Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Leicestershire Sexual Health Strategy 2016-19
Department and section:	Public Health
Name of lead officer/ job title and others completing this assessment:	Janet Hutchins Senior Public Health Manager Vivienne Robbins Consultant in Public Health
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Date EHRIA assessment started:	04/02/16
Date EHRIA assessment completed:	04/04/16

Section 1: Defining the policy

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You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1	**What is new or changed in this policy?** *What has changed and why?* The Leicestershire Sexual Health Strategy 2016-2019 has been prepared to outline the vision and strategic approach of sexual health services across the sexual health commissioning system for the next three years. The life of the strategy has been determined by matching to the life of the current Medium Term Financial Strategy (MTFS), in order for us to meet our financial targets and implement new approaches to sexual health services and system. The Public Health Grant allocation removal of the ring fence from 2018/19 will also have implications for the sexual health services delivered in the future. The need for a sexual health strategy has arisen due to the fragmentation of the sexual health commissioning system (as a result of the Health and Social Care Act 2012), changes in sexual health needs across the population and in response to financial challenges over the next few years. To inform this work a comprehensive Leicestershire and Rutland Sexual Health Needs Assessment was completed in Autumn 2015.The needs assessment triangulates national; and local policy, with qualitative and quantitative data to understand the needs, demands and supply of sexual health services. The key chapters are: • Demography of Leicestershire & Rutland. • Groups at high risk of poor sexual health • Sexually Transmitted Infections (STIs) • Human Immunodeficiency Virus. (HIV) • Sexual Reproductive Health. • Sexual Abuse. • Engagement • Recommendations The results and recommendations for the needs assessment have provided clear evidence base and rational for the following mission and strategic priorities: ***Mission - Empowering the population of Leicestershire to make informed, positive choices about their relationships and sexual health.*** The overall aim of this strategy is to empower the Leicestershire population to have informed, positive relationships that result in reduced rates of unwanted pregnancy and sexually transmitted infections (STIs) including HIV. To achieve this vision there are a number of cross cutting themes that arose from the sexual health needs assessment. These themes should be considered

across all strategic priorities and include;

- Empowerment
- Patient centred, integrated pathways
- Equitable Prevention focused
- Life course approach
- Evidence based

Strategic Priorities

The draft strategic priorities include;

1. A co-ordinated approach to sexual health commissioning and partnership work
2. Develop a highly skilled local workforce
3. Strengthen the role of primary care (GPs)
4. Coordinated, consistent sexual health communications
5. Support schools to deliver high quality relationships and sex education (RSE)
6. Utilise new technologies to support sexual health delivery
7. Increase access to sexual health improvement and HIV prevention to at-risk groups
8. Increase links between sexual violence prevention and sexual health services.

The strategy will help the council to work with partners to provide more joined up, effective, efficient and evidence-based sexual health services to meet local population needs.

Implications of the draft strategy

The current implications of the draft strategy are:

1. Contraceptive Services- Completion of further work, including training, with primary care (including GPs/nurses) and the wider population to encourage them to access their local GP more, instead of specialist services, for uncomplicated sexual health services.
2. Chlamydia Screening- Reducing the range of settings to access opportunistic screening for 15-24 year olds to order online self-sampling kits only. This will provide a platform to develop further online STI testing.
3. Online STI screening-Development of an online STI screening service available to all ages via online assessment to ensure appropriate self-sampling and referral to attend services where appropriate.
4. Teenage Pregnancy- Focus on integration of teenage pregnancy specific services into core sexual health, mental health and children's services rather than having a targeted approach.
5. Community Safer Sex Project (CSSP)- Transition from existing CSSP to a c-card scheme. (A scheme that provides young people with access to free condoms from a wide range of distribution sites following a consultation with a professional).
6. High Risk Groups- Move from health promotion support to focus on access to mainstream sexual health services and a range of testing opportunities, including online self-testing kits, for groups at higher risk of STIs and HIV (Men who have sex with men (MSM), sex workers,

