JUDGEMENT**

**Option 1 – Screening Sufficient**  NO

**Justification:**

Please see the evidence given above

**Option 2 – Internal Action Required**  YES

**Option 3 – Full Impact Assessment**  YES

You will need to undertake a full impact assessment if:

- You have concluded that the policy, strategy or service is major because of high cost, or potential to affect a large number of residents of Kent

*OR*

- you have identified that it could have a potential negative impact on any listed groups/ individuals with particular characteristics.

*OR*

- the potential impacts of a policy, procedure, project or service on a particular group are unknown.

*Or*

- You are going to consult on your policy, procedure, project or service

**Action Plan**

Provide details of how you are going to deal with the issues raised in judgement above and complete the Action plan at the end of this document
Equality and Diversity Team Comments

The Equality and Diversity Team to make any comments following their review.

Although we have made plenty of comments during the review of this EqIA, it is clear that a great deal of work has gone into looking at the different needs of people according to their protected characteristics, and this should go on record as one of the better EqIAs we have received.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: Name:

Job Title: Date:

DMT Member

Signed: Name:

Job Title: Date:
### Equality Impact Assessment Action Plan

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Issues identified</th>
<th>Action to be taken</th>
<th>Expected outcomes</th>
<th>Owner</th>
<th>Timescale</th>
<th>Cost implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Service needs to be adapted in order to provide better bespoke access to Young People and ensure that universal services are provided in a more accessible and supportive way. Consideration also needs to be given to the needs of older people and ensure that services are made fully accessible, avoiding real or perceptual barriers to services.</td>
<td>The service specification recognises that young peoples' needs are similar to adults in terms of services used however engagement with and approaches which enable and provide easy access to confidential services may be different. Outreach activity will be determined in discussion with the commissioner.</td>
<td>Fully accessible service tailored to the needs of all age groups.</td>
<td>Wendy Jeffreys</td>
<td>To be incorporated within service specification and design.</td>
<td>NA – to be incorporated within core service specification.</td>
</tr>
<tr>
<td>Disability</td>
<td>Service needs to be fully supportive to those with disabilities, ensuring that needs are fully integrated within core service provision.</td>
<td>All locations will be required to be accessible to those with disabilities and outreach services will take into account the needs of harder to reach groups. Training will</td>
<td>Fully accessible service adapted to the needs those with disabilities.</td>
<td>Wendy Jeffreys</td>
<td>To be incorporated within service specification and design.</td>
<td>NA – to be incorporated within core service specification.</td>
</tr>
</tbody>
</table>
be provided in the specific sexual health and communication needs of people with disabilities.

| Gender | Service needs to be accessible and attractive to men as well as women. The nature of the service is that it tends to be accessed predominantly by women, whilst men can often be responsible for carrying and transmitting infection. | Consultation and engagement work needs to ascertain the extent of this perceptual barrier. Service specification needs to include communication strategies and service provision sympathetic to the needs of both men and women. | Fully accessible service targeted, delivered and promoted in a manner attractive to both men and women. | Wendy Jeffreys | To be incorporated within service specification and design. | NA – to be incorporated within core service specification. |
| Gender identity | Due to the sensitive nature of the services provided, gender identity may prove to be a barrier to accessing services. | Service specification and training of service delivery agents will ensure the service is sensitive to the needs of those with minority gender identity characteristics. | Fully accessible service sensitive to the needs of those with minority gender identity characteristics. | Wendy Jeffreys | To be incorporated within service specification and design. | NA – to be incorporated within core service specification. |

There are racially Hub and spoke Targeted and Wendy To be NA – to be
### Race

| Race characteristics | Specific trends and population characteristics associated with sexual health and these need to be incorporated and accommodated within the service specification. English language skills may also be a barrier to accessing services. Clear and consistent policies around ‘health tourism’ in relation sexual health also need to be developed. | Service design will seek to ensure that services are available in locations of greatest need. Outreach services will target harder to reach groups and communities. Gypsy Roma Traveller sites are being mapped alongside Planned Service provision and liaison workers will be briefed to ensure effective signposting of services. Communication will address the needs of those without adequate English language skills. | Taalored service provision, accessible to all individuals and communities, regardless of ethnicity* and with appropriate support for those without adequate English language skills. | Jeffreys incorporated within service specification and design. | Incorporated within core service specification. |

### Religion or belief

| Religion or belief characteristics | There are aspects of universal sexual health provision that may conflict with those of particular religions of beliefs e.g. 'Long Acting Reversible | Service specification and training of service delivery agents will ensure the service is sensitive to the needs of different religions and beliefs. | Fully accessible service sensitive to the needs of those from all religions and beliefs. | Wendy Jeffreys To be incorporated within service specification and design. | NA – to be incorporated within core service specification. |
| **Sexual orientation** | Arguably sexual orientation in relation to sexual health services is too much of a homogenous term. There are very specific needs and behaviours associated with, for example, men who have sex with men (not necessarily linked to sexual orientation). Lifestyles and behaviours can be very chaotic and | Service specification and training of service delivery agents will ensure the service is sensitive to the needs of those of all sexual orientations. | Fully accessible service sensitive to the needs of those of all sexual orientations. | **Wendy Jeffreys** | To be incorporated within service specification and design. | **NA** – to be incorporated within core service specification. |
this needs to be considered in respect of outreach and service accessibility. Other examples include specific behaviours linked to substance abuse, young people and their ability to access specific services e.g. dental dams and lesbian women in terms of cervical screening.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Responsibility</th>
<th>Link Person</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy and maternity</td>
<td>NA</td>
<td>Wendy Jeffreys</td>
<td>To be incorporated within service specification and design.</td>
</tr>
<tr>
<td>Marriage and Civil Partnerships</td>
<td>NA</td>
<td>Wendy Jeffreys</td>
<td>To be incorporated within service specification and design.</td>
</tr>
<tr>
<td>Carer’s responsibilities</td>
<td>Consideration will be need to be given to the needs of those with caring responsibilities through extended</td>
<td>Fully accessible service sensitive to the needs of those with caring responsibilities.</td>
<td>Wendy Jeffreys</td>
</tr>
</tbody>
</table>
and flexible working hours. need. Outreach services will target harder to reach groups and communities. Service providers will be expected to provide flexible clinics including activity outside of office hours and walk-in clinics.