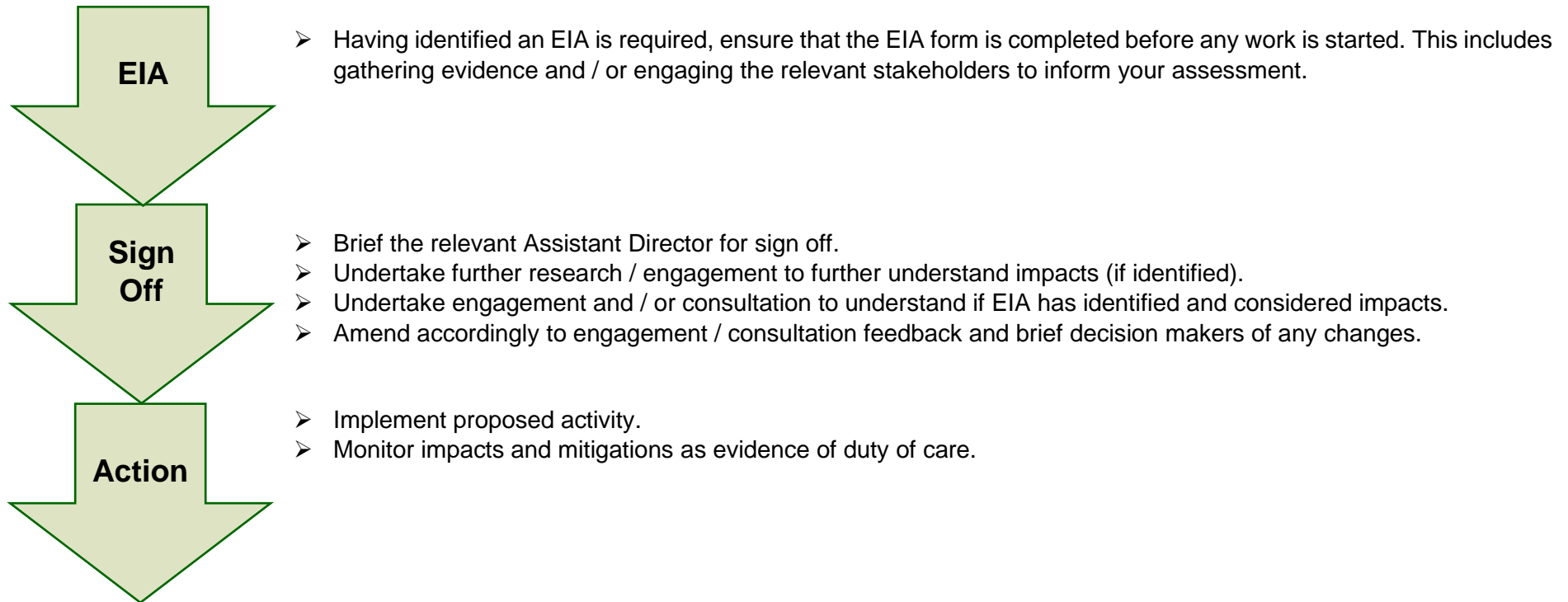


Warwickshire County Council (WCC) Equality Impact Assessment (EIA) Form

The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available [here](#).

Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team on 01926 412370 or via equalities@warwickshire.gov.uk, or if it's relating to health inequalities please contact Ruby Dillon via rubydillon@warwickshire.gov.uk.



Section One: Essential Information

<p>Service / policy / strategy / practice / plan being assessed</p>	<p>Commissioning an Integrated Sexual Health service</p> <p>The service provides an open access, confidential, non-judgmental services including STI and BBV testing, including HIV, treatment and management; the full range of contraceptive provision; health promotion and prevention.</p>
<p>Business Unit / Service Area</p>	<p>People Group</p> <p>Strategy and Commissioning – Lifestyle and Prevention</p>
<p>Is this a new or existing service / policy / strategy / practice / plan?</p> <p>If existing, please state date of last assessment.</p>	<p>Existing service.</p> <p>No previous EIA has been completed.</p>
<p>EIA Authors</p> <p>N.B. It is best practice to have more than one person complete the EIA to bring different perspectives to the table.</p>	<p>Helen Earp, Sexual Health Commissioner, Warwickshire Paul Hargrave, Senior Commissioning Manager – Adult Public Health Services, Coventry</p> <p>Joanna Kemp, EDI Practitioner, Warwickshire</p> <p>Ruby Dillon - Public Health Principal (Health Improvement), Warwickshire</p>
<p>Do any other Business Units / Service Areas need to be included?</p>	<p>No</p>

