## PART B – Equality Analysis Form

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.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics 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. – see page 11 of Equality Screening and Analysis Guidance.

| **1. Title** | |
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| **Equality Analysis title: Sexual Health Contract Extension** | |
| **Date of Equality Analysis (EA): February 2020, revised September 2026** | |
| **Directorate: Adult Care, Housing and Public Health** | **Service area: Public Health** |
| **Lead Manager:**<br>**Alex Hawley** | **Contact number:**<br>**01709 255846**<br>**07585 795963** |
| **Is this a:**<br>☐ **Strategy / Policy** ☒ **Service / Function** ☐ **Other**<br><br>**If other, please specify** | |

| 2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance | | |
|---|---|---|
| **Name** | **Organisation** | **Role (eg service user, managers, service specialist)** |
| Alex Hawley | RMBC | Consultant in Public Health |
| Zara Hohn-Zeo | RMBC | Public Health Practitioner Apprentice |
| Jennifer Armitage | RMBC | Strategic Commissioning Manager |

**3. What is already known? -** see page 10 of Equality Screening and Analysis Guidance

**Aim/Scope (who the Policy/Service affects and intended outcomes if known)**

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.

**What equality information is available? (Include any engagement undertaken)**
What local equality information is available?

The population of Rotherham is estimated to be approximately 279,000 residents and is continuing to grow, according to the ONS mid-year population estimates for 2025. Census 2021 data demonstrates that Rotherham has an increasingly diverse population, with around 11% of residents identifying with an ethnic minority background, an increase since the 2011 Census. Groups with the largest representation include Pakistani, Roma, Slovak and other Eastern European communities.

Census 2021 data also shows that a significant proportion of residents report a disability or long-term health condition, and inequalities continue to be experienced by people living in the most deprived communities. These inequalities can impact access to health services and health outcomes, including sexual health outcomes.

The Rotherham Joint Strategic Needs Assessment (JSNA) identifies sexual health as a key component of health and wellbeing. Poor sexual health outcomes continue to be disproportionately experienced by young people, people living in areas of deprivation, gay, bisexual and other men who have sex with men (MSM), some Black and Minority Ethnic communities, people with learning disabilities and LGBTQ+ communities

The Office for Health Improvement and Disparities (OHID) Sexual and Reproductive Health Profiles show that:

- The all new STI diagnosis rate in Rotherham was 540 per 100,000 population in 2024, lower than the England average of 632 per 100,000.
- The chlamydia detection rate among females aged 15-24 years was 2,375 per 100,000 population, above (higher is better) the England average of 1,589 per 100,000.
- The HIV testing rate was 2,373 per 100,000 population in 2024.
- In 2022 – 24, 50% of HIV diagnoses were classified as a late diagnosis, meaning that, when newly diagnosed with HIV, they had 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.
- The under-18 conception rate was 19.3 per 1,000 females aged 15-17 years in 2022, compared with 13.9 per 1,000 nationally in 2022.

These findings demonstrate that while many sexual health outcomes are improving, there remain significant inequalities affecting specific population groups. The extension of the sexual health contract supports continued provision of targeted interventions aimed at reducing these inequalities and improving access to services.

**Are there any gaps in the information that you are aware of?**

Whilst routine monitoring has improved, there remain gaps in the evidence base relating to sexual health needs and outcomes for people with physical disabilities, people with learning disabilities, transgender and non-binary people, some ethnic minority communities, and individuals experiencing multiple disadvantage, including women affected by substance misuse and sex workers. Further work is required to improve understanding of barriers to access, service experiences and health outcomes amongst these populations.

The commissioned sexual health service and its partners, including Yorkshire MESMAC, undertake targeted outreach and engagement activities with groups at increased risk of poor sexual health outcomes, including people who misuse drugs and alcohol, sex workers, LGBTQ+ communities and minority ethnic communities. These activities help improve access to services and provide valuable insight into unmet need and barriers to care.

The commissioned service specification includes requirements to collect and report demographic information, including protected characteristics, to improve understanding of need, monitor inequalities and inform future service planning and service improvement.

