Equality Impact Assessment: Recommissioning Sexual and Reproductive Health Services

Directorate: Adults, Health and Commissioning

Service: Public Health

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Service: Public Health

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Proposal details

Key service delivery objectives and outcomes *

Describe the objectives the service is working towards and the current outcomes being achieved, to give context to your proposal. If this is a new service and these needs/objectives have never been met before, please state this instead of describing the current outcomes.

The provision of sexual health services is a mandatory Public Health function for local authorities. Robust sexual health services enable sexually transmitted infections to be treated promptly to reduce the risk of the spread. This service is currently provided by Cambridgeshire Community Services. The service requires recommissioning to start from April 1, 2025.

The aim of this service is to provide clinic-based services that make up the Integrated Sexual & Reproductive Health Service (iSRH) for the population of Cambridgeshire & Peterborough. The clinic based services will work to support delivery against the three main sexual health Public Health Outcomes Framework measures;

- Under 18 conceptions
- Chlamydia detection (15-24 year olds)
- People presenting with HIV at a late stage of infection

The prevention service include population level interventions , such as campaigns along with targeting specific high risk groups.

The current service objectives are set out below. It is shared service working across Cambridgeshire and Peterborough. It is expected that the new service will have similar objectives:

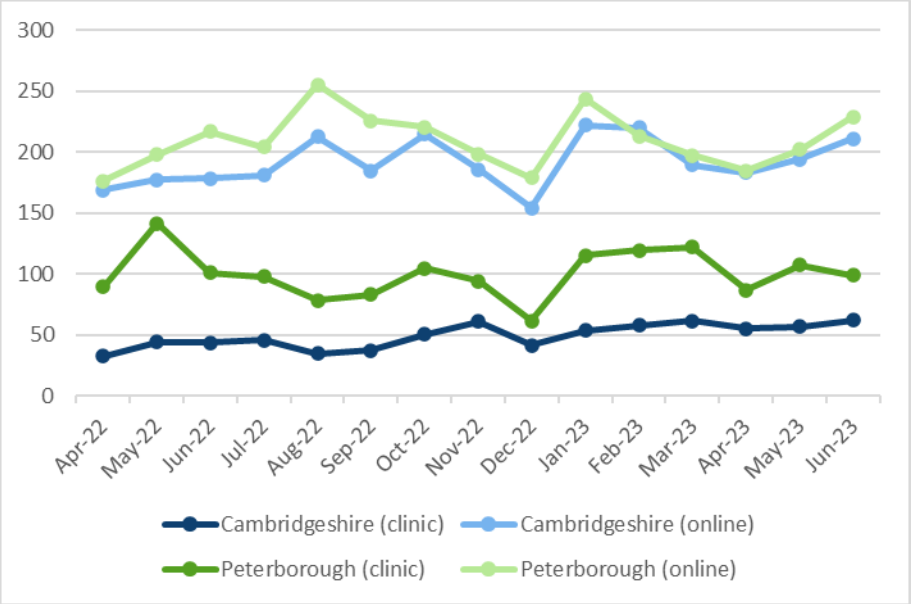
- Support patients to access high quality care that is clinically appropriate for their needs and social circumstances in a timely manner
- Improving the sexual and reproductive health of the population, especially those at risk of poor sexual health including black and minority ethnic (BME) groups; men who have sex with men (MSM); young people and young adults.
- Clear accessible and up to date information about services providing contraception and sexual health services for the whole population including preventative information targeted at those at highest risk of sexual ill health.
- Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including Long Acting Reversible Contraceptive (LARC) for all age groups.
- A reduction in unplanned pregnancies in all ages as evidenced by teenage conception and abortion rates.
- Improved access to services amongst those at highest risk of sexual ill health.
- Reduced sexual health inequalities amongst young people and young adults.
- Increased timely diagnosis and effective management of sexually transmitted infections and blood borne viruses.
- Repeat and frequent testing of these that remain at risk.
- Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk.
- Monitor uptake of late diagnosis and partner notification.
- Increase availability of condoms and safer sex practices.
- Refer patients to appropriate services through the use of clearly defined care pathways. This will include signposting patients and service users to other services that are not within the direct remit of the iSRH in the delivery of good quality care.

- Work with stakeholder across health and social care to identify populations that are not making use of the service and undertake approaches to encourage and support uptake

Current service outcomes

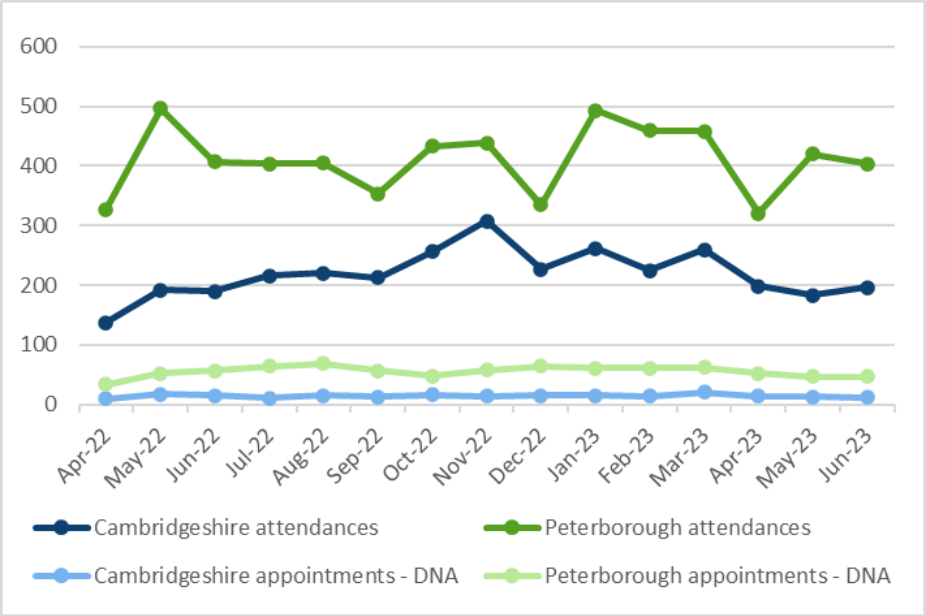
Most STI testing kits issued by iCaSH were ordered online rather than completed in clinic. The online testing kits were undertaken in similar numbers per 100,000 population in the two areas. Engagement with service users suggests that online testing has been an accessible route for receiving tests for a range of service users.

STI testing kits undertaken by delivery type, rate per 100,000 resident population, Cambridgeshire, and Peterborough, April 2022 – June 2023.



