

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':	Specialist Sexual Health Service delivery arrangements April 2020 – end March 2024	
Person(s) responsible for completing this statement	Claire Procter, Lead Commissioner for Sexual Health and Mental Wellbeing Vikki Clarke, Commissioning Officer	
Briefly describe the activity being considered including aims and expected outcomes	<p>That Cabinet delegates authority to the Director of Public Health, in consultation with the Cabinet Member for Public Health and Communities, to:</p> <ul style="list-style-type: none"> - continue the current Specialist Sexual Health Service delivery model - enter into a Section 76 Agreement with the Gloucestershire Clinical Commissioning Group for the commissioning of Specialist Sexual Health Services - review and extend the agreement annually up to a maximum period of a further four years (up to March 2024). <p>This will ensure the Council meets its statutory responsibilities for the provision of open access</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.

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 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?	Gloucestershire County Council makes arrangements for the provision of the Integrated Specialist Sexual Health (ISSH) service, as part of the Council's statutory responsibilities for sexual health. The external provider of the service is Gloucestershire Health and Care NHS Foundation Trust (GHC)
Service user data/Needs analysis information	
Age	<p><u>Current service data 2018/19</u></p> <p>A total of 53% of service users were under the age of 25 during 2018/19; and 47% were over the age of 25 years. Mid year estimates for Gloucestershire show that 28% of the population are under the age of 25; demonstrating that the service sees a higher proportion of young people. This is as to be expected, as the specialist nature of the service means that young people are prioritised as they are at greater risk of poor sexual health outcomes.</p> <p>In 2018/19, 2.6% of users of the online STI testing service were aged 16-18 years; 51.6% were between 18-25 years; and 46.3% were aged 25 plus.</p>
Disability	Data on service user disability status is currently not reported to the commissioner. We are working with the provider to understand what data on disability is available. The Due Regard will be updated to include impact analysis by disability when/if the data becomes available.

Sex	<p><u>Current service data 2018/19</u></p> <p>During 2018/19, 60.7% of service users were female, compared to 51% of the Gloucestershire population. The higher percentage of female service users is due to a core element of the service being contraceptive services, which are predominately used by women.</p> <p>There has been a slight increase in the percentage of males using the service in 2018/19 compared to 2017/18 (39.25% compared to 32.4%).</p> <p>The gender split of people accessing the online testing service is 56.3% female and 43.6% male.</p>
Race (including Gypsy & Traveller)	<p><u>Current service data 2018/19</u></p> <p>Current data shows the service sees predominately people of White British ethnicity (75%), however 20% of service users were BME backgrounds, Irish, Gypsy or Irish Traveller and 'other White' categories, which is much greater than the County population for these groups, which is 8.4%.</p>
Gender reassignment	<p>Data on service user gender reassignment is currently not reported to the commissioner. We are working with the provider to understand what data on gender reassignment is available. The Due Regard will be updated when/if this data becomes available.</p>
Marriage & civil partnership	<p>Data on service user marital status is currently not reported to the commissioner. We are working with the provider to understand what data on marital status is available. The Due Regard will be updated when/if this data becomes available.</p>
Pregnancy & maternity	<p>Data on pregnancy and maternity is currently not reported to the commissioner. We are working with the provider to understand what data on pregnancy and maternity is available. The Due Regard will be updated when/if this data becomes available.</p>
Religion or Belief	<p>Data on religion or belief is currently not reported to the commissioner. We are working with the provider to understand what data on religion or belief is available. The Due Regard will be updated when/if this data becomes available.</p>

Sexual Orientation	<p><u>Current service data 2018/19</u> The service sees predominantly heterosexual individuals (85%). 11% of service users are gay, lesbian, bisexual, MSM, or other sexual orientation. There is no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7% of the population aged 16 and over are lesbian, gay or bisexual².</p>

Other information

<p>Gloucestershire County Council Population Profile (2019) – https://inform.gloucestershire.gov.uk/media/2087689/equality-profile-2019-final.pdf</p>	<p>Mid-Year Population Estimates at County and District level – https://inform.gloucestershire.gov.uk/population/population-figures/county-and-district-data/</p>
<p>Sexual Health Needs Assessment January 2015 - http://www.gloucestershire.gov.uk/CHttpHandler.ashx?id=63486&p=0</p>	<p>The Gloucestershire Sexual health Strategy 2012 - 2017</p>
<p>Specialist Sexual Health Service contract monitoring data 2018/2019</p>	

Workforce data

² Department of Trade and Industry (2003), Final Regulatory Impact Assessment: Civil Partnership Act 2004, <http://webarchive.nationalarchives.gov.uk/+http://www.berr.gov.uk/files/file23829.pdf>