	black African communities and young people). 7. Clinical sexual health services for sex workers- Move from health promotion support towards improved access to clinical sexual health services for this group.
2	**Does this relate to any other policy within your department, the Council or with other partner organisations?** *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* The Strategy will relate to a number of other policies and strategies, and is linked to the following strategies/ work streams: - Leicestershire Health & Wellbeing strategy - Communities strategy - Better Care Together (including planned care- gynaecology services) - Medium Term Financial Strategy including early help and prevention review and supports themes of the digital council -
	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them? The potential impact is upon everyone living in Leicestershire with a need or potential need for sexual health services. The aim of the strategy is to ensure people can get the right level and type of support or service, at the right time to improve sexual health outcomes, including: • Reducing the risk of unintended conception, • Early diagnosis and treatment of STIs and HIV • Reducing the risk of onward transmission of STIs & HIV, • Maximising people's ability to make informed, positive choices about their relationships and sexual health. The intentions of the strategy and proposed changes are to ensure the following: • Joined up sexual health commissioning across organisational boundaries to support seamless sexual health patient pathways. • Highly skilled sustainable sexual health workforces across all levels of sexual health service, to ensure people have quality experiences and confidence in services they access. • Key sexual health messages, referral and signposting are integrated into other non-core services to ensure that people sexual health needs are identified and supported as part of their holistic health and wellbeing. • People have good access to services in appropriate settings and locations, including primary care and via new technologies. • A long term, sustainable model to deliver high quality RSE in all schools and young people's settings to provide a consistent offer for young people. • People who may require an intervention/ support are identified early and effectively prioritised.

4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**			
		Yes	**No**	**How?**
	Eliminate unlawful discrimination, harassment and victimisation	x		The strategy is informed by local needs assessment and aims to improve the sexual health of all people of Leicestershire. Cross cutting themes include empowerment, patient centred approaches and availability of equitable services proportional to need. A core element of the strategy relates to relationship and sex education (RSE). This aspect addresses aspects of discrimination, harassment and victimisation within the training, covering aspects such as healthy relationships, consent & the law. The strategy also aims to increase links between sexual violence prevention and sexual health services including awareness and support for child sexual exploitation and female genital mutation.
	Advance equality of opportunity between different groups	x		The strategic approach includes development of innovative ways to increase universal access to services across urban and rural locations as well as targeting groups identified at higher risk of poor sexual health. (i.e. young people, MSM, sex workers and black African communities.) A key theme is increasing access to sexual health improvement and HIV prevention for at risk groups.
	Foster good relations between different groups	x		The overall aim of the sexual health strategy is to empower the local population to have informed, positive relationships to improve sexual health outcomes. Part of this involves reducing stigma associated with sexual health which inherently requires better understanding and acceptance between different population groups.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2 **A: Research and Consultation**			
5.	Have the target groups been consulted about the following? a) their current needs and aspirations and what is important to them; b) any potential impact of this change on them (positive and negative, intended and unintended); c) potential barriers they may face	**Yes**	**No***
		X (sex workers survey, Focus groups of YP, LGB, Learning difficulty & disability ,young parents, stakeholder visioning event in July, existing user engagement/consultation also included in the SHNA) Strategy also out for 8 week wider public/ stakehol	

		der consultation from January to March 2016.	
		X (opportunity for public to feedback on SH strategy consultation although targeted at providers/stakeholders)	
		X (as above)	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	**X Range of workshops/consultation feeding into the SHNA, including a visioning event in July 2016 with over 100 key sexual health stakeholders. Consultation online promote**	

		d to stakeholders Consultation opportunity at a range of partnership boards and events.	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	**X As Q6**	
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		
	Further detail on engagement: <u>Professional and stakeholder engagement.</u> In 2015, two key partnership events and some targeted focus groups were completed to gain the views of over 100 LLR sexual health partners and stakeholders about current sexual health services and priorities for the future. The views and feedback gathered at these events was incorporated alongside other engagement findings within the needs assessment which has informed the strategy. <u>Service user engagement.</u> Between May and September 2015, 7 focus groups were undertaken with 94 service users to find out what they thought about the current service offer. The groups consulted included: Young parents, families, LGB, young people and a learning disability group. A questionnaire was also completed by sex workers in LLR. Other sources of engagement including previous research and consultation findings were also collated and informed the findings of the sexual health needs assessment. This included public consultation about local sexual health promotion and HIV prevention services completed in 2014. An eight week consultation exercise about the proposed new strategy for sexual health in Leicestershire ended on 15th March 2016. This was open to residents and practitioners. 62 respondents completed an online questionnaire. The consultation was also taken to EL & R CCG Board, WL CCG Board, Leicestershire & Rutland Health & Wellbeing Boards, Leicestershire Teenage Pregnancy Leadership Board, Looked After Children workshop event to enable further opportunity for feedback. The feedback has been collated and used to inform changes to the draft strategy.		