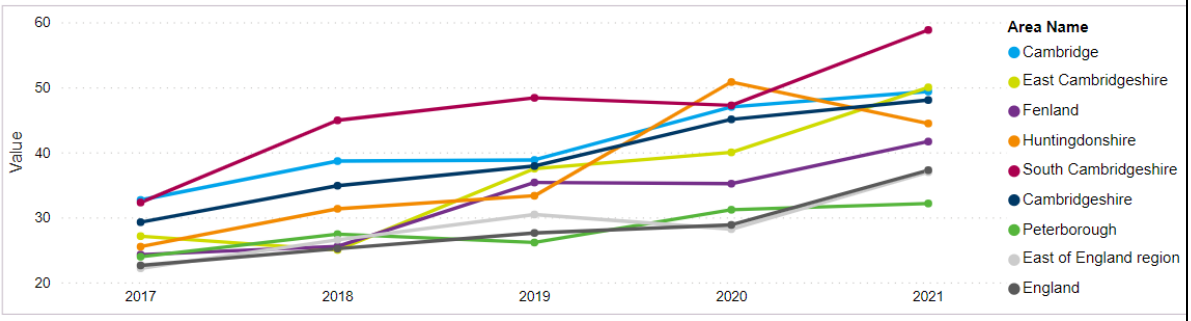
There are more attendances per 100,000 in Peterborough than Cambridgeshire although there are more appointments overall in Cambridgeshire due to the larger population. Some Cambridgeshire residents use the services in Peterborough. GUM attendances make up 65% of iCaSH attendances for Cambridgeshire compared to 51% for Peterborough.

Sexual health clinic (GUM) appointments by attendance type, rate per 100,000 resident population, Cambridgeshire, and Peterborough, April 2022 – June 2023.



Uptake of long-acting reversible contraception in under 25 year olds has been increasing in all areas of Cambridgeshire and Peterborough, this is in line with the national average.

Percentage of under 25-year-olds choosing LARC (excluding injections) as their main method of contraception, Cambridgeshire, and Peterborough, 2017 - 2021. Source: Fingertips



The rate of conception in under 18s is significantly lower than, or similar to the national average in all areas other than Peterborough. However, national teenage conception rate has been declining nationally and the rate seen in Peterborough is still lower than it was 10 years ago.

Conceptions in woman aged under 18 rate per 1,000 resident (female) population, Cambridgeshire, and Peterborough, 2021. Source: Fingertips

Time period			2021			
Area Name	Value	Trend	Count	Denominator	Lower CI	Upper CI
CA-Cambs and Peterborough	11.5		167	14,474	9.9	13.4
Cambridge	8.3		16	1,925	4.7	13.5
East Cambridgeshire	5.5		8	1,452	2.4	10.9
Fenland	14.9		23	1,541	9.5	22.4
Huntingdonshire	10.6		29	2,724	7.1	15.3
South Cambridgeshire	5.7		16	2,821	3.2	9.2
Cambridgeshire	8.8		92	10,463	7.1	10.8
Peterborough	18.7		75	4,011	14.7	23.4
East of England region	11.0		1,154	105,137	10.4	11.6
England	13.1		12,361	944,332	12.9	13.3

An engagement exercise was conducted as part of the needs assessment which, in part aimed to understand service user's views of iCaSH which is an important component of assessing outcomes. Service users are very positive about the service they have received from iCaSH. A summary of patient views is set out below:

Patient 1, female, 25-34 years old, iCaSH Cambridge

"We went through a lot of detail about my sexual health history and partners which was good."

"I would recommend the iCaSH clinic to friends and colleagues."

Patient 2, male, 25-34 years old, iCaSH Cambridge

"The location of the clinic is great. The facility is well maintained and clean."

"Once you are at the clinic, everything is good. Staff are reasonable, polite and non-judgmental."

The patient fed back that iCaSH would not provide treatment for his sexual partner. ICaSH described this as being a protocol issue.

Patient 3, female, 25-34 years old, iCaSH Cambridge

"I would recommend iCaSH to friends."

Patient 4, transgender woman, 65+ years old, iCaSH Cambridge

"[Regarding PrEP treatment]…I was happy with the clinical encounter where all the options were discussed. I have had a follow-up appointment with iCaSH for blood tests. I had an HIV test initially, after six weeks and after three months."

Patient 5, female, 35-44 years old, iCaSH Cambridge

"In the clinic, everyone was kind and nice and explained everything I needed clearly. The clinicians explained the coil fitting process to me. I was nervous about the procedure, and the doctor was helpful."

"The clinic provides a good service. I would recommend the iCaSH clinic to friends and family."

Patient 6, female, 25-34 years old, iCaSH Huntingdon and Peterborough

"I had a complicated IUD removal that required a lot of care. My experience in the Huntingdon iCaSH was good. I would 100% recommend iCaSH to friends and family. iCaSH staff were understanding and caring."

What is the proposal *

Describe what is changing and why

The proposal is to enter into another Section 75 agreement with Cambridgeshire Community Services to provide the sexual health treatment services in Cambridgeshire and Peterborough. However the new Section 75 will also include the Prevention of Sexual Ill Health Service

The provision of both services is expected to be similar in scope to the existing services with integrated contraception and sexually transmitted infection services and the prevention service . However the prevention service will not including working with Children and Young people as prevention will form part of the new CYP prevention service.

Although no fundamental changes are suggested, recommendations from the Sexual and Reproductive Health Needs Assessment would be taken into account for the new commissioning in order to strengthen services and reduce barriers to access for harder to reach groups.

What information did you use to assess who would be affected by this proposal? *

e.g. statistics, consultation documents, studies, research, customer feedback, briefings, comparative policies etc

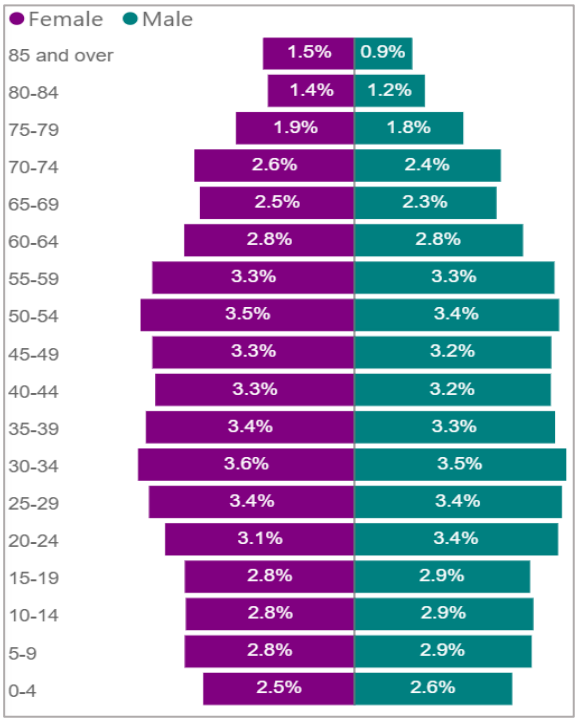
Local population statistics:

The iCaSH service is available to all residents of Cambridgeshire and Peterborough. Some elements are targeted at the younger population (under 24 years) which have, on average, a greater need for sexual and reproductive health services.