**What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?**

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| The commissioned provider is required to monitor service use and outcomes by age, sex, ethnicity, disability, sexual orientation, gender identity and deprivation where possible. This information will be reviewed through routine contract performance monitoring and annual reporting arrangements.<br><br>Data will be used to identify underrepresented groups, inequalities in access or outcomes, and opportunities for service improvement. Findings will be reported through governance arrangements including Public Health commissioning and relevant partnership groups. | |
| **Engagement undertaken with customers. (date and group(s) consulted and key findings)** | Consultation was carried out at the time of the original procurement, which was informed by the Sexual Health Strategy, this included:<br><br>• The Rotherham Youth Cabinet were consulted on the original strategy in 2015. They agreed the strategy and the associated action plan. They especially wanted a focus on young people's needs. This was agreed for the refresh in 2019.<br><br>• Rotherham Voice of the Child Lifestyle Survey (annual survey) 2019 survey shows a rise in risk taking behaviour in relation to sexual health such as having unprotected sex after using alcohol. These findings can be used to set actions for partner agencies. As the survey is an annual one, engagement with young people can be ongoing.<br><br>• A Survey was conducted by Yorkshire MESMAC and Rotherham NHS Foundation Trust with young people (16-19) who live in the town in 2019. The survey looked at young people's relationship to sexual health services and barriers to access. This consultation will inform the delivery of the priority in relation to STI diagnosis in young people being higher amongst young people.<br><br>• The refreshing of the strategy was discussed at a meeting of the Health Select Commission in 2018 and some concerns were made in relation to adults with learning difficulties and their understanding as to use of contraceptive products and the spread of STIs. As a result the refreshed strategy identified the need to consult with adults with learning difficulties across the town. |

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| | Additional engagement activity has taken place since the original procurement. In 2024, consultation was undertaken with adults with learning disabilities through SpeakUp and with members of the Rainbow Project. This work identified opportunities to improve awareness and understanding of sexual health services and informed the development of Easy Read sexual health resources. Feedback from these groups has been shared with the commissioned provider and has informed ongoing service development and the refresh of the Sexual Health Needs assessment. |
| **Engagement undertaken with staff (date and group(s)consulted and key findings)** | The Sexual Health Strategy was produced at the time of the original tender by the Rotherham Sexual Health Strategy Group, a multi-agency group that promotes good sexual health for all Rotherham residents. The group now has a more operational focus and an action plan to support these aims.<br><br>The Health Select Commission undertook an Access to Contraception scrutiny review throughout 2025. The findings of the Review were approved by the Health Select Commission on 22nd January 2026, endorsed by the Overview and Scrutiny Management Board (OSMB) at its meeting on 3rd February 2026 and presented to Cabinet on 16th March 2026.<br>Cabinet responded to the Review findings at its meeting on 8th June 2026. A full list of recommendations can be found in Appendix 1.<br>A feasibility review for additional outreach clinics is underway. |

| **4. The Analysis - of the actual or likely effect of the Policy or Service (**Identify by protected characteristics) |
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| **How does the Policy/Service meet the needs of different communities and groups? (**Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)<br><br>The re commissioned sexual health service follows the principles outlined in the strategy:<br>• Improve sexual health |

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

The commissioned sexual health service will support universal services for all (for example, contraceptive services for women and men of all ages) and promotes programmes of work to reach those identified as being at highest risk of poor sexual health outcomes such as young people under 25, vulnerable adults, gay, bisexual and men who have sex with men, black and ethnic minority groups and people living in areas of high deprivation.

The commissioned service will work with partner agencies to provide services tailored specifically to people with certain protected characteristics. Specifically, for example, to people from the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) community and black and ethnic minority groups.

The clinical services will also target areas of deprivation and ensure services are also made available in accessible buildings.

The strategy action plan identifies key areas of work, for example in exploring the higher rates of STI diagnosis in young people and in addressing the sexual health within a range of vulnerable groups.

The service will be contracted to:
Deliver and promote the condom distribution, use and the understanding of safer sex.

Make available resources and materials in different languages and easy read to ensure accessibility to those where English is not their first language or where reading is challenging.

There are gaps in the priority areas identified in particular regarding sexual health and transgender and the sexual health of people with disabilities and the service will be expected look at ways of addressing these gaps.

To address the gaps in relation to protected characteristics, indicators have been developed to capture this on an annual basis.

The review of primary care data in relation to young women accessing services for contraception outlined that the majority are over 25, this has led to introduction of clinics for under 25s only which are well attended.

**Does your Policy/Service present any problems or barriers to communities or Groups?**

The Key Performance Indicators (KPIs) for the new service have been intentionally aligned with public health priorities identified in the Sexual Health Strategy. This includes capturing information relating to:

- young people
- men who have sex with men
- people from countries of high HIV prevalence, especially Black Africans

- those who misuse drugs and/or alcohol
- people from the most deprived neighbourhoods

(Source - Local authority HIV, sexual and reproductive health epidemiology reports, 2017, Public Health England)

Ensuring the new service provider conducts public and service user consultations, will identify barriers experienced and enable corrective actions to be developed.