Section 2 **B: Monitoring Impact**			
9.	Are there systems set up to:	**Yes**	**No**

	a) monitor impact (positive and negative, intended and unintended) for different groups;	**x**	
	b) enable open feedback and suggestions from different communities	**x**	

Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2
C: Potential Impact

10. Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

	Yes	No	Comments
Age	**x**		Young people aged 15-24 are most at risk of STIs, particularly chlamydia, and poor sexual health. Young mothers (u18s) and their babies are more likely to have poorer health outcomes compared to older ages. The strategic approach includes the need to target YP. Specific changes include; RSE: Review of RSE training & support, strengthen links with the Healthy School Programme and development of process to audit RSE. **Overall impact: Neutral** Young Parent Support: Explore how support for young parents can be embedded into SLF/Children's Centre programmes and increasing the age of support to 21 years. However this may mean changing the service delivery model away from specific teenage parent groups. **Overall impact: Neutral** New Technologies to deliver SH services: decommission opportunistic chlamydia screening for 15-24s and

				establish full online STI screening for all ages, explore different models of delivery for less complex SH needs (e.g. virtual clinics, telephone consultations). The decommissioning of opportunistic chlamydia screening will reduce access to this service for 15-24year olds in the shorter term. However the full online STI screening service will increase access to STI screening to the whole population in the longer term and other actions will assist in mitigating negative impact (see section 3). **Overall impact: Negative for 15-24year olds but positive for wider population** <u>Sexual Violence:</u> ensure sexual violence prevention agenda is embedded in SH services**.** **Overall impact: Positive** The strategy includes a life course approach as a cross cutting theme and identifies different needs at different stages of life. E.g. increases in STIs diagnosed in over 45s; Aging population of HIV positive people as HIV has changed to be a long term condition. **Overall impact: Positive**
	Disability	**x**		National data indicates higher risk of poor SH including sexual violence. There is no local data, however a focus group for LD identified specific needs including staff training and provision of easy read leaflets to improve access to services & information provision. Considering information and service access for this group will part of the sexual health communications and training groups. **Overall impact: Positive**

	Gender Reassignment	**X**		Whilst there is limited information on SH needs for this group, consultation suggests that there may be barriers to using SH services, particularly in primary care. The strategy aims to improve access and develop a highly skilled workforce which would include awareness & skills to reduce barriers to access. **Overall impact: Positive**
	Marriage and Civil Partnership		**x**	Marital status does not impact on access or availability of services.
	Pregnancy and Maternity	**x**		The strategy aims to improve access to contraception across the health system, to empower women to plan pregnancy with its improved health outcomes. The strategy plans to review future possibility of a centralised booking for abortion services and to improve access to abortion over 12 week gestation locally. The strategy also identifies young parents as a priority group (see YP above) **Overall impact: Positive**
	Race	**x**		The SHNA identifies higher risk of HIV/STI for those of black ethnic group. The strategy is underpinned by a theme of equitable access to services, targeting groups at higher risk of poor SH and plans include increased access to HIV/STI testing via self-sampling & community based testing. The SHNA also identifies that the Asian ethnic group is under represented in STI diagnoses. This could highlight a population that is not actively screening for STIs. If so, the strategy plan for improving methods to access screening may help to reduce barriers for this group. **Overall impact: Positive**
	Religion or Belief	**x**		People of different religions or beliefs may have different needs

				in relation to sexual health. RSE support, SH services & prevention approaches need to be sensitive to these needs. **Overall impact: Positive**
	Sex	**x**		Women are high users of sexual health services particularly in relation to contraception and chlamydia screening. Men are higher users in relation to STI screening services. The strategy aims to increase access to services to both genders including male only clinics to increase male attendance. **Overall impact: Positive**
	Sexual Orientation	**x**		Men who have sex with men (MSM) are a high risk group in relation to STIs & HIV. The strategy aims to increase access to services using additional technologies and increasing access to STI/HIV self-sampling as well as promotion of services & safer sex messages via social media targeting this group. Further assessment of Pre exposure prophylaxis (PrEP) is also proposed. There is growing concern that sexual risk taking behaviour, combined with illicit substances, is increasing in this population. The strategy promotes a coordinated approach to commissioning and partnership working which will help to support integration in none-core services such as substance misuse. **Overall impact: Positive**
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	**x**		Access to services for those in rural locations, particularly YP and those without transport is identified as an issue. Sex workers experience a range of vulnerabilities that impact on their sexual health. The strategy proposes a focus on increased access to clinical SH services for sex workers. LAC are a group at higher risk of

				poor sexual health and teenage pregnancy. The strategy will consider how this group receives good access and support to services and RSE. N.B. The sexual health service contract includes provision of a domiciliary contraceptive service for those with special needs, vulnerable young people who are unable to attend a sexual health service. **Overall impact: Positive**
	Community Cohesion	**x**		The focus on maximising use of community resources and reducing stigma should promote greater inclusion and community cohesion**.** **Overall impact: Positive**

