

## 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	
<b>Equality Analysis title: The Sexual Health Strategy principles relating to the review of the Sexual Health Service commissioning.</b>	
<b>Date of Equality Analysis (EA): February 2020</b>	
<b>Directorate:</b> Adult Care, Housing and Public Health	<b>Service area:</b> Public Health
<b>Lead Manager:</b> Alex Hawley	<b>Contact number:</b> 01709 255846 07585 795963
<b>Is this a:</b> <input type="checkbox"/> <b>Strategy / Policy</b> <input checked="" type="checkbox"/> <b>Service / Function</b> <input type="checkbox"/> <b>Other</b>	

## 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
Gill Harrison	RMBC	Public Health Specialist
Sally Jenks	RMBC	Public Health Specialist

## 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 Rotherham Sexual Health Strategy Group conducted a comprehensive Equality Analysis (EA) in September 2019. This analysis of the Sexual Health Strategy has been conducted as part of the preparation for the Integrated Sexual Health service review. This 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 assessment looked at the findings of the strategy refresh and the associated Equality Impact Assessment (EIA) to inform changes to the existing service model and the quality and performance indicators to ensure that they are aligned.

The Sexual Health Strategy outlines priorities for supporting improved sexual health outcomes for the local population's health and wellbeing over the next three years and provides 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

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 (MSM)
- 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)

It is important, therefore, to ensure that measures be put in place to reduce sexual health inequalities whilst improving the sexual health of all the people of Rotherham as part of the service model being recommissioned. The service model reflects the key priorities within the Sexual Health Strategy.

These principles align with the government's criteria for improved sexual health in 'A Framework for Sexual Health Improvement in England' (2013)

- Prevention is prioritised: evidence-based interventions that motivate people to alter their behaviour are commissioned.
- Leadership and joined up working: commissioners and key local partners work closely together to ensure that sexual health services are of a high quality and are not fragmented.
- Focus on outcomes: challenging outcome measures are produced, used to develop plans and monitored over time.
- Wider determinants of sexual health are addressed: links are made with other key determinants of health (e.g. alcohol and drug misuse, mental health) in order to tackle them in a joined-up way.
- Commissioning of high quality services: services are commissioned from high quality providers with appropriately trained staff and are offered in a range of settings, with robust care pathways to ensure a seamless service. Patient feedback is used to ensure that service meets needs.
- The needs of more vulnerable groups are met, services are able to meet the needs of groups who may be vulnerable and at risk from poor sexual health.

What local equality information is available?

The population of Rotherham is estimated at 264,700 and is growing by about 1,200 each year. In comparison to most of England the borough has a lower proportion of people aged under 40 (however a higher proportion of 5-9 year olds).

Rotherham is a diverse borough and the ethnic profile continues to change. The proportion of residents from Black and Minority Ethnic (BME) communities is relatively low (8.1% in the 2011 census) when compared to the national average, although this is estimated to have increased to at least 10% since census data. The largest of these communities are Pakistani/Kashmiri and Slovak/Czech Roma.

The 2011 census showed that 56,900 (22%) of Rotherham's population had a long-term health problem or disability and 11.3% said their day-to-day activities were limited a lot by long term conditions (8.3% nationally).

It is estimated that 18.6% of residents aged 16 and over have a common mental health disorder and that 10.9% residents aged 18 and over have a long-term mental health problem (both higher than the England average).

Public Health England (PHE), publish local authority HIV, sexual and reproductive health epidemiology (LASER) reports for each local authority on an annual basis. The report shows the differential in good sexual health experienced across the population of a local authority. The information can be used to monitor progress of any interventions.

The latest report (published December 2018, using 2017 data) shows the following:

- The rate of newly diagnosed sexually transmitted infections (STIs) was 581.4 per 100,000 residents (compared to 743 per 100,000 in England). This showed a significant improvement from 2013 when the rate was 951.4 per 100,000 residents.
- 58% of diagnoses of new STIs in Rotherham in 2017 were in young people aged

<p>15-24 years compared to 50% in England.</p> <ul style="list-style-type: none"> <li>• In Rotherham an estimated 6.8% of 15-19 year old women and 7.1% of 15-19 year old men presenting with a new STI during the period from 2013 to 2017 became re-infected with an STI within 12 months. This is higher than for the general population of Rotherham (5.3% for both men and women).</li> <li>• In 2017 the conception rate for under 18s in Rotherham was 22.1 per 1,000 females aged 15-17 while the rate was 17.8 in England and 20.6 in Yorkshire and Humber.</li> <li>• For cases in men where sexual orientation was known, 13.45% of new STIs in Rotherham were among gay, bisexual and other men who have sex with men (MSM).</li> <li>• Where recorded, 4.4% of new STIs diagnosed in Rotherham were in people born overseas.</li> </ul>	
<p><b>Are there any gaps in the information that you are aware of?</b></p> <p>It is recognised that little data in relation to sexual health and disability is collected both locally and nationally and this is a gap in our knowledge base.</p> <p>Sexual health information in relation to transgender is also sparse but there is an acknowledgement, nationally, that this needs to be addressed.</p> <p>The expectation to collect and report demographic information, by characteristics and by areas of deprivation are included in the specification for the new service.</p>	
<p><b>What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?</b></p> <p>The commissioned service will be expected to monitor and report the demographics of service users, this will identify the protected characteristics of service users and this can then be used to highlight any underrepresented groups or communities and implement action to improve coverage.</p> <p>Prevention service elements will be designed with service user consultation to ensure services are appropriate and accessible. This will be part of the quality and performance monitoring requirements.</p> <p>The commissioned service provider will be expected to conduct and report on service user and non user surveys to monitor the impact and impression of the services. The provider will be commissioned to undertake at least one survey per year, where relevant this will include information on the protected characteristics and geographical distribution focusing on areas of deprivation.</p>	
<p><b>Engagement undertaken with customers. (date and group(s) consulted and key findings)</b></p>	<p>The Sexual Health Strategy has informed the commissioning direction and, has guided the development of the commissioned service's locally determined Key Performance Indicators. The consultation listed below was conducted to inform the strategy.</p> <ul style="list-style-type: none"> <li>• The Rotherham Youth Cabinet were consulted</li> </ul>

