# Appendix A

## **Equality Impact Analysis**

## Purpose

The purpose of this document is to:

- (i) help decision makers fulfil their duties under the Equality Act 2010 and
- (ii) for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

## Using this form

This form must be updated and reviewed as your evidence evolves on proposals for a:

- project
- service change
- policy
- commissioning of a service
- decommissioning of a service

You must take into account any:

- consultation feedback
- significant changes to the proposals
- data to support impacts of the proposed changes

The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker. The Equality Impact Analysis must be attached to the decision-making report.

# **\*\***Please make sure you read the information below so that you understand what is required under the Equality Act 2010\*\*

## Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

## **Protected characteristics**

The protected characteristics under the Act are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

## Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics. By evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

## Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms.
- (ii) remove any unlawful discrimination, harassment, victimisation, and other prohibited conduct.
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics.
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

## Conducting an impact analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision-making process.

#### The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

## **Summary of findings**

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.

## Impact

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

#### How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this ask simple questions:

- who might be affected by this decision?
- which protected characteristics might be affected?
- how might they be affected?

These questions will help you consider the extent to which you already have evidence, information and data. It will show where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to decide where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable, then it must be clearly justified and recorded as such. An explanation must be stated as to why no steps can be taken to avoid the impact. Consequences must be included.

#### Proposals for more than one option

If more than one option is being proposed, you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

## **Background information**

Details	Response
Title of the policy, project or service being considered	Re-Commissioning of Lincolnshire's Sexual Health Services
Service area	Public Health, Adult Care and Community Wellbeing, Children's Services
Person or people completing the analysis	Matthew Bell, Sam Crow
Lead officer	David Clark
Who is the decision maker?	Lucy Gavens
How was the Equality Impact Analysis undertaken?	Desktop exercise, linking in with market research, service review and direct engagement and feedback.
Date of meeting when decision will be made	Executive on 03 May 2023
Is this a proposed change to an existing policy, service, project or is it new?	Update to service provision across all areas of sexual health services.
Version control	V1
Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?	Re-Commissioning
Describe the proposed change	Lincolnshire County Council Public Health is recommissioning the Sexual Health Services in Lincolnshire. The new contract for services will run from 01 April 2024. Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy. Local authorities commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Some specialised services are directly commissioned by ICBs and at the national level by NHS England.

<ul> <li>Local authorities commission:</li> <li>comprehensive sexual health services including most contraceptive services and all prescribing costs</li> <li>STI testing and treatment, chlamydia screening and HIV testing</li> <li>specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies</li> </ul>
<ul> <li>ICB's Commission:</li> <li>most abortion services</li> <li>sterilisation</li> <li>vasectomy</li> <li>non-sexual-health elements of psychosexual health services</li> <li>gynaecology including any use of contraception for non-contraceptive purposes</li> </ul>
<ul> <li>NHS England commissions: <ul> <li>contraception provided as an additional service under the GP contract</li> <li>HIV treatment and care (including drug costs for PEPSE)</li> <li>promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs</li> <li>sexual health elements of prison health services</li> <li>sexual assault referral centres</li> <li>cervical screening</li> <li>specialist fetal medicine services</li> </ul> </li> </ul>
Across England there is considerable regional variation in how sexual health services are provided and commissioned. They vary from distinctly separate general practice and community- based contraceptive provision with hospital-based abortion and genito-urinary medicine (GUM) services, to fully integrated sexual health services in the community. The variations occur because of differences in commissioning and contractual models used in local areas. Health and Social Care Act 2012 divided commissioning

Details	Response					
	HIV services between local authorities, clinical commissioning					
	groups (CCGs) and NHS England.					
	Local authorities have a legal duty to commission open access					
	services for the provision of contraception and detection and					
	treatment of STIs. Since 01 April 2013 the Local Authorities					
	(Public Health Functions and Entry to Premises by Local					
	Healthwatch Representatives) Regulations 2013 (the 2013					
	Regulations) require that each local authority "shall provide,					
	or shall make arrangements to secure the provision of, open					
	access sexual health services in its area":					
	• For preventing the spread of STIs;					
	• For treating, testing and caring for people with such					
	infections;					
	<ul> <li>For notifying sexual partners of people with such</li> </ul>					
	infections, and					
	Advice on, and reasonable access to, a broad range of					
	contraceptive substances and appliances; and					
	Advice on preventing unintended pregnancy.					