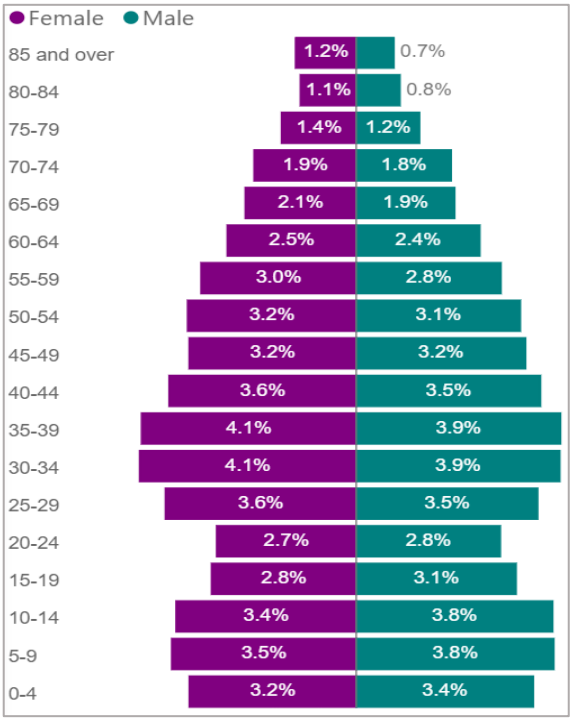
Population data from the recently published Joint Strategic Needs Assessment and census data was reviewed. Both Cambridgeshire and Peterborough are experiencing rapid population growth and this is expected to continue with several large new developments being built across the area.

Peterborough has an overall younger population, however Cambridgeshire has a larger university age population.

Population age structure of Cambridgeshire, Census 2021. Source:



Population age structure of Peterborough, Census 2021 Source: ONS



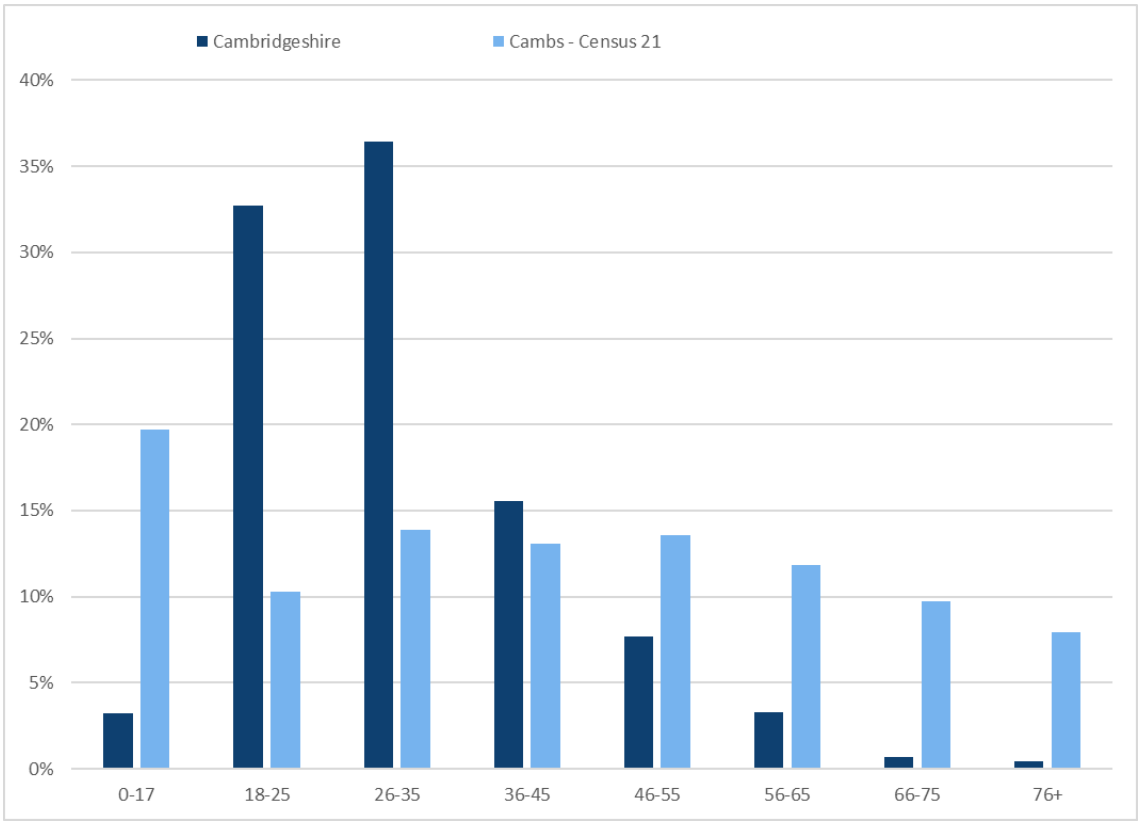
Population age structure change of Cambridgeshire and Peterborough, between Census 2011 and Census 2021. Source: ONS

Area	Total population		Under 15		15 to 64		65+	
	Count	*%*	*Count*	*%*	*Count*	*%*	*Count*	*%*
Cambridge	21,814	17.6%	2,913	17.4%	16,884	18.3%	2,017	13.8%
East Cambridgeshire	3,951	4.7%	-18	-0.1%	53	0.1%	3,916	27.4%
Fenland	7,203	7.6%	950	6.1%	2,166	3.6%	4,087	21.2%
Huntingdonshire	11,326	6.7%	496	1.6%	1,592	1.4%	9,238	33.8%
South Cambridgeshire	13,351	9.0%	2,318	8.4%	3,935	4.1%	7,098	28.7%
Cambridgeshire	57,645	9.3%	6,659	6.3%	24,630	5.9%	26,356	26.3%
Peterborough	32,038	17.4%	8,719	23.8%	17,609	14.4%	5,710	23.0%
Cambridgeshire and Peterborough	89,683	11.1%	15,378	10.8%	42,239	7.9%	32,066	25.6%

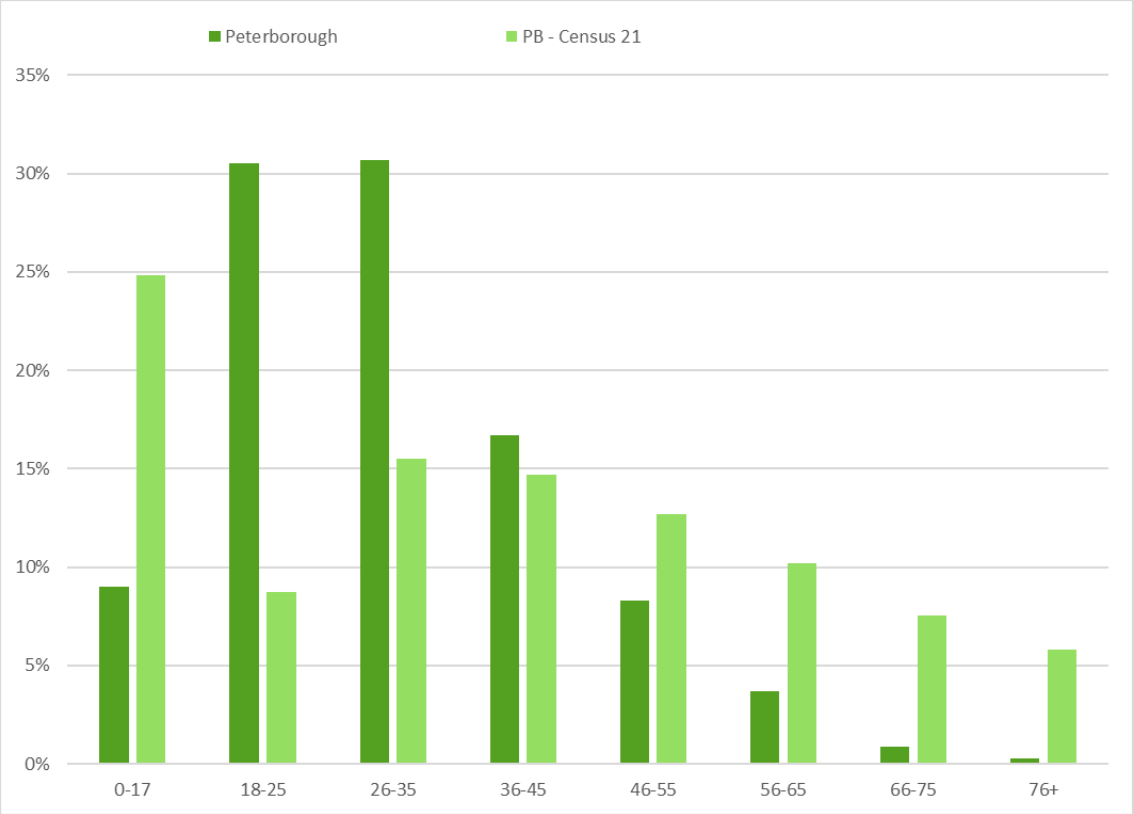
Local service data:

Service data from the iCaSH clinics demonstrates the disproportionate use of services by the younger population and variation in use by ethnicity compared to the population as a whole (Census 2021).

Percentage of patients using iCASH services by age band compared to Census 2021 resident age band, Cambridgeshire. Source: iCaSH and ONS



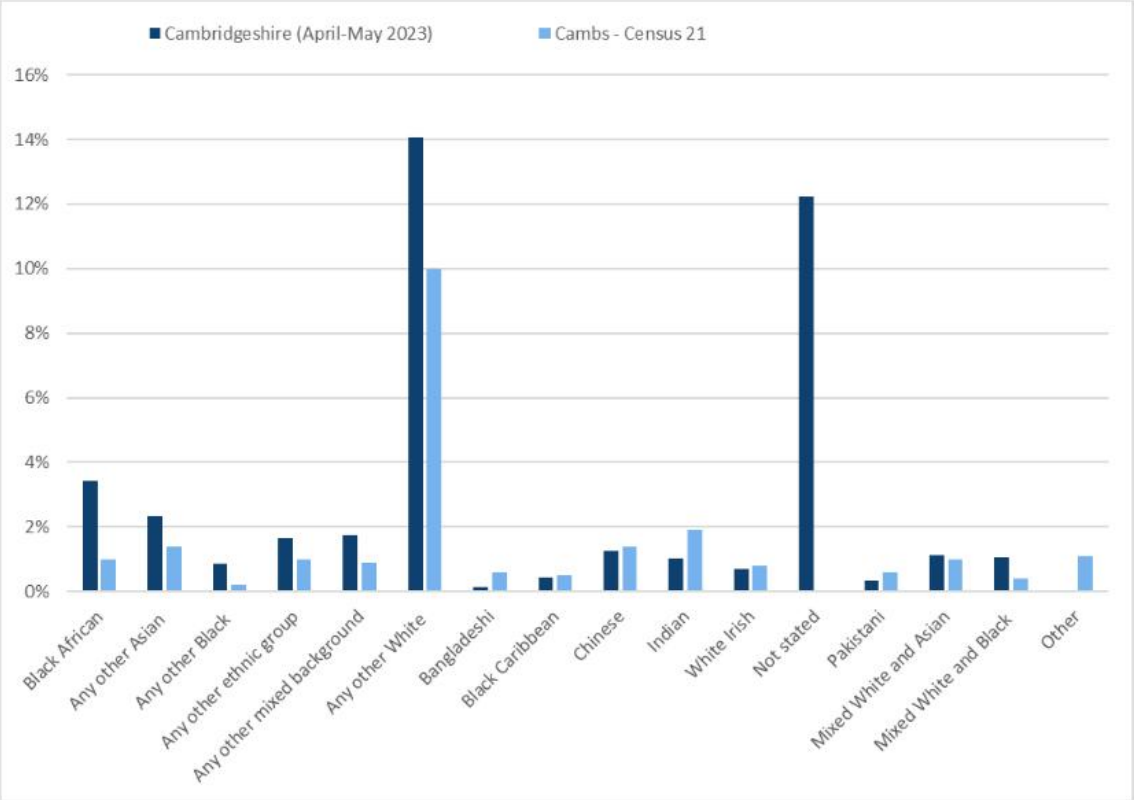
Percentage of patients using iCASH services by age band compared to Census 2021 resident age band, Peterborough. Source: iCaSH and ONS



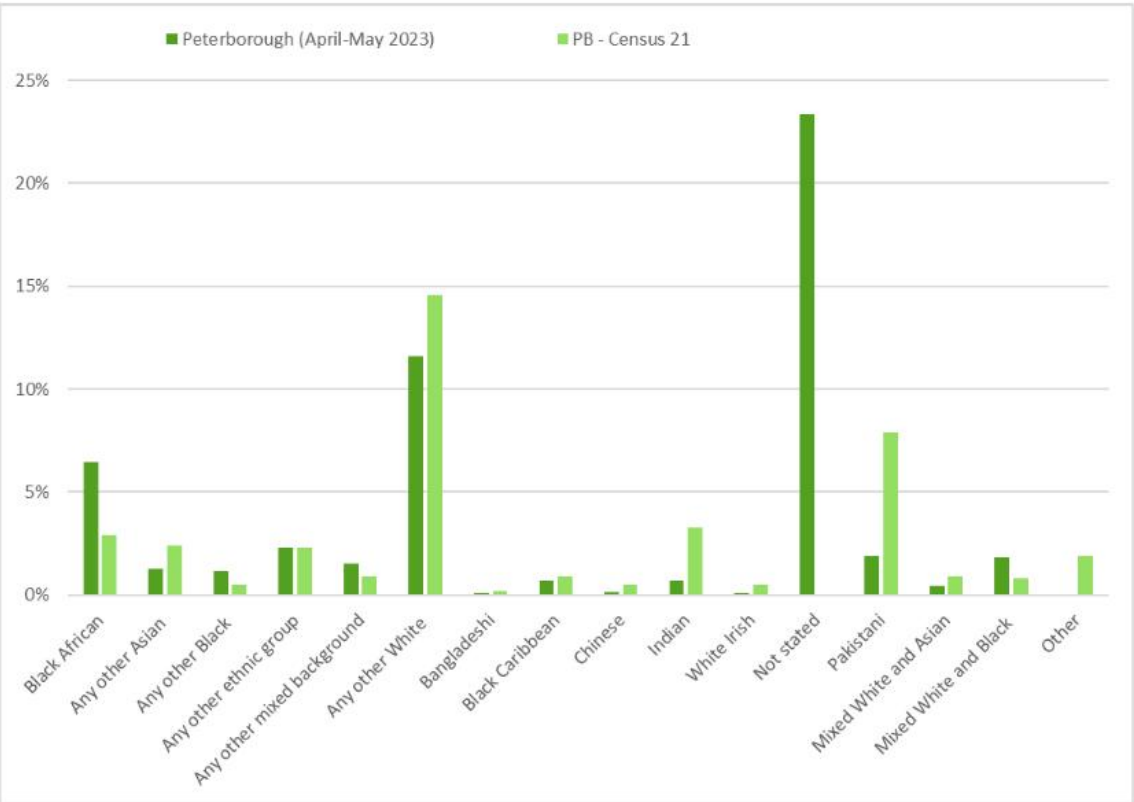
The most commonly stated ethnicity is white British followed by 'Any other white'. These make up over half of all appointments. The service users in Peterborough have a higher number of Black or Pakistani ethnicity, reflective of the more ethnically diverse population. Almost one quarter of those in Peterborough did not record their ethnicity, twice as much as in Cambridgeshire as a percentage of all records.