Does this EIA contain personal and / or sensitive information?	No
Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?	If yes , please let your Assistant Director and the Customer Relations Team know as soon as possible No

1. Please explain the background to your proposed activity and the reasons for it.

The NHS Act 2006 (as amended by the Health and Social Care Act 2012) and Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 mandated that Local Authorities (LA) commission an ISH service which provides open access, confidential, non-judgmental services including Sexually Transmitted Infection (STI) and Blood Borne Virus (BBV) testing, including HIV, treatment, and management; along with the full range of contraceptive provision; health promotion and prevention.

While sexual health services are universal and population-wide, surveillance of STI positivity rates is essential to maintain control of the spread of disease. Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

There is a nationally recommended service specification that will be used to form the basis, however, additional items will be added to ensure the service best suits the residents of Coventry and Warwickshire.

2. Please outline your proposed activity including a summary of the main actions.

This contract is to provide an Integrated Sexual Health (ISH) service to improve sexual health outcomes. The service will support delivery against the three main sexual health Public Health Outcomes Frameworks measures:

- Under 18 conceptions
- Chlamydia detection (15-24 year olds)
- People presenting with HIV at a late stage of infection

In addition, it will deliver the following outcomes to improve the sexual health in the local population as a whole, but based on local needs assessments to recognise risk changes in the population.

Sexual and Reproductive Health (SRH) services:

- Clear accessible and up to date information about services providing contraception and sexual health services for the whole population including preventative information targeted at those at highest risk of sexual ill health.
- Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including Long-Acting Reversible Contraceptive (LARC) for all age groups.
- A reduction in unplanned pregnancies in all ages as evidenced by teenage conception and abortion rates.

Sexually Transmitted Infection (STI) services:

- Improved access to services amongst those at highest risk of sexual ill health, including improved access to HIV Pre-Exposure Prophylaxis (PrEP)
- Reduced sexual health inequalities amongst young people and young adults.
- Increased timely diagnosis and effective management of sexually transmitted infections and blood borne viruses.
- Repeat and frequent testing of these that remain at risk.
- Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk.
- Monitor uptake of late diagnosis and partner notification.
- Increase availability of condoms and safer sex practices.

Overarching:

- Increased development of evidence-based practice and ensure patient consultation, involvement, and development.
- Maintenance of research governance and other necessary arrangements to participate in trials
- Ensure that participants receive continued support to be able to access trials through the commissioned service in the event of the service being re-tendered.

The ISH service will aim to improve the sexual outcomes by:

- Promoting good sexual health through primary prevention activities including behaviour change with aims to reduce the stigma associated with STIs, HIV and unplanned pregnancy.
- Providing rapid and easy access to open access STI and BBV testing, treatment and management services through a variety of mechanisms which may include digital services.
- Providing rapid and easy access to open access reproductive health services including the full range of contraceptive services; Supported referral to NHS funded abortion services (based on up-to-date knowledge of local contractual arrangements for abortion services including late gestations and those with co-morbidities); and support in planning pregnancy; through a variety of mechanisms which may include digital services.

- Reducing late diagnosis of HIV and undiagnosed HIV and improving the sexual health of those living with HIV.
- Reducing prevalence of newly acquired HIV
- Providing a quality service with appropriately trained staff; clinical governance and patient safety arrangements.
- Being responsive to local need (a) providing rapid response to outbreak management; and (b) through continuous improvement and response to local population need.
- Operating as leader in local sexual health economy providing clinical leadership, involvement in local networks and development of clear referral pathways between providers.