11. Are the human rights of individuals potentially affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]

	Yes	No	Comments
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	**x**		WHO, 2002 defines sexual health as: '… a state of physical, emotional, mental and social well-being in relation to sexuality.' Good sexual health is an important aspect of life for individuals and to society. Safeguarding and sexual violence prevention elements of the strategy support right to life. Women have the right to contraception to enable them to plan a pregnancy and achieve best health outcomes. Abortion is legal in the UK up to 24 weeks gestation under the

				Abortion Act 1967. However, if there is a substantial risk to a woman's life or foetal abnormalities then there is no time limit. Access to abortion and improved access to early abortion is supported by the strategy.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	**x**		The cross cutting themes of the strategy support high quality, evidence-based, patient centred services & approaches to promote wellbeing, empowerment and personal dignity. The strategy aims to increase links between sexual violence prevention and SH services.
	Article 4: Right not to be subjected to slavery/ forced labour	**x**		Some sex workers may be forced into initiating and maintaining sex work. The strategy aims to support the whole population to have positive relationships and identify better links between sexual violence prevention and services.
	Article 5: Right to liberty and security	**x**		The strategy aims to increase links between sexual violence prevention and SH services.
	Article 6: Right to a fair trial		**x**	
	Article 7: No punishment without law		**x**	
	Article 8: Right to respect for private and family life	**x**		The cross cutting themes support empowerment of individuals to make individual choices about their sexual health. The strategy aims to support schools to deliver high quality RSE which encompasses respect for healthy relationships, privacy & consent issues.
	Article 9: Right to freedom of thought, conscience and religion		**x**	
	Article 10: Right to freedom of expression		**x**	
	Article 11: Right to freedom of assembly and association		**x**	
	Article 12: Right to marry		**x**	
	Article 14: Right not to be discriminated against	**x**		The Strategy's aim and cross cutting themes are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them

				and that services are equitable, being proportionate to need.
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		**x**	Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy
	Article 2: Right to education	**x**		The strategy recognised the role of education, particularly in relation to good quality RSE to inform and empower people to make healthy choices around their sexual health.
	Article 3: Right to free elections		**x**	

Section 2
D: Decision

12.	Is there evidence or any other reason to suggest that: a) this policy could have a different affect or adverse impact on any section of the community; b) any section of the community may face barriers in benefiting from the proposal	**Yes** **x** **x**	**No**	**Unknown**

13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact ☐	Positive Impact ☐	Neutral Impact ☐	Negative Impact or Impact Unknown ☒ X

Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.

14.	Is an EHRIA report required?	Yes ☒ X	No ☐

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3 **A: Research and Consultation**	
When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.	
15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups? a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights)
Section 2 identifies positive or neutral impact for areas of the Leicestershire Sexual Health Strategy except in relation to proposed reductions in the range of settings for accessing opportunistic chlamydia screening for 15-24 year olds. Detailed analysis of the opportunistic screening activity from the 24 different settings available in Leicestershire has been undertaken together with a review of national evidence and guidance relating to chlamydia screening. This analysis identified highest activity of	

screening from GPs and internet sources, with internet sourced screens providing the highest percentage of positive diagnoses. Other settings in Leicestershire had a positivity rate of above 5% although have a lower volume compared to GP and Internet based screens. These include Prisons, Antenatal and Abortion services.
National Chlamydia Screening Programme guidance (NCSP)[i] recommends that local testing is based within core services (E.g. general practice, pharmacy, sexual health services and abortion clinics), limiting outreach activity to only those that effectively target hard to reach young people who would not otherwise access screening services or where positivity is five percent or greater. This guidance aims to make testing widely available but reduce costs. PHE recommends that a Local Authorities choice of service provision should be based on the local needs of its young population using positivity and cost data to decide how best to spend limited budgets.