## **Evidencing the impacts**

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.

To help you do this, consider the impacts the proposed changes may have on people:

- without protected characteristics
- and with protected characteristics

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify, please state 'No perceived benefit' under the relevant protected characteristic.

You can add sub-categories under the protected characteristics to make clear the impacts, for example:

- under Age you may have considered the impact on 0-5 year olds or people aged 65 and over
- under Race you may have considered Eastern European migrants
- under Sex you may have considered specific impacts on men

#### Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

#### Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. <u>Visit the LRO website and its population theme page</u>.

If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

#### Workforce profiles

You can obtain <u>information on the protected characteristics for our workforce</u> on our website. Managers can obtain workforce profile data by the protected characteristics for their specific areas using Business World.

## **Positive impacts**

The proposed change may have the following positive impacts on persons with protected characteristics. If there is no positive impact, please state '*no positive impact*'.

Protected characteristic	Response								
Age	No perceived positive impact. As under the current service, the re-commissioned service will be open to all ages (as appropriate), with a need. The council will place a requirement in the service specification to offer an equal and accessible service, which will be monitored through contract management. Therefore, individuals of any age should be able to access the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. People with protected characteristics will be engaged with more proactively given the move to a more sophisticated health promotion element. Lincolnshire population by age								
		<15	16-24	25-34	35-44	45-64	65+		
	Boston	12,915	6,196	9,261	8,806	18,039	14,847		
	East Lindsey	20,279	10,578	12,849	12,402	41,432	43,159		
	Lincoln	15,619	21,509	14,462	11,140	21,152	15,316		
	North Kesteven	19,237	9,685	13,449	13,603	33,002	27,868		
	South Holland	15,986	7,925	10,700	10,699	26,317	23,292		
	South Kesteven	24,621	11,470	14,458	16,422	41,079	33,556		
	West Lindsey	15,357	7,839	9,863	9,965	27,873	24,240		
	Lincolnshire	124,014	75,202	85,042	83,037	208,894	182,278		
	Source: ONS 2020 mid-year population estimates								
Disability	The re-commissioned service will be open to all with a Sexual Health need. People with a disability should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.								
		ity Act 2010 ss of disabi requiremer	0 to ensur lity. There its in the I	e that eve s specific A and Dis	eryone reo c referenc sability Dis	ceives a coi e to ensuri scriminatio	mprehensive ng that pren n Act; that a	e and equal	

Protected characteristic	Response											
	appointments); that marketing and communication considers the needs of people with disabilities; that services work with services for those with disabilities as key stakeholders; and that EIAs are used for service planning.											
Gender reassignment	reassignm	nent sh	ould not	face b	arriers in a	access	ing the se	rvice s	hould the	y need	ugh gende d it, and sta aracteristic	and to
Marriage and civil partnership	barriers ir	No perceived positive impact. People who are married or in a civil partnership should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.										
Pregnancy and maternity	barriers ir	No perceived positive impact. People who are pregnant or on maternity should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.										
	<ul> <li>No perceived positive impact. People of any race should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.</li> <li>Within Lincolnshire and Greater Lincolnshire, a lower proportion of people identify as Black, Black British, Black Welsh, Caribbean or African when compared to the UK. Only 0.6% of people identified in this category in both Lincolnshire and Greater Lincolnshire, compared to 2.5% nationally.</li> <li>Within Boston, 19.4% (n=13,698) of people identified as being 'White: Other White', which is higher than the national average of 6.2%. In South Holland this rate was 11.3% (n=10,764), also higher than the national average. This reflects the high number of Eastern European migrants living and working in the Boston and South Holland districts.</li> </ul>									k, Black people o 2.5% which is 4), also		
	Table 3 – ethnic group by Lincolnshire district         White: English, Welsh,       Asian, Asian British or Asian       Black, Black British, Black       White: Other White       Mixed or Multiple Ethnic         Scottish,       Welsh       Welsh,       Groups         Northern Irish or British       Caribbean or       African											
			Number		Number		Number		Number		Number	
	Boston	74.5	52,540	2.1	1,443	0.7	467	19.4	13,697	1.4	1,015	
	East Lindsey	95.6	136,036	0.9	1,134	0.2	292	1.7	2,414	1.0	1,484	
	Lincoln	82.7	85,891	3.3	3,347	1.4	1,466	8.5	8,818	1.4	2,068	
	North Kesteven	96.0	111,304	1.0	1,160	0.4	818	2.4	2,830	1.2	1,368	