3. Who is this going to impact and how?

Customers	Members of the Public	Employees	Job Applicants
Users of the ISH services and those contacted by the partner notification element of the service.	Health promotion is included in this contract. This will impact members of the public as they will be exposed to the messages through social media, outreach sessions and other promotional activities.	N/A	N/A
Other, please specify:	None		

Section Two: Evidence

Please include any evidence or relevant information that has influenced the decisions contained in this EIA. This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups and additional groups outlined in Section Four.

A – Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

The following data has been compiled across Coventry and Warwickshire, as the new service will move from two contracts to one from 01st April 2024.

The table below details overall population figures in Warwickshire and Coventry, along with the breakdown in the populations that carry most sexual health burden.

	Warwickshire	Coventry
Population total	583,786	371,521
Population aged 17-24 years	51,723	56,934
Black / Black British Population	4,443	17,764
Unemployment estimate Sept 2020	8,800	8,100

A range of activity measures are used for sexual health services. The table below shows the number of first GUM attendances and sexual health screens and is provided to give a view of activity across the two Local Authority areas.

	Warwickshire	Coventry
No of first attendances (April 2015 – March 2020)	70,196 of which: GEH 28,236 Rugby 20,785 Stratford 21,175	79,089
No of sexual health screens	57,680	63,602

(April 2015 – March 2020)	of which: GEH 23,704 Rugby 16,989 Stratford 16,987	
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Source HIV & STI Portal, PHE

In addition to the GUM activity, the integrated service includes reproductive health (contraception). This is undertaken in both specialist ISH services but also in GP practices. The table below shows activity in relation to this:

	Warwickshire	Coventry
SHRAD attendances 2017/18	7,700	6,000
SHRAD attendances 2018/19	6,500	5,200
SHRAD attendances 2019/20	6,600	4,800
Total	20,800	16,000
GP Prescribed LARC 2017/18	3,647	2,102
GP prescribed LARC 2018/19	4,012	2,035
GP Prescribed LARC 2019/20	4,122	2,358
Total	11,781	6,495
Overall total of reproductive health	32,581	22,495

Source SHRAD and PHE Fingertips

Overall data that shows the combined activity in years 2017-2020 (used up to 2020 as the most accurate and complete data set as the pandemic affected the numbers and locations of service access).

	Warwickshire	Coventry
Total GUM activity (2017-2020)	58,995	56,596
Total CASH activity (2017-2020)	32,581	22,495
Total activity	91,576	79,091
% of total activity that is CASH	35.6%	28.4%
% of total activity that is GUM	64.4%	71.6%
% of total activity that is Coventry vs Warks	53.7%	46.3%

During the pandemic, use of sexual health services has changed significantly, due in part to the change in patient demand / use and the change in working practices by providers. It is unclear how this will translate to activity in the coming years. Warwickshire and Coventry have seen an increase in the demand for online testing.

The online testing portal for Warwickshire and Coventry has been provided by Preventx for a number of years, prior to the pandemic this was linked to the National Chlamydia Screening programme (NCSP). However, as a direct result of the need to upscale the digital offer as a result of the clinical settings having to close during the pandemic, Preventx extended their offer to include all screening (chlamydia, gonorrhoea, syphilis, and HIV).

Data presented by Preventx for Warwickshire the first two quarters of 2021/22 shows:

- That females request the most test kits, almost double that of males,
- 84% of those requests are from individuals that identify as heterosexual/straight,
- 34.5% were aged 25-34 years followed by those aged 18-21 and then 22-24 years.

The data which relates to orders by ethnicity shows that when comparing the proportion of ethnicity in the population against those that are ordering tests, online testing is being accessed by all ethnic groups across the county, with some ethnic groups having higher order requests than the Warwickshire population e.g., White and Black Caribbean population 0.6% however, the request for tests 2.6%, African population 0.4%, however the request for tests 1.8%. It can be concluded that online testing is increasing the access for all ethnic groups across the county.

