

Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT:
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy':	Sexual Health Service Review
Person(s) responsible for completing this statement	Karen Pitney, Public Health Outcome Manager Vikki Bartlett, Commissioning Officer
Briefly describe the activity being considered including aims and expected outcomes	<p>It is proposed that the sexual health services currently commissioned by Gloucestershire County Council are reviewed, in order to improve sexual health outcomes and reduce sexual health inequalities.</p> <p>Reducing health inequalities is a Public Health priority and this project is a key route through which this could be addressed. Sexual ill health and unintended teenage pregnancies are strongly linked with deprivation and health inequality. There is a clear link between sexual ill-health, deprivation and social exclusion.</p> <p>The Gloucestershire Sexual Health Strategy 2012-2017 identified the need for a particular focus on those groups who may be more vulnerable or marginalised, suffer discrimination or</p>

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

	<p>face inequalities in sexual health or do not access the current services. This Due Regard Statement will highlight current inequalities in sexual health across the protected characteristic groups and suggest potential ways in which these could be reduced.</p> <p>In order to gain local insight and views on future provision we are undertaking a period of pre-engagement with a wide range of service users, including those from the protected characteristics groups. This will inform our direction of travel for the future delivery model and service procurement.</p>
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Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

[Service user diversity reports](#) are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

[Gloucestershire population demographics](#) data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our [website](#) including an equality monitoring template.

If you have no plans to start collating data about a protected characteristic please state the rational why.

Service information (if applicable) or Needs analysis (if applicable)

Who is responsible for delivering the service?	<p>The commissioning of sexual health services is split between Gloucestershire County Council (GCC), The Gloucestershire Clinical Commissioning Group (GCCG) and NHS England (NHSE).</p> <p>GCC are responsible for the commissioning of:</p> <ul style="list-style-type: none"> • Contraception – including non contracted GP activity • Genitourinary Medicine (GUM) • Psychosexual Medicine • Chlamydia Screening • Prevention (including HIV) <p>External Providers used to provide these services include:</p> <ul style="list-style-type: none"> • Gloucestershire Care Services • Pharmacies • GP surgeries • Eddystone Trust 										
Service user data/Needs analysis information											
Age	<p>Sexual Health Services are universally available for all ages.</p> <p>The population of Gloucestershire is approximately 602,000 (ONS, 2012) with; 22.9% aged 0-19; 58.5% aged 20-64 and 18.7% aged 65 and over. Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds compared to the national average but the 65+ population exceeds the national average</p> <p>Population by broad age group</p> <table border="1" data-bbox="528 1222 1491 1377"> <thead> <tr> <th></th> <th>Total Population (Number)</th> <th>% 0-19</th> <th>% 20-64</th> <th>% 65+</th> </tr> </thead> <tbody> <tr> <td>Cheltenham</td> <td>115,732</td> <td>22.4</td> <td>60.9</td> <td>16.7</td> </tr> </tbody> </table>		Total Population (Number)	% 0-19	% 20-64	% 65+	Cheltenham	115,732	22.4	60.9	16.7
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Cotswold	82,881	21.2	56.5	22.3
Forest of Dean	81,961	22.5	56.7	20.7
Gloucester	121,688	25.1	60.1	14.8
Stroud	112,779	23.0	57.5	19.5
Tewkesbury	81,943	22.1	57.8	20.1
Gloucestershire	596,984	22.9	58.5	18.7
England	53,012,456	24.0	59.7	16.3

Source: Census 2011

Service User Diversity Report 2014/15:

- Over half of people using GCS contraception services are 25 or under, the majority being aged between 16-25yrs. A small percentage, 2.2% are under 16yrs old. 43.6% are aged between 26-49 years, and 4.8% are aged 50-64 yrs.
- The Psychosexual Services were not seen by anyone under the age of 16. The Psychosexual Service saw a higher proportion of 26-49 year olds.
- Young people between 15 and 24 years old experience the highest rates of acute STIs.
- The percentage of 15-24 years old tested for Chlamydia in Gloucestershire is lower than the national average. Gloucester has coverage higher than the national average.
- The rate of GP prescribed LARC in Gloucestershire per 1,000 registered female population aged 15-44 is higher than the England rate.
- Gloucestershire has a higher percentage than England and South West of 12-13yr old girls receiving the HPV vaccine

In the Sexual Health Needs Assessment for Gloucestershire, January 2015, children and young people in care and care leavers and older people are identified as priority population groups.