Protected characteristic	Respons	e										
	South Kesteven	90.5	129,741	1.8	2,529	0.7	875	4.8	6,822	1.0	1,951	
	South Holland	84.4	80,244	1.3	1,176	0.5	517	11.3	10,764	1.3	1,225	
	West Lindsey	94.5	89,964	1.2	1,136	0.3	388	1.8	1,691	1.1	1,081	
	Lincolns hire	89.2	685,720	1.6	11,925	0.6	4,823	6.1	47,036	1.3	10,192	
	North East Lincolns hire	92.6	145,362	1.6	2,437	0.5	846	3.3	5,156	1.0	1,617	
	North Lincolns hire	88.7	150,554	3.3	5,622	0.5	820	5.0	8,548	1.1	1,820	
	Greater Lincolns hire	89.6	981,636	1.8	19,984	0.6	6,489	5.5	60,740	1.2	13,629	
	Source: C	ensus	2021 data	а.								
Religion or belief	No percei accessing eligible pe	the se	rvice sho	uld th	ey need it	, and s	tand to b				arriers in me way as	other
Sex	No perceived positive impact. People of any sex should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic. The 2021 Census showed the size of the usual resident population in Lincolnshire was 768,400 people. Office for National Statistics (ONS) 2020 Mid-Year Population Estimates show a 49% male and 51% female breakdown.											
Sexual orientation	People of any sexual orientation should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic. Gay, bisexual and men who have sex with other men (GBMSM) populations will be engaged with more proactively than in the current service, which may represent a positive impact, if it's taken up.											

# If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

#### Positive impacts

Potential positive impacts have been identified through enhancements made to the new service, such as a more sophisticated health promotion service, engaging wider audiences with versatile and themed timely content, creating targeted media and communications to focus on harder-to-reach groups and areas of the population less likely to engage with mainstream health and wellbeing services. Continued enhancement of the existing digital offer of the provision will also be a theme of the new service, with engagement with the public showing a want for quick and easy online access to services, which could include treatment, information and advice and signposting to face to face frontline services.

The recommissioning will also include the continuation of the positive health element of the services which targets support at:

- Specialist social support for people infected or affected by HIV/AIDS
- Outreach service to high-risk GBMSM populations
- Sexual Health Promotion

All of these areas identified could potentially have a positive impact on service provision and be realised by all members of the public not just those specifically covered by the protected characteristics in the Equality Act 2010.

## Adverse or negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is:

- justified
- eliminated
- minimised or
- counter-balanced by other measures

If there are no adverse impacts that you can identify, please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact, please state '*No mitigating action identified*'.

Protected characteristic	Response
Age	No perceived adverse impact. No mitigating action identified.

Protected	Response
characteristic	
Disability	No perceived adverse impact.
	No mitigating action identified.
Gender	No perceived adverse impact.
reassignment	No mitigating action identified.
Marriage and	No perceived adverse impact.
civil partnership	No mitigating action identified.
Pregnancy and	No perceived adverse impact.
maternity	No mitigating action identified.
Race	No perceived adverse impact.
	No mitigating action identified.
Religion or	No perceived adverse impact.
belief	No mitigating action identified.
Sex	No perceived adverse impact.
	No mitigating action identified.
Sexual	No perceived adverse impact.
orientation	No mitigating action identified.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Negative impacts

## Stakeholders

# Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders).

You must evidence here who you involved in gathering your evidence about:

- benefits
- adverse impacts
- practical steps to mitigate or avoid any adverse consequences.

You must be confident that any engagement was meaningful. The community engagement team can help you to do this. You can contact them at <u>engagement@lincolnshire.gov.uk</u>

State clearly what (if any) consultation or engagement activity took place. Include:

- who you involved when compiling this EIA under the protected characteristics
- any organisations you invited and organisations who attended
- the date(s) any organisation was involved and method of involvement such as:
  - EIA workshop
  - o email
  - o telephone conversation
  - $\circ$  meeting
  - o consultation

State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted or engaged with.