Across Warwickshire 18.4% of the population are living in the four most deprived deciles, however, 28.3% of all online test requests are from these deciles that are associated with the poorest sexual health.

Data presented by Preventx for Coventry for the first two quarters of 2021/22 shows:

- That females request most test kits, 65.01% against males 34.63% and Transgender 0.36%
- 83.48% of the requests are from heterosexual/straight individuals
- Orders by age groups shows that 30.64% were aged 18-24 years, 30.65% aged 25-34 years and 22.51% were aged 22-24 years

The data relating to ethnicity shows that 56.4% of tests were requested by White British compared to a population of 66.6%. 13.5% were African against a population of 4.0%, 7.6% Other White background, compared to 4.9% of the population. Indian had 4.0% of the tests compared to 8.8% of the population and White and Black Caribbean requested 3.8% of tests compared to 1.2% of the population. Other ethnicity groups requested tests, some higher than the population %, and others lower. The data does suggest that all groups are accessing testing.

Across Coventry, 54.9% of postcodes are in the bottom 4 deciles of deprivation, however, these postcodes represented 61.3% of the test requests.

WCC and CCC currently have online HIV testing in addition to testing available within the ISH service, this is currently part of an ESPO framework as procured by Department of Health and Social Care and is undertaken by SH:24.

Between January 2021 and January 2022, a total of 195 tests were ordered in Warwickshire, of which 64.98% were White English, against 92.7% of the population, 11.52% African against 0.8% population, 5.53% Asian against 4.6% of the population, this shows that access to testing is proving available to a wide range of the county residents.

Between February 2021 and December 2021, in Coventry, a total of 485 tests were dispatched, 261 were returned (53.8%), of which 41.22% were White British against a population figure of 66.6%, 12.6% African against a population of 5.6% and 11.26% other white against population of 4.9%, 7.25% Indian against a population of 8.8%.

Undoubtedly, there are differing levels of need across Warwickshire and Coventry for both reproductive and sexual health services. This is due, in part, to the rural / urban geographies and population make up. However, the 'open access' requirement of this statutory service requires commissioners to build a service that fits population need.

B – Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

National context:

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England (March 2013).

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

An integrated sexual health service model aims to improve sexual health by providing non-judgmental and confidential services through open access, where the majority of sexual health and contraceptive needs can be met at one site, often by one health professional, in services with extended opening hours (evenings after 6pm and weekends) and locations which are accessible by public transport. Specialist services may be provided from one or more locations and the types of services available at each location should reflect the need of the communities and populations that use them.

The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies including Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE) and relevant national policy and guidance issued by the Department of Health and Social Care (DHSC) and by the Office for Health Improvement and Disparities (formerly Public Health England (PHE)). Providers must ensure commissioned services are in accordance with this evidence base and in line with current national guidance, standards of training and care and quality indicators.

Local context:

Sexual health needs assessments have been undertaken for both areas, and has identified a number of priorities for future commissioning: Warwickshire:

- Inclusion of Primary Care Enhanced LARC and EHC provision within the new service model, to improve access to services and support the downward trend in both teenage pregnancies and unwanted pregnancies.
- Services need to be promoted and provided to groups in the community that are known not to access service, this includes members of the homeless community, sex workers, Black, Asian, and Minority Ethnic communities

- A focus on services for young people needs to be developed, in locations where they are comfortable to attend and promoted through a number of mediums to increase those accessing services.
- Improving access appropriately to services for all aspects of sexual and reproductive health including HIV, through both face to face and online / remote provision.
- Inclusion of a condom distribution programme in targeted areas.
- Full integrated services to be available in a number of locations, including specialist clinics and community settings. Accessible by public transport as well as personal transport, to fully link with the 'local place' landscape and be available at times that include evenings and weekends.
- Ensure additional training for all staff to support individuals with complex needs including learning disabilities and autism.

Coventry:

- Increasing the number of people accessing STI testing
- Improving engagement with Black and Black British populations
- Improving engagement with populations in deprived neighbourhoods, in particular within those on the periphery of the city
- Improve provision and partnership activity to support people with complex needs (e.g., sex workers, etc.)