	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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 has identified the need to consult with adults with learning difficulties across the town.</li> <li>• The refreshed strategy and first year action plan was discussed at a meeting of the Health Select Commission in 2019. Members asked if the strategy group could develop some more performance indicators that would indicate success in relation to the wider determinants in sexual health. They wanted to ensure that the emphasis was not purely on infection control. This be discussed by the strategy group and actions, as appropriate, will be included on the plan.</li> <li>• There are plans to engage with Adults with learning difficulties March / April 2020. It is envisaged that this will include: Speak Up People's Parliament</li> </ul>
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	Focus groups, adults with learning difficulties and young people
<b>Engagement undertaken with staff (date and group(s) consulted and key findings)</b>	<p>The Sexual Health Strategy was produced by the Rotherham Sexual Health Strategy Group, a multi-agency group that promotes good sexual health for all Rotherham residents.</p> <p>The group is made up of representatives from all agencies involved in the delivery of sexual health. It is chaired by the Cabinet Member for Adult Social Care and Health, with coordination and support from the Council's Public Health team.</p> <p>The Terms of Reference for the group state that representatives should include (but are not limited to):</p> <ul style="list-style-type: none"> <li>Consultant in Public Health.</li> <li>The Integrated Sexual Health Services, at The Rotherham NHS Foundation Trust (TRFT).</li> <li>Rotherham Clinical Commissioning Group (RCCG).</li> <li>The Council's Early Help service.</li> <li>The Council's School Effectiveness Service.</li> <li>Yorkshire MESMAC.</li> <li>Rotherham Local Pharmaceutical Committee (LPC).</li> <li>Rotherham Local Medical Committee (LMC).</li> <li>The Gate Surgery.</li> <li>Rotherham Children, Young People &amp; Families Consortium</li> <li>TRFT Named Nurse (looked after children &amp; care leavers).</li> <li>Barnardos.</li> <li>Healthwatch.</li> </ul> <p>The strategy group also regularly invites representatives from other organisations (for example, British Pregnancy Advisory Service, one of the Rotherham service providers) to present and discuss with members and to input into the action planning.</p> <p>Frontline staff regularly present to the group bringing their insight of service users. in future, this could incorporate a focus on protected characteristics and geographical distribution.</p>

#### 4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

**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)

The re commissioned sexual health service follows the principles outlined in the strategy:

- 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**

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.

Target 2020

## **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.

<b>Title of analysis: The Sexual Health Strategy principles relating to the review of the Sexual Health Service commissioning.</b>
<b>Directorate and service area: Adult Care, Housing and Public Health</b>
<b>Lead Manager: Alex Hawley</b>
<b>Summary of findings:</b>
<p>The sexual health strategy underpins the commissioning direction for the service tender and provides a framework for planning and delivering commissioned services and interventions (within existing resources) aimed at improving sexual health outcomes across the life course. The priorities for supporting improved sexual health outcomes for the local population's health and wellbeing over the next three years and these are reflected in the quality and performance indicators for the recommissioned service.</p> <p>This strategy supports universal services for all (for example, contraceptive services for women and men of all ages) and also 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 (MSM), black and ethnic minority groups and people living in areas of high deprivation.</p> <p>The service provider and local partner agencies will play a crucial role addressing and providing services tailored specifically to people with certain protected characteristics. Specifically, for example, to people from the LGBTQ+ community and black and ethnic minority groups. Clinical services also target areas of deprivation.</p>

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
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<p>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.</p> <p>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.</p>	All	Annual
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

## 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
Teresa Roche	Director of Public Health	
Cllr David Roche	Cabinet Member for Adult Social Care and Health	
	DLT	

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## 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](mailto: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.

<b>Date Equality Analysis completed</b>	<b>February 2020</b>
<b>Report title and date</b>	<b>The Sexual Health Strategy principles relating to the review of the Sexual Health Service commissioning.</b>
<b>Date report sent for publication</b>	
<b>Date Equality Analysis sent to Performance, Intelligence and Improvement</b> <a href="mailto:equality@rotherham.gov.uk">equality@rotherham.gov.uk</a>	