In 2013 there were almost 480 Children in Care in Gloucestershire with 293 leaving care. Young people in

	<p>care and care leavers often enter care with worse levels of health than their peers in part due to the impact of poverty, abuse and neglect with the often transient nature of their lives in care impacting on continuity with GP's, teachers and advocates. They then go on to share many of the same health risks (including poor sexual health) and problems as their peers but often to a greater degree.</p> <p>The 2014 National Survey of Sexual Attitudes and Lifestyles (NATSAL) included people up to aged 75. The survey states that 75% of men and 59% of women aged between 55 and 64 reported regular sexual activity with these percentages being 57% men and 37% women aged between 65 and 74 reporting likewise. Perception and stigma around sexual health and young people focused services are seen as a barrier to access for older people. Gloucestershire recently published a sex and relationship guide for over 50's with a view to normalising sexual activity and health and to advise where and how support and services can be found.</p>
Disability	<p>According to the 2011 Census 16.7% of Gloucestershire residents reported having a long term limiting illness. This was below the national average. The Forest of Dean had the highest proportion of residents reporting a long term limiting illness (19.6%) and was the only district that exceeded the national average</p> <p>In January 2014, data produced by Gloucestershire County Council Strategic Needs Analysis Team, in response the Building Better Lives Policy, shows there were a total of 3,618 adults aged 18-64 receiving social care services, including re-ablement and other short term services. Of these, 36% (1,319) had a primary care need of learning disability, 50% (1,825) physical disability and 5% (169) mental health. Of these adults 9.4% were aged 18-25 (340 people) and 90.6% were aged 26-64 (3,278 people).</p> <p>In the Sexual Health Needs Assessment for Gloucestershire, January 2015, individuals with a physical, sensory or learning disability are identified as priority population groups.</p> <p>Access to services has a significant impact on an individual's sexual health and the ability to choose how they would like to manage their choices regarding contraception, treatment, care and information. Ease of access is further influenced by an individual's mobility in relation to finding and funding appropriate transport, confidentiality, where accessing services requires the assistance of another person, appropriate equipment for individuals needs within services and understanding of information either due to sensory conditions which require alternatives to traditional signs, leaflets and the written/spoken word or a lack of easy read signage and information.</p>

Sex	<p>There are slightly more females (51.0%) than males (49.0%) in Gloucestershire.</p> <ul style="list-style-type: none"> • In Gloucestershire, there are more new HIV diagnoses among men than women. • There are more men than women, with diagnosed HIV seen for HIV care in 2012. • The percentage of men attending GUM clinic who have been offered an HIV test is higher compared to percentage of women. • The percentage of men attending GUM clinic who had an HIV test is higher compared to percentage of women. • More women than men are diagnosed with Chlamydia.
Race (including Gypsy & Traveller)	<p>According to the 2011 Census 95.4% of Gloucestershire's population was white. Black or Ethnic Minorities (BME) make up the remaining 4.6% of the population, which is considerably lower than the 14.6% reported for England as a whole. Gloucester has the highest proportion of people from a Black or Ethnic Minority, at 10.9% of the total City's population</p> <p>Greater proportions of people who are not 'White British' use GCS sexual health services than make up our county population:</p> <ul style="list-style-type: none"> • 26.6% come from BME groups (compared to 4.6% of the Gloucestershire population); • 13.6% come from White non-British groups (compared to 3.8% of the Gloucestershire population). <p>In the Sexual Health Needs Assessment for Gloucestershire, January 2015, BME and gypsies and travellers are identified as priority population groups.</p> <p>Black African ethnic groups have been shown to have higher rate of new HIV diagnoses. Black ethnic groups have been shown to have higher rate of HIV-diagnosed persons seen for HIV related care than other ethnic's group. In 2012, 28% of Gloucestershire residents receiving treatment for HIV were from Black African communities. 7% were from other ethnic minority groups.</p> <p>Given their transient lifestyle, gypsies and travellers are less likely to access sexual health and GP services. The 2002 Health and Wellbeing Report on Travellers and Gypsies in the South West, produced by the South West Public Health Observatory highlighted concerns with the provision of a number of services to these communities. Whilst most had improved, the 2011 updated report named Sexual Health</p>