Section Three: Engagement

Engagement with individuals or organisations affected by the proposed activity must take place. For further advice and support with engagement and consultations, click [here](#).

<p>Has the proposed activity been subject to engagement or consultation with those it's going to impact, taking into account their protected characteristics and socio-economic status?</p>	<p>Yes</p>
<p>If YES, please state who with.</p>	<p>In Warwickshire a small level engagement took place in October 2021 to form part of the needs assessment, response was poor.</p>

	In Coventry some work has been completed with 3 communities on the periphery of the city.	
If NO engagement has been conducted, please state why.		
How was the engagement carried out?	Yes / No	What were the results from the engagement? Please list...
Focus Groups	Yes	Coventry: young people are concerned about confidentiality, including the online request for testing kits need to be delivered to a home address which is inappropriate. Availability of clinics/appointments and the local service provision are the challenges. Feel embarrassed or intimidated about the environment. Lack of information about and/or awareness of service provision. Cultural inappropriateness of services and cultural stigma. Language barriers.
Surveys	Yes	Warwickshire: more accessible, convenient place for young people to access – linked to existing services including Targeted Youth Support. Flexible hours to include late nights and weekends Use of modern technology to improve access (website, telephone booking, online booking). More locations, including specialist clinics and links to existing locations e.g., GP surgeries More promotion of services. A combination of bookings and drop-in services.
User Panels	No	
Public Event	No	
Displays / Exhibitions	No	
Other (please specify)	N/A	
Has the proposed activity changed as a result of the engagement?		All feedback will be used to shape the service specification.

Have the results of the engagement been fed back to the consultees?	No	
Is further engagement or consultation recommended or planned?	Yes	<p>A communications group has been established with representatives from both LAs in attendance. The aim in the coming months is to undertake wider engagement activity with a number of groups / communities. This will include, but not be limited to:</p> <ul style="list-style-type: none"> • Young people • Males • Young Carers • Service Users • Sex Workers • LGBTQ+ (adults and young people) • Black, Asian and Minority Ethnic communities • Learning disability and Learning Difficulties • General population <p>This will be conducted mainly by using survey and focus groups, with those that are trusted by the particular group undertaking the questions e.g., Youth Workers, Trusted leaders There will be no further engagement following what has been identified above by Commissioners.</p> <p>There will be an expectation once the contract is awarded for the provider to undertake regular engagement with those accessing services.</p> <p>It is thought that although there is a national specification for the ISH service, there is a small element that can be determined by engagement feedback, for example, overall model of service – hub and spoke and accessibility of service – location, times etc.</p>
What process have you got in place to review and evaluate?	Support from colleagues in Insight teams will undertake the evaluation of the results.	

Section Four: Assessing the Impact

Protected Characteristics and other groups that experience greater inequalities

What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposed activity? This section also allows you to consider other impacts, e.g., health inequalities such as deprivation, socio-economic status, vulnerable groups such as armed forces, carers, homelessness, people leaving prison, young people leaving care etc.

On the basis of evidence, has the potential impact of the proposed activity been judged to be positive (+), neutral (=), negative (-), or positive and negative (+&-), for each of the protected characteristic groups below and in what way?

N.B In our Guidance to EIAs we have provided you with potential questions to ask yourself when considering the impact of your proposed activity. Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at Section Six.

	Impact type (+) (=) (-) or (+&-)	Nature of impact
Age	Positive	<p>This service is for anyone, of any age who needs support, with either sexual or reproductive health.</p> <p>The Service Specification will state: The Provider must ensure that they adhere to the Department of Health's guidance document 'Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health'. Providers must refer to all local (Coventry and Warwickshire) safeguarding policies and ensure that all staff are trained annually, including having an understanding of the signs of Child Sexual Exploitation. The Provider shall ensure all staff are aware of and trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults). This should include understanding safeguarding referral procedures and referral pathways to social care. This will also include giving any requested individual level information to the safeguarding boards/hubs as appropriate. Practitioners also need to be aware of the specific responsibilities that they have for young people aged 13-15 and for those under the age of 13.</p>