#### **Objective(s) of the EIA consultation or engagement activity**

To inform the development of the new model and specification, a range of engagement has taken place with stakeholders to:

- Increase the engagement of people that currently access sexual health services in Lincolnshire.
- Assess whether services are meeting all the perceived sexual health needs of residents.
- Understand how aware local people are of local sexual health services.
- Understand how services are accessed, including preferences and barriers to accessing services, including accessing services out of area.
- Identify opportunities to innovate and improve services.
- Identify key priorities for future sexual health services.
- Inform the development of a local sexual health strategy and service specification/s.
- Identify the factors that prevent (and enable) the provision of Long-Acting Reversible Contraception (LARC) services in primary care and the potential interventions (short-term and long-term) to better support those in primary care to deliver LARC services.
- To understand the benefits of education setting related support currently offered by Positive Health.

Summary of the scope and need for the engagement:

#### **Objective(s) of the EIA consultation or engagement activity**

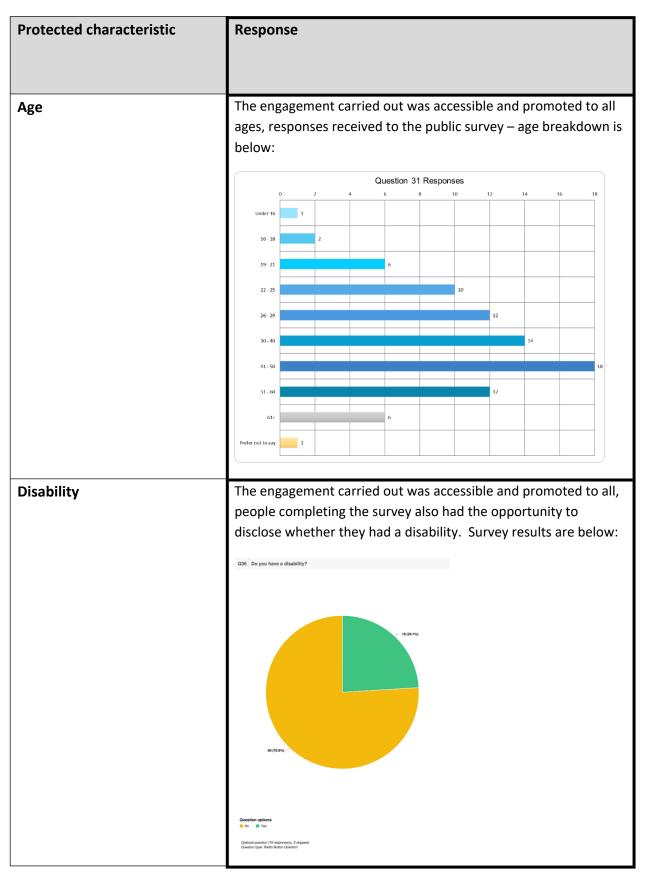
- We wanted to hear views and feedback on the current Sexual Health Services in Lincolnshire on what works well and what doesn't work well, to help improve services for all who are likely to access them in the future, as part of the new service.
- We attempted to reach as many people as possible, including those that use the service and those who might not be using the service at this time but have sexual health needs, so we can attempt to meet the needs of all Lincolnshire residents and find out what is working well currently and what can be targeted for future improvement.
- Our key priority was to ensure all the responses fed into the service review to help shape the subsequent re-procurement of sexual health services.
- We wanted to find out what people thought about the ease of access and availability of the current service provision.

The approach taken:

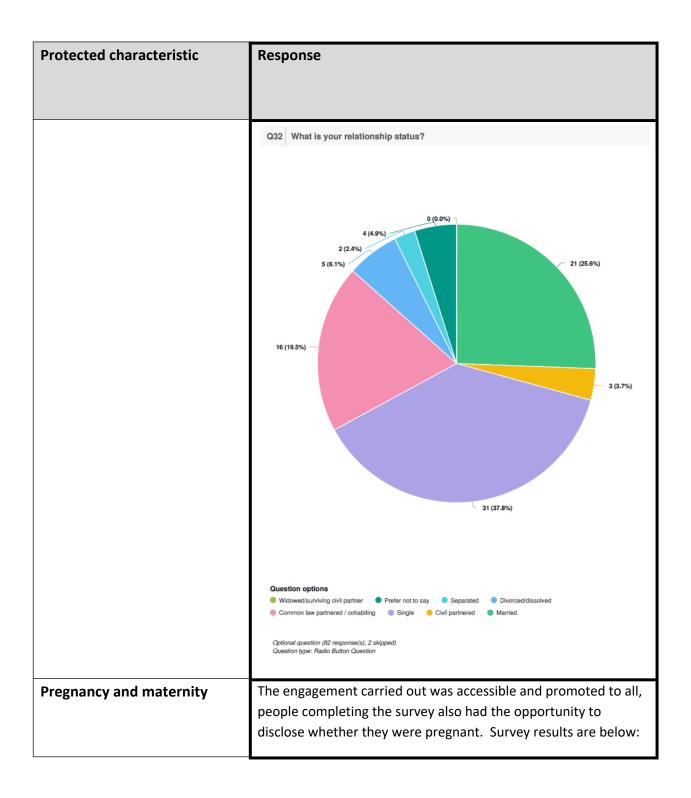
- The public survey was published on the Let's Talk Lincolnshire Platform, paper copies were also available. The survey was promoted via LCC's Commissioned Providers (LISH & Positive Health), but also via the University of Lincoln and through Int-Comms/School News. A total of 252 people viewed the survey on the online platform, and this generated a total of 84 responses from a diverse group of respondents.
- The stakeholder survey was published on the Let's Talk Lincolnshire Platform only, specifically targeting local stakeholders working with vulnerable groups at higher risk of poor sexual and reproductive health. This stakeholder survey focussing on engaging hard to reach groups. Emails were then sent to key stakeholders directly, with messaging also going out in Int-Comms and via provider leads at LCC. This generated a total of 36 responses.
- Work has also been undertaken on engaging the Pharmacies and GPs targeting Emergency Hormonal Contraception (EHC) and LARC provision respectively. These surveys have been circulated by email to the Primary Care Networks and via Community Pharmacies Lincolnshire, as well as the Lincolnshire Local Medical Committee (LMC).
- Ad-hoc engagement has also been carried out at a Maternity Event in Skegness attended by members of the public and fellow Health Professionals. The LCC Commercial Team has also supported in gathering staff feedback from the two Commissioned Providers.

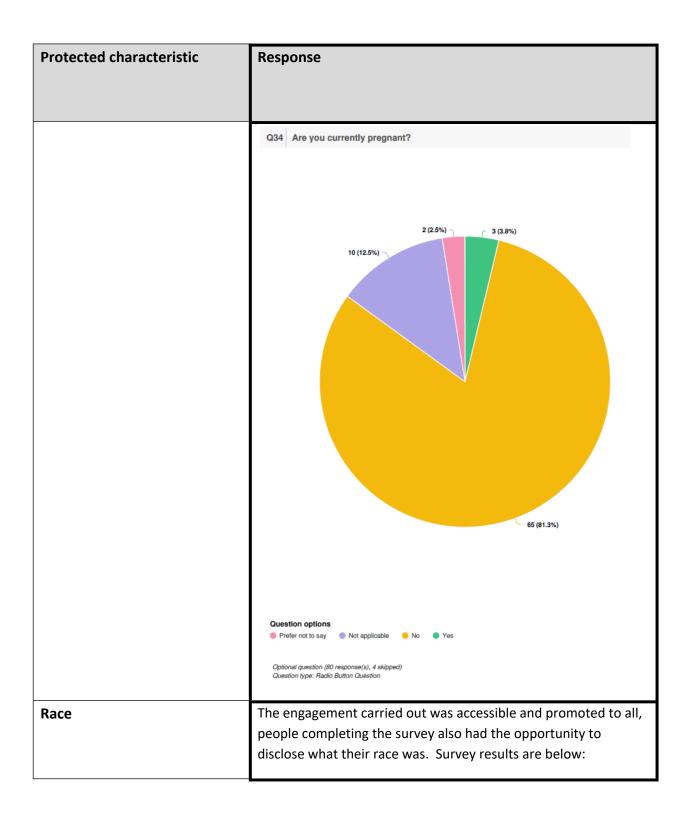
# Who was involved in the EIA consultation or engagement activity?