A higher proportion of service users in both Cambridgeshire and Peterborough identified as black African ethnicity than in the population overall. Conversely, a lower proportion of service users in both areas identified as Indian or Pakistani than in the population as a whole. A lower proportion of services users in Peterborough and a higher proportion of services users in Cambridgeshire identified as white ethnicity than in the overall population.

Percentage of patients using iCASH services by ethnicity, compared to Census 2021 resident ethnicity, Cambridgeshire. Source: iCaSH and ONS



Percentage of patients using iCASH services by ethnicity, compared to Census 2021 resident ethnicity, Peterborough. Source: iCaSH and ONS



National statistics

UKHSA annual statistics release (October 2023) highlights the following populations as having greater sexual health needs:

- People of black ethnicity
- Men who have sex with men
- Young people (age 15-24 years)

Published literature and feedback from professionals and service users

For some cohorts there is limited quantitative data outlining specific need. However, the Sexual and reproductive health needs assessment used a range of evidence to outline the specific needs for certain groups including:

- People with disabilities
- Minoritised ethnic groups
- LGBTQ+
- Homeless people
- People who engage in substance misuse
- Prisoners
- Sex workers
- Asylum Seekers and Recent Migrants
- Children and Young People

Surveys

Three Surveys were conducted as part of the needs assessment directed to:

- GPs
- Service providers and professionals
- Service users

Are there any gaps in the information you used to assess who would be affected by this proposal? *

Data gaps may mean your assessment could be inaccurate. You must gather data to fill the gaps as part of your assessment.

Yes

No

Data gaps may mean your assessment could be inaccurate. You must gather data to fill the gaps as part of your assessment.

Does the proposal cover *

All staff countywide

Specific teams

All service users/customers/service provision countywide

All service users/customers/service provision in specific areas/for specific categories of user

Which particular employee groups/service user groups will be affected by this proposal? *

e.g. all staff in 'X' team, all staff in 'y' location, all customers receiving 'x' service, all customers in 'y' area

The sexual and reproductive health treatment and prevention services are available to everyone resident in Cambridgeshire and Peterborough. However, as set out in the previous section, we know that these services are disproportionately used by younger people and some ethnic groups.

We also know that there are other populations which may have unmet need for sexual and reproductive health services such as sex workers, people experiencing homelessness and people with disabilities.

Does the proposal relate to the equality objectives set by the Council's Single Equality Strategy? *

Yes
No
Council's Single Equality Strategy

Will people with particular protected characteristics or people experiencing socio-economic inequalities be over/under represented in affected groups *

Over represented
Under represented
About in line with the population
Don't know
Mixture of over/under represented and in line with the population, depending on the group

Does the proposal relate to services that have been identified as being important to people with particular protected characteristics/who are experiencing socio-economic inequalities? *

Yes
No
Protected characteristics

Does the proposal relate to an area with known inequalities? *

Yes
No
Don't know

What is the significance of the impact on affected persons? *

The aim here is to focus your mind on the lived experiences of the people impacted by our decisions, understanding they are part of these people's wider lives. Think about how serious the impact of this change will be, not by itself but as part of wider cumulative impact. For example, disabled people's lives cost more, and disabled people are often poorer, than non disabled people. So a cut to a service that disabled people use is likely to be part of a cumulative experience of financial difficulties and challenges to living as full a life as possible

Detailed below under positive and negative impacts

Category of the work being planned *

Procurement

Evidence and analysis

The Equality Act requires us to meet the following duties:

Duties placed on us as an employer/service provider/education provider/property owner

- Not to directly discriminate and/or indirectly discriminate against people with protected characteristics.
- Not to carry out / allow other specified kinds of discrimination against these groups, including discrimination by association and failing to make reasonable adjustments for disabled people.
- Not to allow/support the harassment and/or victimization of people with protected characteristics.

Duties place on us as a Public Sector organisation:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

To learn more about the requirements in the Equality Act 2010 please see our FAQ document and video

For full details see the Equality Act 2010

Research, data and /or statistical evidence *

List evidence sources, research, statistics etc used. State when this was gathered/dates from. State which potentially affected groups were considered. Append data, evidence or equivalent

Evidence for this EqIA was primarily gathered as part of the Sexual and Reproductive Health Needs assessment September 2023-February 2023. Some additional literature was reviewed in February 2023 for the purposes of the EqIA. Evidence from the SHNA suggested specific consideration was needed for those with characteristics in the following groups: - Age - Disability - Gender reassignment - Race - Religion or belief (including no belief) - Pregnancy and maternity - Sexual orientation

- Sex

Evidence:

- Nationally collected data from GUMCAD, CTAD and fingertips. https://fingertips.phe.org.uk/sexualhealth#gid/8000035/ati/6
- UKHSA annual data report on sexually transmitted infections https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report
- Service level data from iCaSH
- Consideration of published literature:

Bardsley, M., Wayal, S., Blomquist, P., Mohammed, H., Mercer, C. H., & Hughes, G. (2022). Improving our understanding of the disproportionate incidence of STIs in heterosexual-identifying people of black Caribbean heritage: findings from a longitudinal study of sexual health clinic attendees in England. Sexually Transmitted Infections, 98(1), 23–31. https://doi.org/10.1136/sextrans-2020-054784

Barrio-Ruiz, C., Ruiz de Viñaspre-Hernandez, R., Colaceci, S., Juarez-Vela, R., Santolalla-Arnedo, I., Durante, A., & Di Nitto, M. (2023). Language and Cultural Barriers and Facilitators of Sexual and Reproductive Health Care for Migrant Women in High-Income European Countries: An Integrative Review. In Journal of Midwifery and Women's Health. John Wiley and Sons Inc. https://doi.org/10.1111/jmwh.13545

Cook, S. M. C., & Cameron, S. T. (2015). Social issues of teenage pregnancy. Obstetrics, Gynaecology & Reproductive Medicine, 25(9), 243–248. https://doi.org/10.1016/j.ogrm.2015.06.001

Grath-Lone, L. M., Marsh, K., Hughes, G., & Ward, H. (2014). The sexual health of female sex workers compared with other women in England: Analysis of cross-sectional data from genitourinary medicine clinics. Sexually Transmitted Infections, 90(4), 344–350. https://doi.org/10.1136/sextrans-2013-051381

Kimport, K. (2018). More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy. Journal of Sex Research, 55(9), 1096–1105. https://doi.org/10.1080/00224499.2017.1311834