A Health Impact Assessment has also been undertaken (February 2016) considering the impact of proposed changes to the LLR Integrated Sexual Health Service contract 2017-18. This included the impact of reducing the commissioned volume of opportunistic chlamydia screens for 15-24 year old residents of Leicestershire, based on opportunistic screening being available via self-sampling kits from Preventx on-line only with all other sources of opportunistic screening ceasing. This HIA identifies impact in the short (2016), medium (2017-2018) and longer term (2018 onwards) and was informed by the local review of chlamydia screening evidence as described above. Short/Medium term impact details reduced service access as screening routes/venues reduce from 24 to, with highest impact on the potentially lower risk population accessing settings with lowest % positives. Rates of chlamydia detection may reduce and this may result in increase in Pelvic Inflammatory Disease (PID). (N.B. The evidence base in relation to cost effectiveness of chlamydia screening is based on progression to PID is unclear).

The HIA identifies that short term negative impacts can be mitigated by:

- Local promotion to raise awareness of Preventx on line service.
- Provision of an increased access to full online STI screen to all ages.
- Dual gonorrhoea and chlamydia diagnosis important for at risk groups such as sex workers, MSM who may be at greater risk of chlamydia.
- Active signposting by core frontline providers to Preventx service, for example credit card promotion
- Increasing screening uptake in the main ISHS, including Choices clinics specifically for young people.
- Improving partner notification and testing/treating of chlamydia positive.
- Work with commissioners of prison healthcare, antenatal & maternity and abortion services to encourage embedding chlamydia testing into mainstream services.
- Engage with GP's to facilitate, understanding that symptomatic patients should be screened as part of their core contact and for cooperation to achieving long

term vision.

These mitigating actions need to be incorporated into implementation plans for the Leicestershire Sexual Health Strategy.

16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?

Further research, data collection and new evidence may be considered during the lifetime of the strategy in response to future major service development or changes in national guidance/evidence base.

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you further consulted with those affected on the likely impact and what does this consultation tell you about each of the diverse groups?

Consultation relating to the sexual health strategy, including specific questions in relation to the changes in chlamydia screening, has been widely promoted to stakeholders, including those working with young people. This has included presentation and discussion at Health Overview and Scrutiny Boards in Leicestershire and Rutland, Health & Wellbeing Boards for Leicestershire & Rutland, the Local Medical Committee, CCG strategy boards, NWL federation meeting, Leicestershire Teenage Pregnancy Leadership Board and Looked After Children (LAC) workshop.

The consultation on the sexual health strategy included specific questions in relation to implications for sexual health services. There were a total of 62 consultation responses and there was a high level of support for the proposed strategic priorities. It was explained to respondents that reduced budgets will lead to changes to the way in which sexual health services will be commissioned in future. Respondents rated their level of agreement with the proposed service changes as detailed in section 1. (Implications of the Strategy).
All implications received responses of at least 61% tend to agree/strongly agree except for chlamydia screening which was 46%.

Particular issues raised via consultation (online and via meetings) with implications for EHRIA are as follows:

1. Looked after children (LAC)/children in care, those with Learning Disability or Physical Disability, those with mental health issues and some young people may find it difficult to access online chlamydia/STI screening. Chlamydia & STI screening will continue to be available via the sexual health service, however in order to further explore this concern it is proposed that the implementation plan include exploration of access to an ‘online’ screening kit for specific groups via sexual health services.
2. U 16s were identified as a group needing consideration in relation to development of the C-card scheme to ensure safeguarding is appropriately considered. To mitigate this concern the specification for the C-card service will need to address distinct

needs of U16s and enhance safeguarding/CSE processes for this age group.

3. Consideration is needed to ensure that C-Card services are appropriate for LGBTQ and that assumptions are not made. To mitigate this concern, the specification for the C-card service will need to include addressing the needs of LGBTQ and training for practitioners delivering the services should include LGBTQ awareness.
4. The proposal to embed teenage pregnancy specific services into core sexual health, mental health and children's services rather than having a targeted approach is rated as neutral impact, although this area was less well supported in terms of consultation responses. Action to mitigate risk is required as part of the strategy implementation plan, including working with commissioners of services to clarify how the services will be embedded into mainstream service provision and contracts.

Leicestershire County Council Cabinet will consider the consultation responses and proposed amendments to the draft sexual health strategy on 19th April 2016.