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.
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	The principles for the sexual health service were consulted on with service users and Gloucestershire residents during the public consultation period of 1st August 2016 – 23rd October 2016. As no changes to this model are proposed, no further consultation activities have taken place.
Workforce	No GCC workforce will be affected by these changes. GHC staff (who were employed by Gloucestershire Care Services at the time of consultation) were engaged with as part of the Sexual Health Service review, using the Listening Into Action scheme. As no changes to this model are proposed, no further consultation activities have taken place with GHC staff.
Partners	Engagement has taken place with Gloucestershire Clinical Commissioning Group as part of the process.
External providers of services	GHC as the service provider are engaged with on an ongoing basis. Performance monitoring meetings are held quarterly.

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)	<p data-bbox="1273 479 1305 869"><u>Current service arrangements</u></p> <p data-bbox="890 479 1235 1859">Sexual health and contraceptive services in Gloucestershire are provided by both the specialist sexual health service and primary care (general practice and pharmacy); and are available for people of all ages. The specialist sexual health service has a particular focus on more complex and/or specialist cases, and individuals at higher risk of poor sexual health. The risk of STIs tends to be higher among those under the age of 25 years³; and therefore this age group have been identified as a priority group for the Specialist Sexual Health Service. Service users over the age of 25 (who don't fall into any of the other 'at risk' groups prioritised by the service) requesting an appointment for routine contraception are signposted to their general practice; however they are able to access the service for STI testing and treatment. The Service also provide postal STI testing (accessed online) for those over the age of 16.</p> <p data-bbox="772 479 842 1787"><u>Challenge: those under or over the age of 25 years will be disproportionately or adversely affected by continuation of the current delivery arrangements for the Specialist Sexual Health Service.</u></p> <p data-bbox="577 479 724 1832">We do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely affect anyone based on age. The service remains open to people of all ages with more complex/specialist sexual health needs; or those in higher risk/vulnerable groups (including those under the age of 25 years).</p> <p data-bbox="421 479 526 1832">While those under the age of 16 years are not able to access the Service's online STI testing service they are prioritised for face to face appointments within the service to enable a holistic assessment of their sexual health needs and any safeguarding concerns.</p> <p data-bbox="303 479 373 1769">Women over the age of 25 years requesting routine contraception (with no other vulnerability/risk factors) (who do not meet the criteria to be seen in the specialist service) can receive contraceptive</p>

³ Public Health England, Sexually transmitted infections and screening for chlamydia in England, 2018, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806118/hpr1919_stis-ncsp_ann18.pdf

	<p>services in primary care.</p> <p>It is acknowledged, that some young people without access to transport, may find it harder to travel to attend central clinics. The Specialist Service also provides clinics in the districts and two FE colleges to help increase accessibility; and has a Vulnerable Access Nursing Team who can help facilitate access to the service by vulnerable young people. There are also alternative sources of sexual health support and advice in the community which young people can access, including those provided by their GP, the School Nursing Team, and Youth Services.</p> <p>We will continue to monitor usage of the service by different age cohorts.</p>
<p>Disability (D)</p>	<p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on disability status. Specialist sexual health equipment for those with physical disabilities is currently based at Hope House in Gloucester.</p> <p><u>Challenge: those with a disability will be adversely affected by continuation of the current delivery arrangements for the Specialist Sexual Health Service.</u></p> <p>As data is not currently available on individuals with a disability attending the Specialist Sexual Health Service it is not possible to determine the impact of continuing the current arrangements on this group; however we do not expect people with a disability to be disproportionately or adversely affected.</p> <p>The triage system ensures that individuals contacting the Specialist Service receive advice appropriate to their needs (including any physical or mental disabilities); and get signposted to the most appropriate point of care. Individuals with learning disabilities and those with serious mental health issues are identified as priority groups for care within the specialist service.</p> <p>People with disabilities may find it harder to travel to attend central clinics; however the Specialist Service also provides clinics in the districts to help increase accessibility; and has a Vulnerable Access Nursing</p>