Kiridaran, V., Chawla, M., & Bailey, J. V. (2022). Views, attitudes and experiences of South Asian women concerning sexual health services in the UK: a qualitative study. European Journal of Contraception and Reproductive Health Care, 27(5), 418–423. https://doi.org/10.1080/13625187.2022.2096216

Potter, L. C., Horwood, J., & Feder, G. (2022). Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers. BMC Health Services Research, 22(1), 178. https://doi.org/10.1186/s12913-022-07581-7

Sonnenberg, P., Clifton, S., Beddows, S., Field, N., Soldan, K., Tanton, C., Mercer, C. H., Da Silva, F. C., Alexander, S., Copas, A. J., Phelps, A., Erens, B., Prah, P., Macdowall, W., Wellings, K., Ison, C. A., & Johnson, A. M. (2013). Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). The Lancet, 382(9907), 1795–1806. https://doi.org/10.1016/S0140-6736(13)61947-9

Wayal, S., Hughes, G., Sonnenberg, P., Mohammed, H., Copas, A. J., Gerressu, M., Tanton, C., Furegato, M., & Mercer, C. H. (2017). Articles Ethnic variations in sexual behaviours and sexual health markers: findings from the third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3). www.thelancet.com/

Wellings, K., Jones, K. G., Mercer, C. H., Tanton, C., Clifton, S., Datta, J., Copas, A. J., Erens, B., Gibson, L. J., Macdowall, W., Sonnenberg, P., Phelps, A., & Johnson, A. M. (2013). The prevalence of unplanned pregnancy and associated factors in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). The Lancet, 382(9907), 1807–1816. https://doi.org/10.1016/S0140-6736(13)62071-1

WHO. (n.d.). Social determinants of sexual and reproductive health Informing future research and programme implementation.

Consultation evidence *

State who was consulted and when (e.g. internal/external people and whether they included members of the affected groups). State which potentially affected groups were considered. Append consultation questions and responses or equivalent

As part of the SRH needs assessment 3 surveys were conducted with

- Providers and professionals (including from iCaSH and third sector organisations such as the Kite Trust)
- GPs
- service users

These consulted on a range of issues relating to sexual and reproductive health services including the treatment services (pertinent to this EqIA) and the prevention services (to be covered in a separate EqIA). These surveys formed part of a wider engagement programme with stakeholders through focus groups and in depth interviews. Stakeholders included service users, GPs, clinicians, charities, commissioners and providers.

COMMUNITY SURVEY SUMMARY OF FINDINGS

DEMOGRAPHICS

77% of respondents were female and 21% were male.

36% were 25-34, and 30% were 35-44.

81% were of white ethnicity.

22% had a long-standing illness, disability or infirmity.

KNOWLEDGE OF SERVICES

73% of respondents were happy to use the internet to research where to go for help for sexual or reproductive health needs. 54% said they would use the GP (respondents could tick all answers that applied). Only 1% said that they would use the pharmacy to find out where to go for help.

Of the respondents, 53% had used the iCaSH website. Of those who used the website, 78% could find what they required.

Respondents were asked how easy it was to find information relating to sexual health needs online. Most believed it was ‘very easy’ or ‘easy’ to find information online (excluding ‘don’t knows’).

Regarding the service offerings, 30% thought it was ‘difficult’ or ‘very difficult’ to determine what services were offered at a particular location (excluding ‘don’t knows’). Over 20% thought it was

'difficult' or 'very difficult' to determine the opening hours and location of services (excluding 'don't knows').
Concerning reproductive health, GPs were the most common location respondents said they would go for:

- Oral contraceptive pill (65%)
- Contraceptive implants/coils (71%)
- Contraceptive advice (59%)
- Advice about having a baby (78%)

55% said they would go to pharmacies for contraception and emergency contraception.
Concerning sexual health needs, iCaSH were the most common location respondents said they would go for:

- Sexual health information (46%)
- Face-to-face sexual health advice (47%)
- Sexual health checks (60%)
- HIV check (47%)
- STI kits (48%)

GPs were the most common location respondents would go for:

- Treatment of infections/ symptoms (53%)
- Abortion advice (66%)
- Vasectomies and sterilisations (71%)
- Tests for BBVs and TB (70%)

BARRIERS TO SERVICES
Respondents were asked what would stop them from accessing a sexual health service. 33% cited a clinic being too far away, and 27% cited fearing being judged.
Regarding what was important to respondents at a clinic, 'access to treatments' was considered the most important criterion. Flexible opening times were also very important to respondents.
Over 60% of respondents said that they were unlikely to use a video consultation for a sexual or reproductive health need. Over 70% said they were 'very likely' or 'likely' to use a booked face-to-face appointment.

PROVIDER SURVEY SUMMARY OF FINDINGS
RESPONDENTS
52% (14) of respondents worked for iCaSH, 4% (1) worked for the Terence Higgins Trust, and other respondents worked for various organisations, including Peterborough City Council, the NHS, and third-sector organisations.
SERVICE DEVELOPMENT
A high proportion of respondents believed that there was a gap in the availability of information and advice relating to the following:

- Gender dysphoria. On a scale of 1-5, where 1 was 'Not meeting need at all', 56% of respondents selected '1' or '2'.
- Advice about having a baby. (46% of respondents selected '1' or '2' (out of 5)).

Respondents reported a gap in the availability of:

- Vasectomies and sterilisations (85% of respondents selected '1' or '2' (out of 5)).

Concerning contraception, respondents believed services were not meeting needs in the following areas:

- Access to STI testing kits (65% of respondents selected '1' or '2' (out of 5)).
- Community-based testing (59% of respondents selected '1' or '2' (out of 5)).

BARRIERS TO SERVICES

Regarding practical considerations for patients who want to access services, respondents believed that services that were easy to reach by public transport was the most important practical consideration.
Confidentiality and good appointment availability were also considered highly important considerations.

GP SURVEY SUMMARY OF FINDINGS
RESPONDENTS
Respondents were spread in practices across the area covered in this needs assessment.
SERVICE DEVELOPMENT
92% of respondents said that their practice provided EHC and contraceptive injections. 72% of respondents said that they provided contraceptive implants, hormonal coils, and coils.
13% of respondents said that their practice routinely tested patients for HIV.
Barriers to GP practices offering additional services included low fees and the time to provide the service.
In the event of practices not offering a particular service, 72% of respondents said they would signpost patients to a specialist sexual health clinic. 28%% said that they would make a referral to the clinic on behalf of the patient.
A high proportion of respondents believed that there was a gap in the availability of information and advice relating to the following:

- PEP. On a scale of 1-5, where 1 was 'Not meeting need at all', 69% of respondents selected '1' or '2'.
- Information and advice regarding PrEP (74% of respondents selected '1' or '2' (out of 5)).
- Gender dysphoria (52% of respondents selected '1' or '2' (out of 5)).

Respondents reported a gap in the availability of:

- Free condoms (78% of respondents selected '1' or '2' (out of 5)).
- Vasectomies and sterilisations (62% of respondents selected '1' or '2' (out of 5)).
- Emergency coil fittings (52% of respondents selected '1' or '2' (out of 5)).

Concerning contraception, respondents believed services were not meeting needs in the following areas:

- Access to STI testing kits (74% of respondents selected '1' or '2' (out of 5)).
- Rapid testing for STIs (83% of respondents selected '1' or '2' (out of 5)).