	<p>Services, including access to contraception, as an area where provision and access was still poor. In addition, the report noted that there was anecdotal evidence concerning the risks of HIV, injecting drug users and sex workers within these communities, though there is a lack of data to support this.</p>																																																	
Gender reassignment	<p>In the Sexual Health Needs Assessment for Gloucestershire, January 2015, trans individuals are identified as priority population groups.</p> <p>There is sparse evidence based research on the number of trans people living in the UK with issues around self identification being a barrier to fully understanding the size of this community. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population.</p> <p><u>Estimates of gender variance</u></p> <table border="1" data-bbox="528 715 2045 1070"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Lower Estimate</th> <th colspan="2">Upper Estimate</th> </tr> <tr> <th>Number</th> <th>%</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Cheltenham</td> <td>600</td> <td>0.6</td> <td>900</td> <td>1.0</td> </tr> <tr> <td>Cotswold</td> <td>400</td> <td>0.6</td> <td>700</td> <td>1.0</td> </tr> <tr> <td>Forest of Dean</td> <td>400</td> <td>0.6</td> <td>700</td> <td>1.0</td> </tr> <tr> <td>Gloucester</td> <td>600</td> <td>0.6</td> <td>1000</td> <td>1.0</td> </tr> <tr> <td>Stroud</td> <td>500</td> <td>0.6</td> <td>900</td> <td>1.0</td> </tr> <tr> <td>Tewkesbury</td> <td>400</td> <td>0.6</td> <td>700</td> <td>1.0</td> </tr> <tr> <td>Gloucestershire</td> <td>2900</td> <td>0.6</td> <td>4700</td> <td>1.0</td> </tr> <tr> <td>England</td> <td>252400</td> <td>0.6</td> <td>420700</td> <td>1.0</td> </tr> </tbody> </table> <p>The 'Where There's A Need: Health and Well-Being of Trans People in Gloucestershire and Bristol' research project, a draft of which was published in July 2013, used a health needs questionnaire to assess attitudes, explore issues and concerns and provide suggestions for ways forward to meet the needs of the Trans community in Gloucestershire and Bristol.</p> <p>As part of the health needs assessment participants were asked if they had ever received health</p>		Lower Estimate		Upper Estimate		Number	%	Number	%	Cheltenham	600	0.6	900	1.0	Cotswold	400	0.6	700	1.0	Forest of Dean	400	0.6	700	1.0	Gloucester	600	0.6	1000	1.0	Stroud	500	0.6	900	1.0	Tewkesbury	400	0.6	700	1.0	Gloucestershire	2900	0.6	4700	1.0	England	252400	0.6	420700	1.0
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	<p>information or guidance relevant to you as a Trans person. Almost 9 out of 10 (88.4%; 61/69) answered 'no'.</p> <p>We will use the findings from the Sexual Health and Well Being part of the draft report to support our engagement with the trans community.</p>
Marriage & civil partnership	<p>Nationally:</p> <ul style="list-style-type: none"> • In 2012, the provisional number of marriages in England and Wales increased by 5.3% to 262,240, from 249,133 in 2011. • Civil ceremonies accounted for 70% of all marriages that took place in 2012, an increase from 66% in 2002. • The greatest number of marriages was for men and women aged 25 to 29. • The mean age at marriage in 2012 was 36.5 years for men and 34.0 years for women. The mean age at marriage has increased by almost eight years for both men and women since 1972. • The largest percentage increase in the number of marriages between 2011 and 2012 was for men and women aged 65 to 69, rising by 25% and 21% respectively. <p>(Source: ONS)</p> <p>Among residents of Gloucestershire:</p> <ul style="list-style-type: none"> • 30.5% are single and have never married or registered a same-sex civil partnership • 50.2% are married. • 0.3% are in a registered same-sex civil partnership • 2.3% are separated but still legally married or still legally in a same sex civil partnership • 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved • 7.2% are widowed or a surviving partner from a same sex civil partnership <p>(Source: <u>Census 2011</u>)</p> <p>There is currently no data regarding married people or people in civil partnership accessing sexual health services.</p>
Pregnancy & maternity	<p>Teenage parents are at increased risk of postnatal depression and poor mental health in the 3 years following birth. They are more likely than older mothers to have low educational attainment, experience adult unemployment and be living in poverty at age 30. Their children experience higher rates of infant mortality and low birth weight, A&E admissions for accidents and have a much higher risk of being born</p>