	Negative	Young people do not access services due to believing there is a requirement for parental consent.
Disability Consider: <ul style="list-style-type: none"> Physical disabilities Sensory impairments Neurodiverse conditions (e.g. dyslexia) Mental health conditions (e.g. depression) Medical conditions (e.g. diabetes) 	Negative	Locations used for face-to-face services are not accessible to all.
	Negative	Telephone consultations and advice are not accessible to all.
	Positive	Open access service.
	Positive	This service will be person centered and reflective of an individual's needs.
	Positive	A requirement within the Service Specification: The Provider must evidence how they will consult with users to determine needs and review provision, specifically underrepresented / less engaged groups to encourage take-up.
	Positive	A requirement within the Service Specification: The Provider shall ensure that all information, policies and procedures in relation to the Service will be written in plain English and the Provider will be able to provide information in a variety of accessible formats, including large print, Braille, audio, Easy Read, electronic, hard copy and alternative languages, as well as methods for people who do not use words or who communicate non-verbally.
	Positive	A requirement within the Service Specification: The Provider will make appropriate referrals to other relevant services based on the needs and requests of the individual Service User.
	Positive	The service user can request that a chaperone / carer is present for all appointments.
Gender Reassignment	Negative	Individuals do not feel that staff understand them.
	Positive	Provider must show evidence that no individual would be turned away from a service from protect characteristics groups.
Marriage and Civil Partnership	Positive	Open access service
	Negative	No negative impact identified

Pregnancy and Maternity	Positive	Open access service
	Negative	No negative impact identified
Race Including: <ul style="list-style-type: none"> • Colour • Nationality • Citizenship • Ethnic or national origins 	Negative	Evidence shows some communities carry a burden of poor sexual health including black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.
	Negative	Individuals do not feel understood.
	Positive	Open access service
	Positive	All provider staff to undertake training when offered in relation to Harmful Practices, Modern Slavery and Exploitation.
	Positive	The service user can request that a chaperone / carer is present for all appointments.
Religion or Belief	Negative	Research shows that members of the Black, Asian and Minority Ethnic communities are reluctant to access services.
	Negative	Individuals do not feel understood.
	Positive	Open access service
	Positive	The service user can request that a chaperone / carer is present for all appointments.
Sex	Positive	Open access service
	Negative	Research shows that the highest burden of poor sexual health is borne by women and men who have sex with men (MSM). Similarly, HIV infection in the UK disproportionately affects MSM. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

Sexual Orientation	Negative	Individuals do not feel understood.
	Positive	Open access service
Vulnerable People: <ul style="list-style-type: none"> • Armed Forces (WCC signed the Armed Forces Covenant in June 2012) • Carers • Homelessness • People leaving Prison • People leaving Care 	Positive	This service provides open-access service to ALL. There is a requirement which states ‘The Provider will ensure Service Users are not directly or indirectly discriminated against, victimised, harassed or put at a disadvantage on any grounds, including the Protected Characteristics in the Equality Act 2010’
	Negative	Lack of communication to all vulnerable groups identified, resulting in not knowing what services are available and / or how and when to access them.
Health Inequalities (HI) Many issues can have an impact on health: is it an area of deprivation, does every population group have equal access, unemployment, work conditions, education, skills, our living situation, rural, urban, rates of crime etc		Looking at the wider determinants of health: Equality and diversity – positive and negative impacts and mitigations have been detailed in other sections of this form. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans. In Warwickshire the geographical footprint of urban / rural adds difficulty in accessing services due to: <ul style="list-style-type: none"> • Poor internet / phone coverage to access online information / use the self-help elements of the service (e.g. ordering test kits online for home delivery). • Difficulty in accessing services due to times / days / locations – exacerbated by poor transport links, funds to use public transport. • Having to ask parents/carers/guardians for transport to a clinical setting – due to the nature of the service this can make some reluctant to access. In Coventry, although urban in nature accessing service can be difficult due to:

		<ul style="list-style-type: none"> • Lack of funds to get to services on public transport • Hub location with few spoke locations <p>For a more in-depth look at the Health Inequalities, please refer to the full version HEAT that has been conducted.</p>
Other Groups If there are any other groups		<p>Refugee, Asylum Seekers and displaced people – have access to all of the services, those that are linked to GPs get access to these services and signposted, however, further work is needed to ensure those that don't currently have access to GPs know how / when to access services.</p> <p>The provider will be required to develop the required links and subsequent referral pathways to ensure equity of service access.</p>

Public Sector Equality Duty (PSED)

Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

	Evidence of Due Regard
Eliminate unlawful discrimination (harassment, victimisation and other prohibited conduct):	A requirement in the Service Specification: The Provider will ensure Service Users are not directly or indirectly discriminated against, victimised, harassed or put at a disadvantage on any grounds, including the Protected Characteristics in the Equality Act 2010.
Advance equality of opportunity: This involves <ul style="list-style-type: none"> • removing or minimising disadvantages suffered by people due to their protected characteristics. • taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of 	<p>Where a Service User does not speak English, the Provider will ensure that suitable translation services are provided to ensure the Service User is able to fully engage with the service and benefit from the support offered.</p> <p>The Provider shall ensure that all information, policies and procedures in relation to the Service will be written in plain English and the Provider will be able to provide information in a variety of accessible formats, including large print, Braille, audio, Easy Read, electronic,</p>

<p>other people, for example, taking steps to take account of people with disabilities.</p> <ul style="list-style-type: none"> encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low. 	<p>hard copy and alternative languages, as well as methods for people who do not use words or who communicate non-verbally.</p> <p>The Provider must evidence that they employ or have access to staff with the knowledge and experience to support a diverse range of service users (e.g., the need to have trained staff who are able to handle and respect the cultural differences and needs of the community).</p>
<p>Foster good relations:</p> <p>This means tackling prejudice and promoting understanding between people from different groups and communities.</p>	<p>The specification states the following:</p> <ul style="list-style-type: none"> All staff will be required to work at locations (to be agreed) to ensure flexibility that meets the needs of service users. All locations must meet the clinical requirements as set in the Service Specification. Where a service user does not speak English, the Provider will ensure that suitable translation services are provided to ensure the service user is able to fully engage with the service and benefit from the support offered. The Provider shall ensure that all information, policies and procedures in relation to the service will be written in plain English and the Provider will be able to provide information in a variety of accessible formats, including large print, Braille, audio, Easy Read, electronic, hard copy and alternative languages, as well as methods for people who do not use words or who communicate non-verbally. The Provider will ensure all staff have access to a wide range of training opportunities to aid understanding of diverse populations and their needs. Access to services need to be both digital (online testing portals) and face to face (in a clinical setting).

	A detailed list of Policy requirements will be requested, this includes but is not limited to: Equality and Diversity, Whistleblowing, Lone Worker, Safeguarding, Customer Care/Support planning, Privacy Notice, Confidentiality.
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Section Five: Partners / Stakeholders

Which sectors are likely to have an interest in or be affected by the proposed activity?	Yes / No	Describe the interest / affect
Businesses	No	
Councils	No	
Education Sector	No	
Fire and Rescue	No	
Governance Structures	No	
NHS	No	
Police	No	
Voluntary and Community Sector	No	
Other(s): please list and describe the nature of the relationship / impact		Particular departments within the Local Authorities will have an interest in the proposed activity, e.g., youth services, education. Professional relationships and referral pathways will need to be developed by the Provider.



Section Six: Action Planning

If you have identified impacts on protected characteristic groups in Section Four please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Mitigating Actions

Consider:

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts or build on positive impacts for protected groups or health inequalities
- Whether you could do more to fulfil the aims of the PSED
- How you will monitor and evaluate the effect of this work
- Anything else you can think of!

