PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

1. Title	
Equality Analysis title: Sexual Health Contract Extension	
Directorate: **Adult Care, Housing and Public Health**	**Service area:** **Public Health**
Lead person: **Alex Hawley**	**Contact number:** **255846**
Is this a: ☐ **Strategy / Policy** ☒ **Service / Function** ☐ **Other** **If other, please specify**	

2. Please provide a brief description of what you are screening
The sexual health contract is being extended for a one-year term, in line with the terms and conditions of the contract and officer decision record. There are no changes to the contract and the implications have not changed; this equality impact assessment (EIA) is a refresh based on the original EIA conducted in 2019, where a comprehensive evaluation was taken in readiness for the original procurement. The Sexual Health strategy, which was written at the time of the tender has now been absorbed into day-to-day delivery.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity. The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	Yes	
Could the proposal affect service users?	Yes	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	Yes	
Have there been or likely to be any public concerns regarding the proposal?	Yes	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	Yes	
Could the proposal affect the Council's workforce or employment practices?		No

If you have answered no to all the questions above, please explain the reason

If you have answered **no** to all the questions above please complete **sections 5 and 6.**
If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.**

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

Scope of proposal:
The Sexual Health service is an all-age service available for all residents in Rotherham and on an open access basis, confidential and free of charge for the user.

The Sexual Health action plan outlines priorities for supporting improved sexual health outcomes for the local population's health and wellbeing, providing a framework for planning and delivering commissioned services and interventions (within existing resources) aimed at improving sexual health outcomes across the life course and so consequently will impact on what is commissioned.
The ambition of the strategy is to:

- Improve sexual health
- Improve reproductive health
- Focus on vulnerable groups
- Build on successful service planning and commissioning

Sexual Health Data:

Sexual Health Data
The Office for Health Improvement and Disparities (OHID) Sexual and Reproductive Health Profiles and the Rotherham Joint Strategic Needs Assessment (JSNA) demonstrate that sexual health outcomes in Rotherham are generally comparable to, or better than, national averages for several indicators, although significant inequalities remain.

The latest Rotherham JSNA Sexual Health Profile (accessed September 2026) uses the most recently available data, predominantly from 2024.

The most recent available data, using the latest reporting period available for each indicator, shows:

- In 2024, the all new STI diagnosis rate in Rotherham was 540 per 100,000 population, lower than the England average of 632 per 100,000.

- In 2024, the chlamydia detection rate in females aged 15-24 years was 2,375 per 100,000.

- In 2024, the HIV testing rate in Rotherham was 2,373 per 100,000 population.

- In 2022 – 24, 50% of HIV diagnoses were a late diagnosis, meaning that, when newly diagnosed with HIV, they had a a lower CD4 count less than 350 cells per mm3 within 91 days of diagnosis. A low CD4 count indicates that HIV has weakened someone's immune system to such an extent that they are at risk of serious illnesses. The CD4 cell count of a person who does not have HIV can be anything between 500 and 1500, and people living with HIV who have a CD4 count over 500 are usually in pretty good health.

- In 2022, the under-18 conception rate was 19.3 per 1,000 females aged 15-17 compared with 13.9 per 1,000 nationally.

The Rotherham JSNA identifies sexual health as an important determinant of health and wellbeing and highlights the continued need to reduce inequalities among vulnerable and underserved groups through targeted prevention, education, accessible services and early intervention initiatives.

Gaps in data:

Whilst demographic monitoring has improved, there remain gaps in the evidence relating to:

- People with learning disabilities.
- People with physical disabilities.
- Transgender and non-binary people.
- Some ethnic minority communities.
- People who do not routinely access sexual health services.

Continued monitoring of protected characteristics and service user feedback will be used to improve understanding of need and identify any barriers to access. Reporting requirements within the commissioned service will support ongoing monitoring and service improvement.

Engagement:

Consultation and engagement were undertaken as part of the original procurement and strategy development process and included young people, service users, partner organisations and members of the Sexual Health Strategy Group.

Additional engagement activity has taken place since the original procurement, including:

- Engagement with adults with learning disabilities through SpeakUp.
- A survey undertaken in 2024 to assess knowledge and awareness of sexual health services among adults with learning disabilities.
- Consultation with the Rainbow Project.
- Development and testing of Easy Read sexual health resources informed by feedback from service users.
- Findings from engagement activities have informed local sexual health needs assessment work and service development discussions with the commissioned provider.
  These activities have helped improve accessibility, awareness and understanding of sexual health services amongst groups that may otherwise experience barriers to access.

- **Key findings**

The commissioned sexual health service continues to have significant relevance to equality and diversity.
Evidence from the JSNA, OHID Fingertips and local engagement activity demonstrate that sexual health inequalities continue to affect:

- Young people.
- Gay, bisexual and other men who have sex with men (MSM).
- People living in areas of deprivation.

- People from Black and Minority Ethnic communities.
- People with learning disabilities.
- People with physical disabilities.
- LGBTQ+ communities.
- People who misuse drugs and/or alcohol.

The reporting requirements and performance framework for the commissioned service are aligned to these priorities and support ongoing monitoring of access, outcomes and inequalities experienced by protected groups. The contract extension does not alter the service model but supports continued delivery of essential services to groups identified as being at increased risk of poor sexual health outcomes.

- **Actions**

The action is to complete a full EIA, Part B.

In addition, the new service will be expected to undertake an EIA on any material changes to the service and the outcomes utilised to inform forward year planning. In addition, all functions and policies are expected to have been equality impact assessed.

Date to scope and plan your Equality Analysis:	February 2020
Date to complete your Equality Analysis:	February 2020, reviewed September 2026
Lead person for your Equality Analysis (Include name and job title):	Alex Hawley Consultant in Public Health

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date of Approval
Emily Parry-Harries	Director of Public Health	
Cllr Baker-Rogers	Cabinet Member for Adult Social Care and Health	

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and

Diversity Internet page.	
Date screening completed	February 2020, reviewed September 2026
Report title and date	**Sexual Health Contract Extension** February 2020 reviewed September 2026
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	