	<p>into poverty.</p> <ul style="list-style-type: none"> • Under 18's conception rate has been falling in Gloucestershire since 2007 and for 2012 was lower than at the national level. Only for Gloucester this rate was higher than the England rate. • Percentage of under 18's conceptions leading to abortion has risen in the county compared to 2011 and for 2012 was higher than at the national level. This has again reduced in 2013 with Gloucestershire having a lower rate compared to SW and England. • Under 16's conception rate has fallen in Gloucestershire compared to 2011 and for 2012 was lower than at the national level. Only in Gloucester this rate was higher than the national rate. • Percentage of under 16's conception leading to abortion has been falling in Gloucestershire since 2010 and for 2012 was at the higher level than at the national level. • Percentage of repeat abortion in under 25 years old in Gloucestershire was lower than the England average and regional average. The percentage of repeat abortion in 25-34 and in over 35 was higher than the regional average. • The percentage of abortion carried out within 10 weeks of conception was lower than the national average and regional average.
Religion or Belief	<p>Nationally Christianity is the largest religion, with 33.2 million people (59.3 per cent of the population). The second largest religious group were Muslims with 2.7 million people (4.8 per cent of the population), (Source: Census 2011).</p> <p>In Gloucestershire 63.5% of residents are Christian, making it the most common religion. This is followed by no religion which accounts for 26.7% of the total population, (Source: Census 2011)</p> <p>At district level:</p> <ul style="list-style-type: none"> • Cheltenham has the lowest proportion of people who are Christian at 58.7% of the total population; this is lower than the county and marginally lower than the national average. • Cotswold has the highest proportion of people who follow Christianity. • Cheltenham has the highest proportion of Buddhists, Hindus and people who have no religion. • At 3.2% of the total population Gloucester has the highest proportion of Muslims. • Stroud has the highest proportion of people who follow an "Other Religion" and have not stated their

	<p>religion. (Source: Census 2011)</p> <p>The county have diverse faith groups including a large number of Christian churches catering for those from different religious backgrounds. In addition both Gloucester and Cheltenham have significant population from the Muslim and Hindu community.</p> <p>Gloucestershire Care Services do not currently have readily available information on service users' religion or belief status, This will be part of their focus on data improvement in 2015.</p> <p>There is currently no data regarding religion or belief of people accessing sexual health services.</p>
Sexual Orientation	<p>Gloucestershire Care Services do not currently have readily available information on service users' sexual orientation status, This will be part of their focus on data improvement in 2015.</p> <p>There is no definitive data on sexual orientation at a local or national level. Stonewall and ONS Household surveys have suggested percentages of population who are Lesbian, Gay, Bisexual and Transgender (LGBT) but these figures are likely underestimated figures due to reluctance of people living in a 'household environment', particularly young people, to disclose their sexual orientation in the context of a shared survey which would be seen by others in the household.</p> <ul style="list-style-type: none"> • There are more new HIV diagnoses among men who have sex with men (MSM) than among heterosexual men or heterosexual women. • There are more men living with diagnosed HIV, who acquired their infection through sex between men, than men or women who acquired their infection through sex between men and women. <p>In the Sexual Health Needs Assessment for Gloucestershire, January 2015, LGM individuals and MSM are identified as priority population groups.</p>

