

Equality Impact Assessment (EIA)

This document demonstrates how the council is meeting its duties under the Equality Act 2010, by giving due regard to the requirement to: eliminate discrimination; advance equality of opportunity; and promote good relations.

1. Background

Directorate	Adults
Service area	Prevention, Wellbeing and Communities
Title of the activity being assessed i.e. the strategy, plan, policy or service	To seek Cabinet approval to continue to commission the Specialist Sexual Health Service via a Section 76 agreement with NHS Gloucestershire Integrated Care Board, in order to secure the delivery of the Council’s statutory responsibilities for sexual health from 1 st April 2024.
Brief outline of the proposal(s)	<p>Gloucestershire County Council makes arrangements for the provision of the integrated Specialist Sexual Health Service (SSHS), as part of the Council’s statutory responsibilities for the commissioning of open access sexual health services for people in the Gloucestershire area in line with the Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations, 2013.</p> <p>The Service is predominantly commissioned to provide:</p> <ul style="list-style-type: none"> • testing and treatment for sexually transmitted infections (STIs); • the provision of contraceptive services; • the provision of Pre-Exposure Prophylaxis (PrEP) for HIV prevention • specialist psychosexual services. <p>Under the current SSHS delivery model, the Council transfer funds to NHS Gloucestershire Integrated Care Board (ICB) under a Section 76 Agreement (pursuant to the National Health Services Act 2006); in order to secure the delivery of the Council’s statutory responsibilities for sexual health through an external provider.</p> <p>The current external provider of the service is Gloucestershire Health and Care NHS Foundation Trust (GHC).</p>

	<p>Following an appraisal of commissioning options for the delivery of the above service, it is proposed that Cabinet delegates authority to the Director of Public Health, in consultation with the Leader of the Council, to transfer monies to NHS Gloucestershire Integrated Care Board (the ICB) under a Section 76 Agreement (pursuant to s.76 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012,) in order for the ICB to commission the delivery of the Specialist Sexual Health Service.</p> <p>The proposed funding arrangement shall continue for an initial period of 7 years and include an option to extend for a further period of not more than two years (1st April 2024 to 31st March 2033).</p>
<p>Who is affected by the proposals?</p>	<p>Service users <input checked="" type="checkbox"/> Workforce <input type="checkbox"/></p> <p>Other, please specify: <input data-bbox="1007 958 1382 1256" type="text"/></p>
<p>Decision to be taken and decision maker</p>	<p>Decision: That Cabinet delegates authority to the Director of Public Health, in consultation with the Leader of the Council to:</p> <ol style="list-style-type: none"> 1) transfer monies to NHS Gloucestershire Integrated Care Board (the ICB) under a Section 76 Agreement (pursuant to s.76 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012,) in order for the ICB to commission the delivery of the Specialist Sexual Health Service. The proposed funding arrangement shall continue for an initial period of 7 years and include an option to extend for a further period of not more than two years (1st April 2024 to 31st March 2033). 2) determine whether to exercise the option to extend the arrangement for a further

	<p>period of not more than 2 years, on the expiry of the initial 7 year term.</p> <p>This will ensure the Council meets its statutory responsibilities for the provision of open access sexual health services (as set out in the Health and Social Care Act 2012).</p> <p>Decision Maker: Siobhan Farmer (Director of Public Health) and Councillor Mark Hawthorne, Leader of the Council.</p>
Person(s) responsible for completing this assessment	Greg Lucas-Mouat (Commissioning Officer) Vikki Clarke (Senior Commissioning Manager)
Date of this assessment	October 2022

2. Information Gathering

Briefly outline your approach to consultation and engagement, together with details of any other information and data sources you have utilised:

Research, Consultation and Engagement	
Service users	<p>Specialist Sexual Health Service contract monitoring data; 2019/20, 2020/21 and 2021/22.</p> <p>NHS Friends and Family Test data 2021/22</p> <p>As no significant changes to this model are proposed, no further consultation activities have taken place.</p>
Workforce	<p>No GCC staff will be affected by this decision.</p> <p>There has been regular consultation with GHC Service Leads in discussion around the service specification and delivery and as part of regular quarterly contract performance monitoring. As no significant changes to this model are proposed, no further consultation activities have taken place with GHC staff.</p>
Partners	<p>Engagement has taken place with NHS Gloucestershire Integrated Care Board (ICB) as part of the process.</p>
Other	<p><u>Reports</u></p> <p>Sexually transmitted infections and screening for chlamydia in England: 2021 report (UK Health Security Agency) https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2021-report</p> <p>Psychosocial and Sexual Factors Associated with Recent Sexual Health</p>

Clinic Attendance and HIV Testing among Trans People in the UK – 2019 (British Medical Journal - Matthew Peter Hibbert, Aedan Wolton, Harri Weeks, Michelle Ross, Caroline E Brett, Lorna A Porcellato, Vivian D Hope):