Concerning groups with protected characteristics, providers were more likely to report that services were not meeting needs when compared to GPs. For example, 36% of providers thought services were not meeting the needs of those with a learning disability compared to 14% of GPs.

Based on all the evidence you have reviewed/gathered, what positive impacts are anticipated from this proposal? *

This includes impacts retained from any previous arrangements as well as new benefits including improvements in line with our duties as a Public Sector organisation under the Equality Act. Use the evidence you described above to support your answer

The primary aim of this service is to provide the statutory sexual and reproductive health services to anyone who needs them within Cambridgeshire and Peterborough. It therefore should have positive impacts across a range of people, including those with protected characteristics including with respect to:

- Providing testing and treatment for sexually transmitted infections
- Providing access and advice for contraception
- Reducing the incidence of unplanned pregnancies
- Reduction in new STIs due to increased uptake in contraception and testing
- Referral to other care pathways and support services (e.g. for people living with HIV)

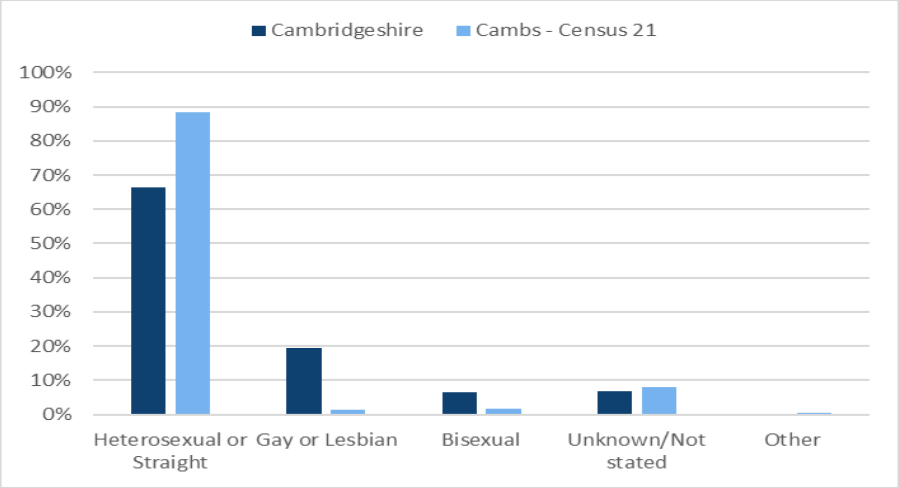
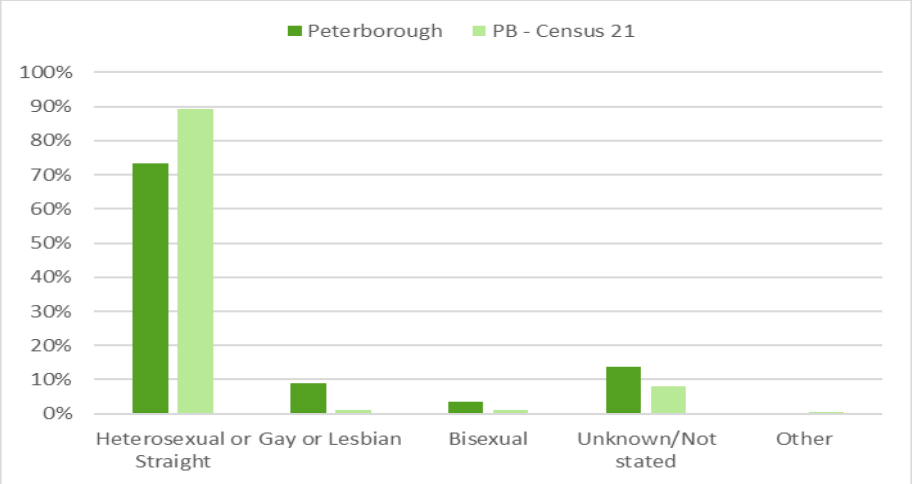
Given some groups have been shown to have greater incidence of sexually transmitted infections, the presence of the service should disproportionately benefit these groups for example:

- Men who have sex with men (MSM)
- Younger people
- People of black ethnicity

Positive impacts for groups with protected characteristics are set out below. For the most part, the service will have beneficial impacts for groups with protected characteristics by ensuring access and provision. Some elements of the service are also focussed on the specific needs of different groups within the population such as young people and MSM and reducing inequalities experienced by these groups.

Characteristic	Positive impact
Disability	People with a disability have the same rights to private and family life as those without disabilities. These rights are contained in the Human Rights Act 2008; the Care Act 2014 also lists domestic, family, and personal relationships as eligible needs. Although the provision of this service is not specific to people with disabilities it should help support these rights. Evidence from engaging with local service, Dhiverse suggests that sexual health for people with learning disabilities is still a taboo subject and people with learning disabilities find it more difficult to know about and access services. The current iCaSH website can be difficult to navigate both for service users and professionals. As part of the recommissioning of the service recommendations have been made to improve the website to make information easier to find. Also included in the recommendations is to ensure that service information and promotional materials are available in easy read formats. This should complement service improvements in the prevention service which will look to improve knowledge and awareness.
Gender reassignment	Engagement with the Kite Trust highlighted specific gaps in the current health services for transgender young people as well as a lack of confidence in engaging with transgender patients. A recommendation from needs assessment is to improve and share knowledge among practitioners on meeting the needs of specific groups including transgender service users. Implementing this as part of the new service should help reduce the inequalities experienced by transgender young people and adults. The needs assessment has also recommended further consideration of how to identify and resolve gaps in care for transgender people.
Pregnancy and maternity	Improving access and advice with respect to contraception can help individuals with family planning. This service also supports women with contraception following birth.

Race, culture and religion	Minoritised ethnic groups can face specific sexual health needs and barriers to access. Ethnic inequalities in diagnoses of sexually transmitted infections persist in the UK especially for those of black Caribbean heritage (Bardsley et al 2022). Language and knowledge about services can also be barriers for recent migrants and asylum seekers in accessing sexual health services (Barrio-Ruiz et al 2023). Sexual health is a taboo subject in some cultures and religions. The clinical services will continue to work with prevention and outreach services to ensure that services are provided for and advertised to those who need. One of the recommendations of the needs assessment is to improve joined up promotion across all partners to provide a clear offer of all routes to access services for prevention and treatment. The new service will continue to provide services for all races and ethnicities. The iCaSH website already provides information in several languages, and improvements to the website which have been recommended should also be available in different language options. The availability of easy read information can also help those for whom English is not a first language.