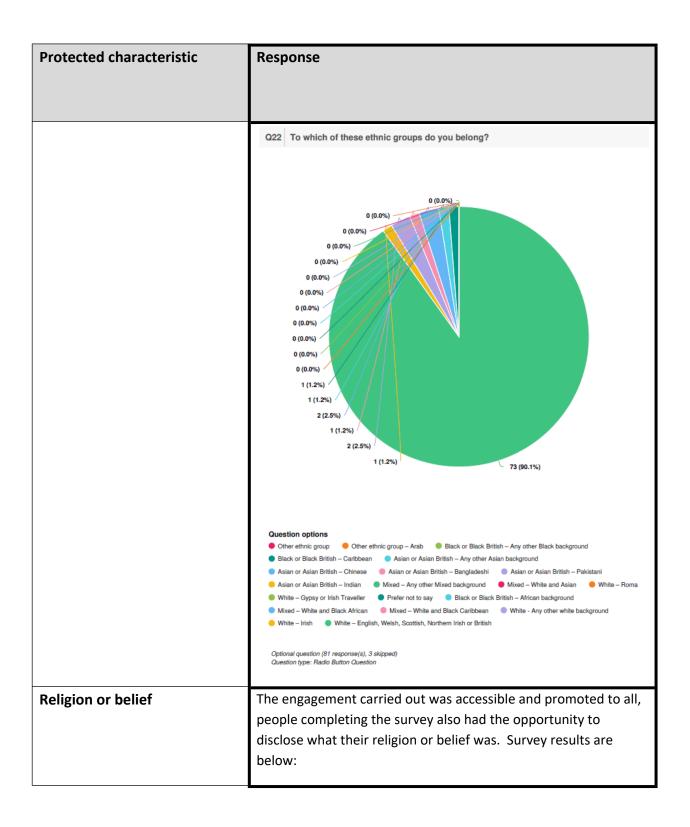
Detail any findings identified by the protected characteristic.