Identified Impact	Action(s)	Timescale incl. evaluation and review date	Name of person responsible
Locations used for face-to-face services are not accessible to all.	Face to face services will be conducted in accessible locations, that are fit for the service requirements.	Reviewed as part of the tender submission as a requirement.	Commissioners
Telephone / online support not accessible to all.	All support is to be provided in the best way for the service user.	Reviewed as part of the tender submission as a requirement.	Commissioners
Young people do not access services due to believing there is a requirement for parental consent.	The following guidance from the NHS needs to be clearly communicated to all service users:	Work with the Provider to ensure clarity in messages to reduce this as a barrier to access.	Commissioners.

	According to the NHS website (2018), 'if you are 13 to 16, you have the same rights to confidentiality as an adult and the doctor, nurse or pharmacist will not tell your parents, or anyone else, as long as they believe that you fully understand the information and decisions involved. They will encourage you to consider telling your or carers, but they will not make you'.		
Individuals do not feel that staff understand them.	A requirement within the Service Specification: The Provider must evidence that they employ or have access to staff with the knowledge and experience to deal with a diverse range of service users.	Reviewed as part of the tender submission as a requirement.	Commissioners.
Research shows that the highest burden of poor sexual health is borne by women and men who have sex with men (MSM). Similarly, HIV infection in the UK disproportionately affects MSM.	<p>A requirement within the Service Specification: Provider to determine the needs and review their provision to specifically ensure underrepresented groups feel as though they're able to access the service safely.</p> <p>A requirement within the Service Specification: The Provider must evidence how they will consult with users to determine needs and review provision, specifically underrepresented / less engaged groups to encourage take-up.</p> <p>The continuation of multiple access points for testing e.g., online testing portal.</p>	Reviewed as part of the tender submission as a requirement.	Commissioners.

Individuals do not feel understood.	<p>A requirement within the Service Specification: The Provider must evidence that they employ or have access to staff with the knowledge and experience to deal with a diverse range of service users (e.g., the need to have trained staff who are able to handle and respect the cultural differences and needs of the community)</p> <p>A requirement within the Service Specification: Where a need for interpreters or translation services is identified to support the victims, the Provider(s) will be expected to meet the costs of provision.</p> <p>Further develop a local understanding of why particular groups in the community are not engaging with services and coproduce suitable materials to combat this.</p> <p>Guidance received from EDI colleagues on the correct terminology.</p>	<p>Reviewed as part of the tender submission as a requirement.</p> <p>Include information in performance monitoring data return.</p>	<p>Commissioners.</p> <p>Commissioners.</p>
Lack of communication to all vulnerable groups identified, resulting in not knowing what services are available and / or how and when to access them.	<p>Further develop a local understanding of vulnerable groups and support relevant teams to access training and signposting information.</p> <p>Research the additional support requirements of refugee / asylum</p>	<p>Communication will commence after contract is awarded.</p> <p>Research will be undertaken.</p>	<p>Commissioners. The Provider.</p> <p>Commissioners.</p>

	seekers/ displaced communities, through engagement with specific support services.		The Provider
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No Mitigating Actions


Please explain why you do not need to take any action to mitigate or support the impact of your proposed activity.
Mitigating actions are noted against negative impacts only.

Section Seven: Assessment Outcome

Only one of following statements best matches your assessment of this proposed activity. Please select one and provide your reasons.		
No major change required		
The proposal has to be adjusted to reduce impact on protected characteristic groups and/or health inequalities		
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups and/or health inequalities	X	The detail within the Service Specification clearly shows the mitigation that is in place for each of the negative impacts identified.
Stop the proposal as it is potentially in breach of equality legislation		

Section Eight: Sign Off

N.B To be completed after the EIA is completed but before the area of work commences.

Name of person/s completing EIA	Helen Earp, Sexual Health Commissioner, Warwickshire Paul Hargrave, Senior Commissioning Manager – Adult Public Health Services, Coventry
Name and signature of Assistant Director	 Becky Hale
Date	21.06.22
Date of next review and name of person/s responsible	

Once signed off, please ensure the EIA is recorded on the following document: [WCC EIA Recording Document](#)