Sexual orientation	The current service sees disproportionately higher use from people who identify as gay/lesbian or bisexual compared to the population as a whole (see below). Continuing these services is therefore essential for supporting the health of this population. Some elements of sexual health services are provided on the basis of the risk of individuals. MSM are at higher risk for some STIs and therefore may be offered additional services as a result. For example, hepatitis B vaccination and pre-exposure HIV prophylaxis (PrEP) are offered to MSM. The service has also previously enabled response to Mpox, including vaccination, which disproportionately affected MSM. **Percentage of patients using iCASH services by sexual orientation, compared to Census 2021 resident sexual orientation, Cambridgeshire. Source: iCaSH and ONS**  **Percentage of patients using iCASH services by sexual orientation,** 

Sex	Sexual and reproductive health is experienced differently by men and women. In heterosexual relationships, women bear the greater physical, mental and emotional burden for contraception (Kimport 2018). Therefore, ensuring that there are services providing safe, effective and free contraception and contraceptive advice will disproportionately benefit the women upon who this burden falls. Evidence from GUMCAD shows that STIs locally have different prevalences among men and women. STIs can also have different impacts on men and women. For example, women and other people with a womb or ovaries are at greater harm from chlamydia due to impacts of infertility. Provision of chlamydia screening in sexual health services is offered to both men and women but may have disproportionate benefits for women over men. The offer of online testing also enables easier testing. Sex workers are also mostly women. Female sex workers have been shown to have an increased risk of certain STIs such as gonorrhoea compared to other female attendees at GUM clinics (Grath-Lone et al 2014). Flexible services and those which work in collaboration with organisations which work closely with sex workers have been shown to better meet their needs (Potter et al 2022).
Poverty	As with many aspects of health, sexual and reproductive health has a socio-economic gradient. Area-level deprivation has been shown to be a risk factor for STI infection (Sonnenberg et al 2013). Teenage pregnancy rates are also higher in areas of higher deprivation (Cook and Cameron 2015). Limiting barriers to access for individuals in areas of deprivation will continue to be important. Online provision is likely to be particularly important for residents of rural areas where lack of car ownership and poor public transport may be barriers to access. Continued provision of the youth outreach clinic in Peterborough to help reduce teenage pregnancy will be important.

Based on consultation evidence or similar, what negative impacts are anticipated from this proposal? *

This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer

This service aims to deliver positive outcomes for all residents in Cambridgeshire and Peterborough who require sexual health services. There are not any direct negative impacts anticipated in implementing this service however there are possible indirect impacts due to pre-existing inequalities and there may be disparities in uptake of or access to some elements of the service.
Potential barriers or negative impacts may disproportionately affect people of some races, age, religions and people with disabilities. Possible barriers and negative impacts are set out in the table below alongside mitigations.

Potential barriers or negative impact	Mitigations
Cultural or religious barriers to access Kiridaran et al 2022 identified barriers to sexual health services for south Asian women included knowledge of local provision, stigma and shame, and concerns about confidentiality. We know that the proportion of Indian and Pakistani residents in Cambridgeshire and Peterborough is higher than the proportion of service users of these ethnicities suggesting they may currently be underserved. Barriers may also relate to language (see below).	1. Work with prevention services and other partners to ensure that the service is well advertised to all groups and that online information is comprehensive and easy to navigate. 2. Ensuring that services users have a choice in how they access services (online, telephone, in person) and can choose to see a male/female clinician. 3. Continue to maintain the high quality, confidential service as evidenced by the positive feedback in service user surveys.
Language barriers to access Language may be a barrier to accessing services for individuals where English is not their first language and people with learning disabilities.	1. Provision of translation services in clinics. 2. Provision of information and materials in multiple languages including on the website. Ensuring and improving this provision is a recommendation of the needs assessment. 3. Provision of information and materials in easy-read formats.
Barriers to online access While many of the service users surveyed were positive about the ability to order testing kits and have telephone appointments, some may not have access to the internet and others may still prefer face-to-face appointments. Older people and those who are homeless or on low income are less likely to have access to the internet.	1. Ensure that face-to-face appointments continue to be available and that booking is not only restricted to the internet system. 2. Ensure that materials and information can be made available in print if needed.
Geographic and economic barriers In person clinic sites are more accessible to those who live close by or who own a car. This may mean younger people and those who cannot drive are less able to access services, especially if they live in the more rural parts of Cambridgeshire and Peterborough.	1. Ensure that online provision such as online testing and telephone appointments are made available. 2. Ensure that evening and weekend appointments are available as far as possible. 3. Maintain clinic sites (currently in Wisbech, Ely, Huntingdon, Cambridge and Peterborough)
Access for transgender service users The engagement part of the needs assessment identified that transgender service users may face particular barriers and there is potential for sharing best practise and	1. A recommendation of the needs assessment was for local commitment to sharing skills across organisational boundaries to increase expertise and engagement with specific groups (e.g. transgender and non-binary individuals) and improve outcomes.

How will the process of change be managed? *

Poorly managed change processes can cause stress/distress, even when the outcome is expected to be an improvement. How will you involve people with protected characteristics/experiencing socio-economic inequalities in the change process to ensure distress/stress is kept to a minimum? This is particularly important where they may need different or extra support, accessible information etc

This services are already in existence and the recommendation is for a Section 75 agreement with the current provider . This will help minimise change and the potential consequences to people with protected characteristics or experiencing socioeconomic inequalities. Assuming this recommendation is agreed, the core components of the service will also continue to be the same such as the location of the iCaSH clinics.
However the sexual health needs assessment will require additional efforts and innovative approaches to address the needs of certain groups which includes equity of access and communication channels to address the unmet need both in the prevention and treatment elements of the service.

Any changes to the service will be communicated and shared with service users.

How will the impacts during the change process be monitored and improvements made (where required)? *

How will you confirm the process of change is not leading to excessive stress/distress to people with protected characteristics/experiencing socio-economic inequalities, compared to other people impacted by the change? What will you do if it is discovered such groups are being less well supported than others?

The prevention and treatment service elements will be performance monitored and this will include monitoring service uptake/interventions and outcomes of those with protected characteristics. There will also be regular monitoring of ssrvice user views.

The current treatment service has a mechanism for service user feedback which may help capture any impacts, positive or negative, of the service https://www.icash.nhs.uk/contact-us/compliments-complaints.

EqIA Action Plan

NB this part of the form will generate a table. Each negative impact will create a row when you “add record”. Each time you do this the form will refresh, allowing you to add another row for another negative impact.

There is a blank version of the table on the next page

Details of negative impact (e.g. worse treatment/outcomes) *

Groups affected *

Age
Disability
Gender Reassignment
Pregnancy and maternity
Religion or belief (including no belief)

Sexual orientation
Marriage and civil partnership
Race
Sex
Socio-economic inequalities

Severity of impact *

High – Medium – Low

Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact *

Who by *

When by *

Add record

EqIA Action Plan (table)

Details of negative impact (e.g. worse treatment/outcomes)	**Groups affected** (delete as appropriate)	**Severity of impact** (delete as appropriate)	**Action to mitigate impact with reasons/evidence to support this or justification for retaining negative impact**	**Who by**	**When by**
This assessment has not found that the new service will directly lead to inequalities, the mitigating steps outlined above intend to ensure existing inequalities are not increased. Recommendations from the recent needs assessment will be taken forward through a plan agreed between the commissioners and the lead provider. This will ensure a targeted approach to increase access for the groups affected by inequalities.					

(Add more rows as needed)

Approval details

To ensure a robust, respectful, and transparent approval process:

- Please do not enter your own details here, even if you are a Head of Service (or equivalent) or more senior. This is to ensure that someone else reviews your work
- Please do not enter the details of someone you line manage and/or with less authority than you.

Head of service * Val Thomas

Head of service email * val.thomas@cambridgeshire.gov