EQUALITY IMPACT ASSESSMENT – STAGE 1

EIA Ref	**PR/14/33**	
Lead Officer	Name	**Joanne Sutton**
	Position	**Commissioning Manager**
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SECTION 1 –Context & Background

1.1 What is the title of the policy / practice?

Integrated Sexual Health Service

1.2 What is the current status of the policy / practice?

~~Existing~~ ~~Changed~~ New

1.3 What are the principal aims and intended outcomes of the policy / practice?

To commission an Integrated Sexual Health Service in Halton. The new service will bring together services currently provided under four separate contracts including:

Community Sexual Health and Health Promotion;
Genito-urinary medicine;
Chlamydia screening;
Young persons sexual health services.

1.4 Who has primary responsibility for delivering the policy / practice?

Contracted Service Provider (and potentially sub-contractors) – To be determined

1.5 Who are the main stakeholders?

Sexually active residents in Halton and other areas;
Youth services;
GPs;
Pharmacies;
HBC services

1.6 Who is the policy / practice intended to affect?

Residents Staff Specific Group(s) (add details below)

The service is intended for access to anyone over the age of 12 who requires it whether or not they live in Halton. This is in accordance with Department of Health guidelines which dictate that sexual health services should be open access regardless of place of residence (the Provider is to be responsible for cross charging relevant local authorities for service delivery to non Halton residents). For those under 16 the service is to be delivered in accordance with Fraser Guidelines.

1.7 Are there any other related policies / practices?

Sexual Health in GP Practice Service Level Agreements EHC Pharmacy Service Level Agreements There are also interrelationships with NHS England and CCG commissioned services relating to HIV treatment and Termination of Pregnancy.

SECTION 2 – Consideration of Impact

2.1 Relevance: – the Public Sector Equality Duty

Does this policy / practice / service have due regard to the need to: -

(a) Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
(b) Advance equality of opportunity between two persons who share a relevant protected characteristic
(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Yes (x) **No** ( )
State reasons below

The service is designed to take positive steps to ensure access to the service(s) for those protected characteristics who do not traditionally have equal access to the service e.g. BME groups, Men who have sex with Men, young people and adults.

2.2 Has data and information has been used in determining the impact of the policy / procedure under review?

Equality Group(s)	National level data is available. Monitoring data will be refined to reflect protected characteristics at a local level.

Baseline data and information
Consultation with potential service users revealed a desire for young people aged under 25 to have the choice between all age and young persons clinics. Given the high teenage pregnancy rate in the Borough this should help to increase access for younger people.

2.3 On the basis of evidence, has the actual / potential impact of the policy/ practice been judged to be positive (+), neutral (=) or negative (-) for each of the equality groups and in what way? Is the level of impact judged to be high (H), medium ((M), or Low (L)?

Protected Characteristic	Impact type +, =, -	Level H, M. L, -	Nature of impact

Age	=	**M**	The service is available to any age group over the age of 12. The service incorporate clinics specifically for younger people who tend to disproportionately require the service.
Disability	=	**M**	Monitoring will highlight any disability issues when the service is up and running
Gender	=	**M**	The service is available to any gender
Race / ethnicity	+	**M**	There is evidence that some BME groups are disproportionately affected in some areas of sexual health. This is monitored at a national and local level by Public Health England. Appropriate targeting will be taken if this is found to be a problem locally
Religion / belief	=	**M**	The full range of services is available to all regardless of religion or belief
Sexual Orientation	+	**H**	The service is targeted specifically at men who have sex with men and women who have sex with women e.g. via GRINDR application
Transgender	=	**M**	The service is available to all regardless of whether they are transgender
Marital status/ Civil Partnerships	=	**M**	The service is available to all irrespective of marital status
Pregnancy/Maternity	+	**H**	The service is designed to prevent unwanted pregnancy e.g. teenage conceptions and abortions
In Halton two further vulnerable groups have been identified: -			
Carers	=	**L**	
Socio – economic disadvantage	+	**H**	The specification includes an element of outreach work which it is intended will target deprived communities

2.4 Does the policy / practice have any potential impact upon safeguarding vulnerable people?

Yes. As part of the tender process safeguarding policies will be examined and there is a safeguarding question on the invitation to tender so this will form part of the evaluation process.

2.5 How will the impact of the policy / practice be monitored?

There will be a local performance monitoring framework for the service when implemented. The service provider will also be required to complete national datasets such as GUMCAD, SHRAD and CTAD.

2.6 Who will be responsible for monitoring?

The service provider is required to submit monitoring data to the local commissioner and to Public Health England and the Health and Social Care Information Centre.

2.7 If any negative impacts, or potential negative impacts, have been identified what mitigating actions will be put in place, thereby eliminating the need for a further Stage 2 assessment.
Where none have been identified insert 'no further action required' in the first column

Action & purpose / outcome	Priority	Timeframe	Lead Officer

2.8 Summary of stakeholders involved in this review

Job Title or Name	Organisation / representative of
Jo Sutton, Commissioning Manager	Halton BC
Eileen O'Meara, Director of Public Health	Halton BC
Les Unsworth, Policy Officer	Halton BC

2.9 Completion Statement

As the identified Lead Officer of this review I confirm that:- No negative impact has been identified for one or more equality groups and that a Stage 2 Assessment is not required **x**

Signed: J Sutton	**Date: 14th April 2014**

Completed EIAs should be sent to Les Unsworth, Corporate and Organisational Policy, to be given a unique reference number and for inclusion on the central register.