Other information

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Sexual Health Needs Assessment January 2015 - <http://www.gloucestershire.gov.uk/CHttpHandler.ashx?id=63486&p=0>

Where There's a Need – Health and Well-Being of Trans people in Gloucestershire and Bristol July 2013 (Draft)

The Gloucestershire Sexual health Strategy 2012 - 2017

Preventing Unplanned Pregnancy and Improving Preparation for Parenthood for Care-Experienced Young People, Coram, October 2015

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC [Workforce diversity reports](#)** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	No GCC staff are currently employed by our current service providers. We will work with any new provider(s) to ensure that they meet their obligations under the Equality Act.
Age	Not affected
Disability	Not affected
Sex	Not affected

Race (including Gypsy & Traveller)	Not affected
Gender reassignment	Not affected
Marriage & civil partnership	Not affected
Pregnancy & maternity	Not affected
Religion or Belief	Not affected
Sexual Orientation	Not affected

Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

Service users	See appendix 1 for service user engagement plan.
Workforce	No GCC workforce will be affected by these changes. Provider workforces were included in the 2014 Sexual Health Needs Assessment engagement process.
Partners	See appendix 2 for stakeholder engagement plan.
External providers of	See appendix 2 for stakeholder engagement plan.

services	
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Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show ‘due regard’ to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations

Protected group	Challenge or opportunity considered and what we did
Age(A)	Pre-engagement is currently underway with our priority populations. Once this has been completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.
Disability (D)	A focus group for people with Learning Disabilities was held in September 2014 to allow the questions from the survey carried out for the Sexual Health Needs Assessment to be asked in an accessible way. This resulted in suggested improvements to the way services could be delivered, including easy read leaflets, better awareness of services and better advertisement. We will also be analysing the uptake of the consultation survey among other strands of disability, and adjusting our approach to ensure that views across this group are represented.
Sex (S)	Pre-engagement is currently underway with our priority populations. Once this has been completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.
Race (including Gypsy & Traveller)(R))	Pre-engagement is currently underway with our priority populations. Once this has been completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.
Gender	Pre-engagement is currently underway with our priority populations. Once this has been

reassignment(GR)	completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.
Marriage & civil partnership (MCP)	Pre-engagement is currently underway with our priority populations. Once this has been completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.
Pregnancy & maternity (PM)	Pre-engagement is currently underway with our priority populations. Once this has been completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.
Religion and/or Belief (RAOB)	Pre-engagement is currently underway with our priority populations. Once this has been completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.
Sexual Orientation(SO)	Pre-engagement is currently underway with our priority populations. Once this has been completed the results will be analysed to ensure these communities in particular are taken into account in any new service model.

Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
Continued pre-engagement with priority populations.	Vikki Bartlett, Helen Flitton	April/May 2016
Consultation with service users and stakeholders regarding our options for provider models – based on initial engagement feedback.	Karen Pitney	29 th July – 7 th October 2016


Monitoring and Review

Please indicate what processes/actions will be put in place to keep this ‘activity’ under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc


Regular internal project group meetings
 Submission of options appraisal to Commissioning board and CAB
 Submission of Full Business Case to Commissioning Board, CAB and Cabinet

Sign off and Scrutiny

By signing this statement off as complete you are confirming that ‘you’ have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off: 	Date: 13.07.16
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I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member:	
Signed by Portfolio Holder/Cabinet Member: 	Date: 13.07.16