	<p>Team who can help facilitate access to the service by vulnerable individuals. The introduction of postal home testing for STIs (accessed online) should also increase service accessibility.</p> <p>It is a requirement of the service specification that the Specialist Service takes into account the requirements of the Equalities Act 2010, including access for people with disabilities.</p> <p>Access to the service by people with a disability will be monitored once this data becomes routinely available.</p>
<p>Sex (S)</p>	<p><u>Current service arrangements</u></p> <p>While the specialist sexual health service is available to both males and females, the majority of service users of sexual health services are female. The high proportion of female users is due to the contraception services offered by the specialist sexual health service.</p> <p><u>Challenge: individuals will be disproportionately or adversely affected by continuation of the current delivery arrangements for the Specialist Sexual Health Service due to their gender.</u></p> <p>We do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely impact any gender.</p> <p>The Specialist Service is open to people of any gender with a complex or specialist sexual health need; or falling into a vulnerable/high risk group. The triage system ensures that individuals contacting the service (irrespective of gender) receive advice appropriate to their needs; and get signposted to the most appropriate point of care. Service data indicates that uptake of the service is good amongst both men and women.</p> <p>We will continue to monitor service usage by gender.</p>

<p>Race (including Gypsy & Traveller)(R)</p>	<p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on race.</p> <p>People in minority ethnic groups (including gypsies/travellers) or who are asylum seekers/refugees/migrants are prioritised by the service as they are identified as a potentially high risk group for poor sexual health.</p> <p><u>Challenge: people will be disproportionately or adversely affected by continuation of the current delivery arrangements for the Specialist Sexual Health Service due to their race.</u></p> <p>Given that the service is open to all (irrespective of race) we do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely affect those from minority ethnic groups or on the basis of race.</p> <p>Current service data shows that a relatively high proportion of service users (relative to the Gloucestershire population as a whole) identify as non-White British.</p> <p>The service specification requires the service to take into account any language or cultural requirements of service users and its obligations under the Equality Act 2010. Interpretation services must also be available.</p> <p>We will continue to monitor usage of the service by ethnicity/race.</p>
<p>Gender reassignment(GR)</p>	<p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on gender reassignment.</p> <p>While data is not currently available on gender reassignment of service users, we do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely</p>

	<p>affect those whose gender identity was not the same as the gender they had been assigned at birth.</p> <p>There is an opportunity to start to monitor usage of the service by those who are (or have undergone) gender reassignment; and we will work with the provider on this.</p> <p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on marriage & civil partnership.</p> <p>We do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will affect those who are married or in a civil partnership. We will continue to monitor the service, and will update this statement if we find evidence to suggest otherwise.</p>
Marriage & civil partnership (MCP)	<p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on pregnancy and maternity.</p> <p>Young teenage parents and young teenage women who have had a termination of pregnancy are prioritised by the service as they are identified as a potentially high risk and vulnerable populations.</p> <p>We do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will affect those who are pregnant or on maternity. We will continue to monitor the service, and will update this statement if we find evidence to suggest otherwise.</p> <p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on religion or belief.</p>
Pregnancy & maternity (PM)	<p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on pregnancy and maternity.</p> <p>Young teenage parents and young teenage women who have had a termination of pregnancy are prioritised by the service as they are identified as a potentially high risk and vulnerable populations.</p> <p>We do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will affect those who are pregnant or on maternity. We will continue to monitor the service, and will update this statement if we find evidence to suggest otherwise.</p> <p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on religion or belief.</p>
Religion and/or Belief (RAOB)	<p><u>Current service arrangements</u></p> <p>There are no restrictions to services based on religion or belief.</p> <p>We do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will affect those with a particular religion or belief. We will continue to monitor the service, and will update this statement if we find evidence to suggest otherwise.</p>

Sexual Orientation(SO)	<u>Current service arrangements</u>
	<p>There are no restrictions to services based on sexual orientation.</p> <p>Men who have sex with men (MSM) are prioritised by the service as they are identified as a high risk group for poor sexual health.</p> <p>We do not envisage that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will affect anyone based on sexual orientation. The service prioritise men who have sex with men (MSM) (as a high risk group for poor sexual health); and attendance data indicates that usage of the services by non-heterosexuals is relatively high.</p> <p>We will continue to monitor the service, and will update this statement if we find evidence to suggest otherwise.</p>

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 monitoring of data on service usage; and service user, provider and partner feedback via the quarterly service monitoring meetings.	Lead Commissioner, Public Health, GCC Sexual Health Service leads, Gloucestershire Health and Care.	Ongoing
Consideration of opportunities to capture service usage data on other protected characteristics (not currently captured) if available.	Lead Commissioner, Public Health, GCC Sexual Health Service leads, Gloucestershire Health and Care.	Ongoing

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


<p>Data on service attendances will continue to be reviewed by both commissioners and provider leads at least quarterly as part of the performance monitoring of this service.</p> <p>Commissioners and service leads for this service report to the Public Health Contract Monitoring Sub Group, chaired by the Director of Public Health.</p>

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: 31/1/20
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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: Cllr Tim Harman, Cabinet Member for Public Health and Communities	
Signed by Portfolio Holder/Cabinet Member: 	Date: 31/1/20

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.