18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	Discussion with young people regarding implementation of the full risk assessment online self-sampling service. Focus group with LAC forum regarding online opportunistic chlamydia screening and access to sexual health services. Providers will continue to do consultation in relation to their services, including with LGBTQ communities. The strategy is underpinned by cross cutting themes of empowerment and patient centred pathways. This will require consultation to be part of ongoing implementation plan throughout the life of the strategy.

Section 3
B: Recognised Impact

19. Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.

	Comments
Age	Young People aged 15-24 may experience reduced access to opportunistic chlamydia screening as availability from 24 settings, including general practice and outreach, is changed to access via online self-sampling only. This is likely to lead to reduced detection of chlamydia in this age group (due to screening less people.. It is possible that the proposed changes impact most on those young people living with parents who may be less willing to send for a postal kit to their home address, looked after children and people with learning disability. A range of mitigating actions are proposed

		(see section 3A 16) to ensure that young people are aware of online access and embed chlamydia testing in core services and to target those with increased risk e.g. prison healthcare, antenatal, maternity & abortion services. Options to collect a self-sampling kit will also be investigated with the specialist service. Access for this age group via sexual health services will also be enhanced with increased access to young people clinics for Leicestershire residents. **Overall Impact:** Negative in short-medium term with reduced negative impact in the longer term. See section 2.
	Disability	See section 2. In addition, access to online chlamydia/STI screening for people with learning disability/physical disability will need to be further explored. Options to collect a self-sampling kit will also be investigated with the specialist service.
	Gender Reassignment	See section 2
	Marriage and Civil Partnership	See section 2
	Pregnancy and Maternity	The proposals will result in an opportunistic chlamydia screen for 15-24 year olds presenting to maternity services. Whilst smaller volume than from GPs or online sources, the % positive was 6% and if untreated there could be risk of infection for the baby at birth. The Strategy aims to achieve a co-ordinated approach to commissioning. Work with commissioners of maternity services to encourage continuation of chlamydia screening as part a wider STI screen within the core service would prevent negative impact on this cohort. This would potentially benefit all age groups. **Overall Impact:** Negative, with opportunity to work across commissioners to mitigate.
	Race	See section 2
	Religion or Belief	See section 2

	Sex	In 2014, both nationally and locally there was higher uptake of chlamydia screening (15-24 year olds) by females. However in Leicestershire, males aged 15-19 years had a significantly higher percentage of the population tested compared to the national average. Nationally as in Leicestershire, males aged 20-24 years had the highest percentage of tests with a positive result, followed by females aged 15-19 years. It is difficult to determine the impact of the changes in relation to male/female screening uptake and diagnoses. **Overall Impact:** Unclear based on limited evidence. Further analysis and continued monitoring of uptake via online screening will be undertaken to do specific gender targeting if required.
	Sexual Orientation	See section 2
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	See section 2
	Community Cohesion	See section 2

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms: See section 2	
	Article 2: Right to life	

	Article 3: Right not to be tortured or treated in an inhuman or degrading way	
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	
	Article 6: Right to a fair trial	
	Article 7: No punishment without law	
	Article 8: Right to respect for private and family life	
	Article 9: Right to freedom of thought, conscience and religion	
	Article 10: Right to freedom of expression	
	Article 11: Right to freedom of assembly and association	
	Article 12: Right to marry	
	Article 14: Right not to be discriminated against	
	Part 2: The First Protocol: See section 2	
	Article 1: Protection of property/ peaceful enjoyment	
	Article 2: Right to education	
	Article 3: Right to free elections	

Section 3
C: Mitigating and Assessing the Impact

Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

There has been consideration of extensive evidence and local consultation completed to inform the Leicestershire Sexual Health Strategy and make the decision to change the model of opportunistic screening for 15-24 year olds in Leicestershire.
The evidence used includes:

- A comprehensive sexual health needs assessment (completed October 2015), including good local engagement at a visioning event in July 2015.
- Review of evidence, guidance and detailed local data relating to opportunistic

chlamydia screening for 15-24 year olds in Leicestershire & Rutland.(October 2015)
- Health Impact Assessment of Proposed Contract Variation to Leicester, Leicestershire and Rutland's Integrated Sexual Health Service. (December 2015)
- Consultation on draft Leicestershire Sexual Health Strategy, online and via presentation to stakeholder meetings (January to April 2016).

The evidence base for sexual health services has been considered against savings needed to be found for both MTFS and the significant reduction in Public Health grant equating to an average 3.9 per cent grant reduction in real terms per annum until 2020. (This equates to a reduction in cash terms of 9.6 per cent over the same period. This was on top of a 6.2% in year cut during 2015/16.)