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

Appendix 1 – Service user engagement

Target audience Who	Activity What	Timing When	Organisation Contact
BME	Focus group and discussion using the survey at Bartongate Children's Centre	15.04.16	Trudie Carter - Bartongate CC Trudie.carter@4children.org.uk
	With additional needs -Focus group and discussion using the survey at autism awareness day arranged by BME co-ordinator at GL Communities charity.	13.04.16	Dorrett Samuels - GL Communities Team and BME inclusion coordinator. 01452 505544 Dorrett.samuels@glcommunities.org.uk
	Focus group with Eastern European communities.	22.04.16	Agnes Rogers - Agnieszka.rogers@gloucestershire.gov.uk
	Circulated to teenage pregnancy group	13.04.16	Bilkis Bhula – Outcome manager - Bilkis.BHULA@gloucestershire.gov.uk
	Distribution of survey via GCC Black Workers support group.	14.04.16	Althia Lyn – althea.lyn@gloucestershire.gov.uk
Older people	Focus group and discussion using the survey at Aging Well group meeting	28.04.16	Anabel Jim - group leader of Aging Well group anabeljim@hotmail.co.uk
Homeless	Distribution of survey via <ul style="list-style-type: none"> • Salvation Army • Vaughan Centre • P3 	30.03.16 and ongoing	Naomi Cooper - community HIV prevention and support worker for Eddystone Trust Naomi@eddystone.org.uk
	One to one discussion via Homeless Healthcare team	12.04.16 and ongoing	Rachel McKenna - Sexual Health Nurse and Health Adviser - Rachel.Mckenna@glos-care.nhs.uk
Gypsies and Travellers	One to one discussion using the survey at Bartongate Children's Centre	In progress	Trudie Carter - Bartongate CC Trudie.carter@4children.org.uk
LGBT and MSM	Focus groups ran by Eddystone at LGBT support group	04.04.16	Naomi Cooper - community HIV prevention and support worker for Eddystone Trust Naomi@eddystone.org.uk
	Focus groups ran by Eddystone at LGBT support group	14.04.16	Naomi Cooper - community HIV prevention and support worker for Eddystone Trust Naomi@eddystone.org.uk

	Young people - Focus group and discussion using the survey at Gay Glos Youth Group meeting	TBC	Robin Agascar - RAgascar@aol.com
	Focus group and discussion using the survey at GlosCats group meeting	In progress	Naomi Cooper - community HIV prevention and support worker for Eddystone Trust Naomi@eddystone.org.uk
	Distribution of survey via GCC LGBT support.	14.04.16	Althia Lyn – althea.lyn@gloucestershire.gov.uk
Disabilities	Young people - Focus groups and distribution of survey via Galaxy Youth Group	TBC - staff on AL	CJ Phelps - Case Responsible Officer (CRO) – Sexual Health & Teenage Pregnancy cj.phelps@prospepects.co.uk
	Distribution of survey via Community Learning Disabilities Team (CLDT)	07.04.16 and ongoing	Dr Hilly Webb-Peploe - Clinical Psychologist - CLDT
	Focus group at GCC enablement drop in session for people over 18 with all disabilities	22.04.16	Kirsten Smart - GCC LD enablement employment officer - kirsten.smart@gloucestershire.gov.uk
Children in Care	Focus groups and distribution of survey via Youth Support Team staff and CIC Council	30.03.16 and ongoing	CJ Phelps - Case Responsible Officer (CRO) – Sexual Health & Teenage Pregnancy cj.phelps@prospepects.co.uk
	Focus groups and discussion at Young And Pregnant group, ran by Barnardos.	TBC	Julie Harrison - julie.harrison@barnardos.org.uk
	Distribution of survey via nurse specialist for children in care	28.04.16 and ongoing	Liz Gillfan - nurse specialist for children in care - Liz.Gilfillan@glos-care.nhs.uk
Migrants	Distribution of survey via <ul style="list-style-type: none"> • HIV team • GARAS 	30.03.16 and ongoing	Naomi Cooper - community HIV prevention and support worker for Eddystone Trust Naomi@eddystone.org.uk
	Focus group with Eastern European communities.	22.04.16	Agnes Rogers - Agnieszka.rogers@gloucestershire.gov.uk
	Focus group and discussion using the survey at Bartongate Children's Centre	15.04.16	Trudie Carter - Bartongate CC Trudie.carter@4children.org.uk
Mental Health	One to one discussion and distribution of survey via Independence Trust	01.04.16 and ongoing	Cynthia Kerr - Wellbeing Operations Manager - Cynthia.Kerr@independencetrust.co.uk
	One to one discussion and distribution of survey via community officers from Supported Lodgings Scheme	15.04.16 and ongoing	Deborah Carpenter – community mental health teams - deborahcarpenter@nhs.net