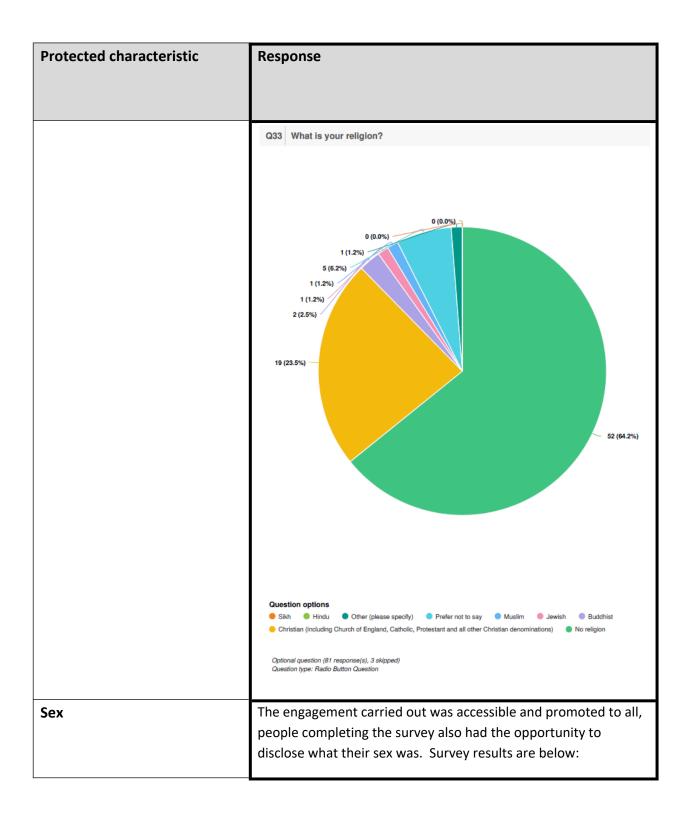


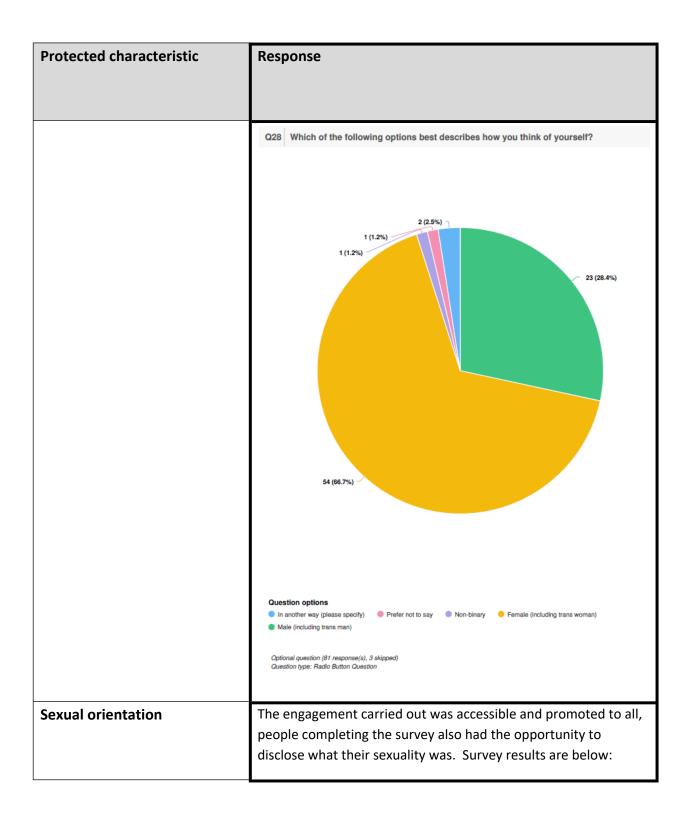
Gender reassignment	The engagement carried out was accessible and promoted to all,
	people completing the survey also had the opportunity to
	disclose whether they identified as the same sex they were
	assigned at birth. Survey results are below:
	Q29 Does your gender identify the same as the sex you were assigned with at birth?
	3(37%) 1(12%) 1(12%) 2(51%)
	Question options
	Prefer not to say  No  Yes
	Optional question (82 response(s), 2 skipped) Question type: Radio Button Question
Marriage and civil partnership	The engagement carried out was accessible and promoted to all,
warnage and civil partnership	people completing the survey also had the opportunity to
	disclose what their relationship status was. Survey results are
	below:

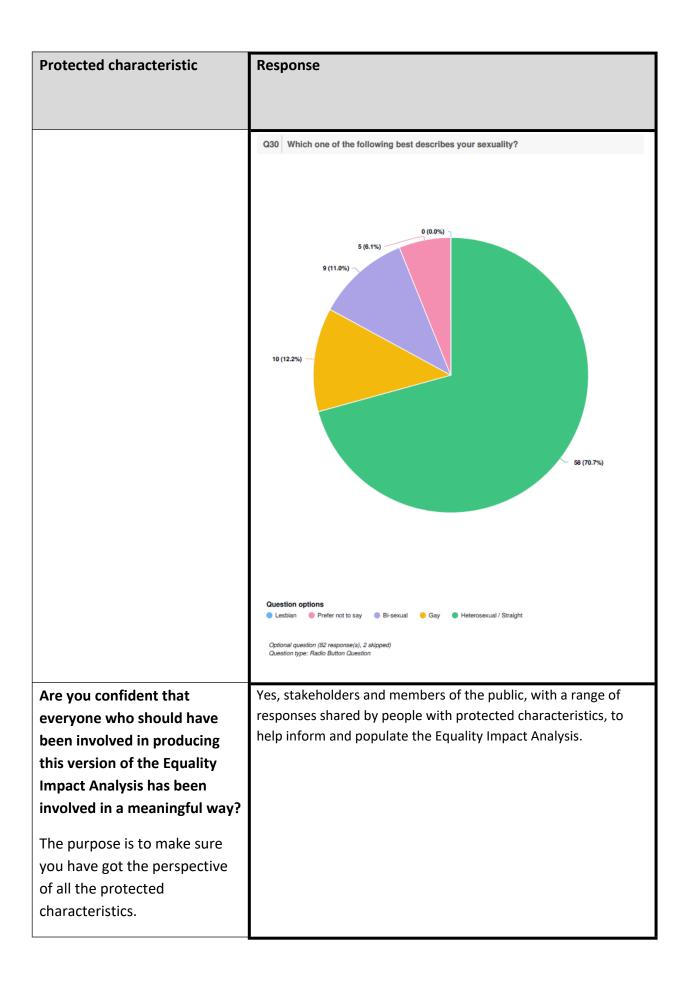












Protected characteristic	Response
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	Continued monitoring and engagement through Contract Management arrangements with the successful provider(s) carried out by the Commercial Team. The Public Health Team will continue to be involved to monitor and review areas identified in the Equality Impact Analysis and changes will continue to be made to the service where necessary to mitigate/reduce any adverse impacts, in line with service provision and updated sexual health service guidance.

## **Further details**

Personal data	Response
Are you handling personal data?	No
If yes, please give details	

Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going	N/A	N/A	N/A
monitoring of impacts.			

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V1	Initial EIA Document created	Matthew Bell	10/02/2023	Lucy Gavens	22.03.2023

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