<https://srh.bmj.com/content/46/2/116>

Trans* People and HIV: How can policy work improve HIV Prevention, Treatment and Care for Trans* People in the UK? – 2017 (NAT – National AIDS Trust):

<https://www.nat.org.uk/sites/default/files/publications/NAT%20Trans%20Evidence%20Review%20V3%20Digital.pdf#:~:text=Global%20data%20s how%20that%20trans%2A1people%20are%20at%20significantly,UK%2 C%20or%20even%20a%20credible%20trans%2A%20population%20co unt.?msclkid=e37ed5c2af4d11ec97acf6a43737db21>

WHO/Europe brief – Transgender Health in the Context of ICD-11 – 2022 (WHO – World Health Organisation):

<https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/who-europe-brief-transgender-health-in-the-context-of-icd-11?msclkid=75a938faaf4d11ec96adfb67dd1c0ee0>

HIV Testing, New HIV diagnoses, Outcomes and Quality of Care for People Accessing HIV Services: 2022 report (UKHSA):

<https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report>

Census 2021 - The First Release: A Briefing (Inform Gloucestershire)

<https://www.gloucestershire.gov.uk/media/2116831/first-release-full-briefing.pdf>

Summary Profile of Local Authority Sexual Health (SPLASH) Gloucestershire – January 2022 (UKHSA):

<https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E10000013.html?area-name=Gloucestershire>

3. Equality Assessment

Briefly explain your assessment of the impact of the proposed activity on the protected characteristics below. This section evidences how the council is giving due regard to the three aims of the general equality duty, which are to: eliminate discrimination; advance equality of opportunity; and promote good relations.

Protected Characteristic	Service Users	Workforce
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<p>Age</p>	<p>It is not envisaged that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely affect anyone based on age.</p> <p>Sexual health and contraceptive services in Gloucestershire are provided by both the specialist sexual health service (the subject of this decision) 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.</p> <p>The risk of STIs tends to be higher among those under the age of 25 years; and therefore, this age group have been identified as a priority group for the Specialist Sexual Health Service. For England in 2021, young people experienced the highest diagnosis rates of the most common STIs.</p> <p><u>Access to routine contraception by service users over the age of 25:</u> 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, allowing the service to focus on those with a specialist or more complex need; however, they are able</p>	<p>No significant impact identified</p>
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	<p>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>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><u>Access to online STI testing for those under the age of 16:</u> 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. The service provides a Vulnerable Access Nurse team, which works closely with other agencies, such as Youth Support Services, to help facilitate access to the service for young people.</p> <p>For local data, please see Appendix 1 – Service User Data, page 15.</p>	
Disability	<p>It is not expected that people with a disability will be adversely affected by the continuation of the current delivery arrangements for the Specialist Sexual Health Service.</p> <p>There are no restrictions to services based on disability status. Specialist sexual</p>	No significant impact identified

	<p>health equipment for those with physical disabilities is currently based at Hope House in Gloucester.</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.</p> <p>Individuals with learning disabilities and those with serious mental health issues are identified as priority groups for care within the specialist service.</p> <p><u>Access to specialist equipment for those with a physical disability:</u> It is generally understood that people with disabilities may find it harder to travel to attend central clinics; however, the Specialist Service where possible also provides district clinics to help increase accessibility; and has a Vulnerable Access Nursing Team who can help facilitate access to the service. The availability of postal home testing for STIs (accessed online) should also increase service accessibility. Whilst the provider has not received any complaints or had the location of the specialist equipment raised as an issue, further investigation is required to understand whether changes could be made to improve access to the service for those with a physical disability. This has</p>	
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	<p>been added to the planned actions for improvement identified in section 5 of this EIA.</p>	
Sex	<p>It is not envisaged that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely impact Service Users on the basis of their 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.</p> <p>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.</p> <p>While the specialist sexual health service is available to people of any gender, 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. Nationally, young women are more likely to be diagnosed with an STI than their male counterparts likely due to a higher chlamydia testing coverage of women through the National Chlamydia Screening Programme (NCSP), which targets 15 to 24 year olds.</p>	No significant impact identified

	For local data, please see Appendix 1 – Service User Data, page 16.	
Race	<p>It is not envisioned that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely affect Service Users from minority ethnic groups or on the basis of race.</p> <p>The Specialist Sexual Health Service is open to all Service Users irrespective of race or ethnicity.</p> <p>People in minority ethnic groups 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>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>For local data, please see Appendix 1 – Service User Data, page 16.</p>	No significant impact identified
Gender reassignment	<p>The Specialist Sexual Health Service is open to all Service Users irrespective of gender identity or reassignment.</p> <p>There is limited data on trans people and healthcare in the UK, however studies suggest that trans people are less likely to attend sexual health</p>	No significant impact identified