The evidence for Chlamydia Screening balanced against wider budget pressures indicates the reduction in opportunistic chlamydia screening to 15-24year olds would have the least negative impact (compared to changes in other sexual health services), with potential for mitigation to further limit negative impact.

Section 17 above details consultation feedback that relates to potential adverse impact or discrimination and identifies actions to mitigate the concerns.

N.B.

i) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

See section 3 A 15 and 17 above for recommended mitigating actions.

Section 3
D: Making a decision

23.	Summarise your findings and give an overview as to whether the policy will meet

	Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

The Leicestershire Sexual Health Strategy overall has positive impact with the exception of the proposed changes in delivery of opportunistic chlamydia screening locally, which negatively impacts on young people aged 15-24 years, particularly in the short to medium term. However when balancing the evidence base together with the requirement to reduce sexual health budgets as part of the reduction to Public Health grants, these proposals are considered appropriate. The range of mitigating actions proposed will support young people in accessing chlamydia screening and wider sexual health services so that those at risk remain able to get the services they require from online sources or mainstream sexual health services.

Consultation on the strategy and proposed service implications identified some areas of concern and potential for negative impact or discrimination. However, the responses have been considered and appropriate amendments made to the sexual health strategy to mitigate negative outcomes.

The Strategy overall responds to the needs of the Leicestershire population and is considered to meet Leicestershire County Councils responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3 **E: Monitoring, evaluation & review of your policy**	
24.	Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact? Review of the findings of the EHRIA will be built into a programme management process for the wider sexual health strategy implementation. This includes quarterly reviewing the PHE Sexual Reproductive Health Profiles and other sexual health datasets to identify trends in Chlamydia screening. Additional analysis will be completed comparing Leicestershire's chlamydia detection rate with other local comparators and further analysis on age, gender etc can be completed on the remaining chlamydia screening data.
25.	How will the recommendations of this assessment be built into wider planning and review processes? *e.g. policy reviews, annual plans and use of performance management systems* See 24 above. The results from this EHRIA will be considered for the final version of the Sexual Health Strategy 2016-19 and subsequent implementation plan. There will be additional engagement with young people about developing the full online STI assessment and self-sampling service.

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Embed equality issues into strategy delivery performance framework.	An overarching performance framework will be developed for delivery of the strategy	Performance framework in place and includes equality issues	Vivienne Robbins	April 2016
Equalities monitoring is ongoing and embedded	Use the outcomes of EHRIAs to inform Service Planning, monitoring whether the EHRIAs and associated action plans lead to improved outcomes for residents.	All service plans reflect EHRIA outcomes.	Vivienne Robbins/ Janet Hutchins	September 2016
Ongoing impact upon specific groups due to any changes is monitored	Regular monitoring of sexual health data sets to review impact on specific groups. (Quarterly & Annually as available.)	Annual report of sexual health performance indicators reflecting EHRIA outcomes	Vivienne Robbins/ Janet Hutchins	Ongoing
There is equity of access to new service provision without discrimination to any protected groups, as	Service specifications for any new or remodelled service will clearly state equality requirements	All contracts include EHRIA requirements and monitoring arrangements.	Vivienne Robbins/ Janet Hutchins/ Katie Phillips	Ongoing

identified in Section 2 (above)	(including expected non-discriminatory access to the service.) This will be tested through the procurement process and monitored during the life of the contract.			
Young People are engaged with development of online STI screening services	Action plan for transition from current chlamydia screening model to online screening model includes engagement with young people.	Young Peoples' views are incorporated into online screening delivery model from 2017	Janet Hutchins	September 2016
Maintain the required standards of commissioned sexual health services in the face of reducing budgets.	Commission services as aligned with Sexual Health Needs Assessment and Sexual Health Strategy 2016-19 ensuring all statutory functions and standards are met.	All new procurement addresses this balance of need versus financial savings.	Vivienne Robbins	Ongoing

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

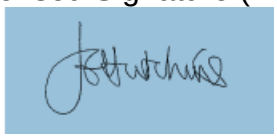
Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening X

Equality and Human Rights Assessment Report X

1st Authorised Signature (EHRIA Lead Officer):



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Date: …04/04/16……

2nd Authorised Signature (DEG Chair): ……

Date: ……4/04/16 … ……

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