The service is an all-age service and will be expected to demonstrate partnership working across the borough and, with other key services, in particular with the 0-19s Children's Nursing service and under 18s drugs and alcohol services due to these services working with at risk groups of children and providing a better service offer.

**Does the Service/Policy provide any positive impact/s including improvements or remove barriers?**

The service will promote good sexual health to all and address the sexual health needs of those who are identified as being at highest risk of poor sexual health outcomes.

The commissioned service will provide improvements in service provision and remove barriers (for example, by services providing more accessible services for young people) using best practice and local consultation and service user involvement to inform developments, an example being the review of primary care data in relation to young women accessing services for contraception. Findings showed the majority being over 25, this led to introduction of clinics for under 25s only which are well attended.

The requirement for the new service to implement digital service offers, could lead to removal of barriers to accessing services for some groups. As this comes online, the outcomes of this approach will need assessing.

**What affect will the Policy/Service have on community relations?** (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The new service will be expected to promote more engagement with services users and communities, there are quality indicators identified to engage and consult, for example, in relation to people not accessing services.

One key requirement of the service is to focus on vulnerable groups and to reduce sexual health inequalities which are seen within our population.

Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities, including:

- young people,
- men who have sex with men,
- people from countries of high HIV prevalence, especially Black Africans,
- those who misuse drugs and/or alcohol
- people from the most deprived neighbourhoods.

Also for inclusion:

- Those with disability, physical and learning disability
- Transgender

The provider could be expected to create a service user panel to bring the voices of underrepresented groups to the table and this links to the Sexual Health strategy group.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

## 5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

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| **Title of analysis: Sexual Health Contract Extension** |
| **Directorate and service area: Adult Care, Housing and Public Health** |
| **Lead Manager: Alex Hawley** |
| **Summary of findings:** |
| The sexual health contract extension supports the continued delivery of an all-age, open-access sexual health service for Rotherham residents. Evidence from the Rotherham JSNA, OHID Fingertips and local engagement activity demonstrate that inequalities in sexual health outcomes continue to affect young people, people living in areas of deprivation, MSM communities, LGBTQ+ communities, people with learning disabilities, people with disabilities and some ethnic minority groups.<br><br>The service provides both universal and targeted interventions that aim to reduce inequalities, improve access, increase uptake of testing and contraception services, support reproductive health and improve sexual health outcomes across the population.<br><br>Ongoing monitoring of protected characteristics and service user feedback will be used to identify emerging issues and inform future service improvements. |

| Action/Target | State Protected Characteristics as listed below | Target date (MM/YY) |
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| The commissioned service will monitor demographics of service users to identify protected characteristics of the service users. This will be through an annual report which will be presented at performance and quality meetings. | All | Annual |

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| This will be fed through to the Sexual Health Strategy Group for information and where appropriate can inform the revision of the strategy actions reviewed annually to improve data quality and gaps access to services for any users identified will be added to the action plan. | | |
| The commissioned service will link with organisations representing people with protected characteristics to ensure their ability to comment on and benefit from the service. This will guide service improvement. | All | Within the first year of the contract. |
| The commissioned service will engage with a wider range of service providers (e.g. drug and alcohol services, mental health services, 0-19 service) and service users (e.g. adults with learning difficulties) to develop service access and treatment pathways. | All | Within the first year of the contract. |
| The Equality Analysis will be revisited on an annual basis to monitor the impact of the actions. This is specified in the tender documentation and will form part of the annual reporting requirement. Annual reports will be received by the Public Health Commissioning in the first instance and fed through to the Sexual Health Strategy Group. | All | Annual requirement |

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

| **6. Governance, ownership and approval** | | |
|---|---|---|
| Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member. | | |
| **Name** | **Job title** | **Date** |
| Emily Parry-Harries | Director of Public Health | |
| Cllr Baker-Rogers | Cabinet Member for Adult Social Care and Health | |
| | DLT | |

## 7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis 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 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.

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| **Date Equality Analysis completed** | **February 2020, reviewed September 2026** |
| **Report title and date** | **Sexual Health Contract Extension** |
| **Date report sent for publication** | |
| **Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk** | 29/09/26 |