Sex Workers and people who have been trafficked	One to one discussion via ISIS women's centre	14.04.16 and ongoing	Karen Johnston - Service Development Coordinator for Sex Working Women - ISIS women's centre - karen.johnston@nelsontrust.com
	One to one discussion via Gloucestershire Rape And Sexual Abuse Centre (GRASAC)	14.04.16 and ongoing	Louise Williams at GRASAC louise@glosrasac.org.uk
People Living with HIV	Focus groups and distribution of survey via <ul style="list-style-type: none"> • HIV team • GARAS 	30.04.16 and ongoing	Naomi Cooper - community HIV prevention and support worker for Eddystone Trust Naomi@eddytone.org.uk
Extra groups covered			
Substance users including injecting drug users	Young people - Focus groups and distribution of survey via Youth Support Team staff	30.04.16 and ongoing	CJ Phelps - Case Responsible Officer (CRO) – Sexual Health & Teenage Pregnancy cj.phelps@prospects.co.uk
Young People In general	Focus groups and distribution of survey via Youth Support Team staff	In progress	CJ Phelps - Case Responsible Officer (CRO) – Sexual Health & Teenage Pregnancy cj.phelps@prospects.co.uk
	Link to survey added to Prospects website	30.04.16	CJ Phelps - Case Responsible Officer (CRO) – Sexual Health & Teenage Pregnancy cj.phelps@prospects.co.uk
	Circulated to teenage pregnancy group	13.04.16	Bilkis Bhula – Outcome manager - Bilkis.BHULA@gloucestershire.gov.uk

Appendix 2 – Stakeholder engagement plan

Activity What	Target audience Who	Message Key Message	Timing When
Initial Briefing	Health Overview Scrutiny Committee Meeting	Raise awareness of the review of sexual health services, respond to key questions.	w/c 07.3.16
Initial Briefing	Commissioner Meeting	Raise awareness of the review of sexual health services, respond to key questions.	16.03.16
Initial Briefing	Briefing Lead Cabinet Member (Andrew Gravells)	Raise awareness of the review of sexual health services, respond to key questions.	18.03.16
Initial Briefing	Briefing Shadows (Lesley Williams & Iain Dobie)	Raise awareness of the review of sexual health services, respond to key questions.	TBC
Initial Briefing	Eddystone	Raise awareness of the review of sexual health services, respond to key questions.	10.02.16
Initial Briefing	GCS	Raise awareness of the review of sexual health services, respond to key questions.	23.02.16
Initial Briefing	Gloucestershire CCG	Raise awareness of the review of sexual health services, respond to key questions.	16.03.16
Initial Briefing	Pat Reid, co-ordinator of LARC training.	Raise awareness of the review of sexual health services, respond to key questions.	05.04.16
Initial Briefing	Gloucestershire Sexual Health Strategic Partnership Group (SHSPG)	Raise awareness of the review of sexual health services, respond to key questions.	13.04.16
Project Team Meeting (GCC)	Commercial Unit	Sounding board meeting	12.01.16
Project Team Meeting (GCC)	Commercial Unit, Legal, Finance, Communications, Human Resources,	Sounding board meeting	24.02.16
Project Team Meeting (GCC)	Strategy, ICT	Sounding board meeting	11.03.16

Current provider engagement through SHIFT group (Sexual health In the Future Together)	GCS, Eddystone, Local Pharmaceutical Committee (LPC), CCG, Prospects	Raise awareness of the review of sexual health services, respond to key questions.	11.03.16
Current provider engagement through SHIFT group	GCS, Eddystone, LPC, Primary Care	Market engagement on proposed models of service delivery.	13.04.16
Market engagement event	Current providers and other sexual health providers	Market Engagement on innovation and prioritising our priority populations using primary and secondary prevention	06.04.16
Current provider engagement through SHIFT group	GCS, Eddystone, LPC, Prospects,	Market engagement on proposed models of service delivery.	18.05.16
Current provider engagement through SHIFT group	GCS, CCG, Local Medial Committee (LMC)	Market engagement on proposed models of service delivery.	24.05.16