	<p>services and worldwide, HIV prevalence among trans-women is reported to be 19% with trans-women being 49 times more likely to be HIV positive than the general population.</p> <p>Transgender people share many of the same health needs as the general population, but may have other specialist health-care needs, such as gender-affirming hormone therapy and surgery.</p> <p>However, evidence suggests that transgender people often experience a disproportionately high burden of disease, including in the domains of mental, sexual and reproductive health. Furthermore, Transphobia and discrimination are major barriers to health-care access and can result in increased risk of health concerns unrelated to gender or sexuality.</p> <p>While data is not currently available on gender reassignment of service users, it is not envisaged that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will adversely affect those whose gender identity was not the same as the gender they had been assigned at birth.</p>	
Marriage & civil partnership	The Specialist Sexual Health Service is open to Service Users regardless of marital/civil partnership status	No significant impact identified

	and therefore no significant negative impacts on this basis have been identified.	
Pregnancy & maternity	<p>The Specialist Sexual Health Service is open to Service Users irrespective of pregnancy or maternity status.</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 potentially high risk and vulnerable populations.</p> <p>The proposed decision to continue with the current delivery arrangements will ensure the integrated pathway between the Specialist Sexual Health Service and the Pregnancy Advisory Service (commissioned by the ICB) are maintained.</p> <p>It is not envisaged that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will affect those who are pregnant or on maternity.</p>	No significant impact identified
Religion and/or belief	The Specialist Sexual Health Service is open to Service Users irrespective of religion or belief and therefore no significant negative impacts on this basis have been identified.	No significant impact identified
Sexual orientation	It is not envisaged that the continuation of the current delivery arrangements for the Specialist Sexual Health Service will affect anyone based on sexual orientation.	No significant impact identified

	<p>The Specialist Sexual Health Service is open to all service users irrespective of 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>A review of attendance data indicates that relatively high usage of the service by those who identify with a sexual orientation other than heterosexual suggests that the service is accessible to all regardless of sexual orientation.</p> <p>For local data, please see Appendix 1 – Service User Data, page 19.</p>	
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4. Completed Actions

Set out how the proposed activity has already been amended following the equality assessment, to maximise the positive impact or minimise the negative impact:

Change	Reason for Change
Ethnicity data collection review	As part of an Ethnicity data collection audit being conducted by the Prevention Wellbeing and Communities hub, a review of the Specialist Sexual Health Services ethnicity data collection processes was undertaken. The review found that the services processes were very good. The findings and recommendations from the overall audit have been shared with the service for information.

5. Planned Actions

Set out improvements that will be undertaken, following the equality assessment, to further maximise the positive impact or minimise the negative impact:

Potential impact (positive or negative)	Action	By when	Owner
Positive	Continued monitoring of data on service usage; and service user, provider and partner feedback via the quarterly service monitoring meetings	Ongoing (quarterly)	Vikki Clarke (Senior Commissioning Manager)
Positive	Requirement for the service to collect data on service users disability status and gender reassignment status as part of the new contract from 1 st April 2024.	31 st December 2023 (should this decision be approved; the new term will start 1 st April 2024)	Vikki Clarke (Senior Commissioning Manager)
Positive	Consideration of opportunities to capture service usage data on other protected characteristics (not currently captured) if available.	31 st December 2023 (should this decision be approved; the new term will start 1 st April 2024)	Vikki Clarke (Senior Commissioning Manager)
Positive	Work with the provider to explore changing the data collection and classification of the sexual orientation category 'MSM and Lesbian' to allow for a clearer picture of individual sexual orientation's access to the service.	31 st December 2023 (should this decision be approved; the new term will start 1 st April 2024)	Vikki Clarke (Senior Commissioning Manager)


6. Monitoring and review

The following processes/actions will be put in place to keep this 'activity' under review:
The service provider is required to ensure that the services are provided in line with the Equalities Act 2010, ensuring equality of opportunity and anti-discriminatory practice in respect to both Staff and Service Users as well as assessing access to the service whilst giving due regard to the protected characteristics as defined by the Equalities Act 2010.


Data on service user attendances and access is reviewed by both commissioners and provider leads on a quarterly basis as part of the contract performance monitoring of this service against agreed Key Performance Indicators (KPIs).

7. Officer / Decision-maker Sign off

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

Signature of Senior Officer	
Name of Senior Officer	Siobhan Farmer, Director of Public Health
Date	10.01.23

Decision maker: 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.

Signature of decision maker	
Name of decision maker	Councillor Mark Hawthorne, Leader of the Council
Date	10.01.23

8. Publication

If this document accompanies a Cabinet report or an Individual Cabinet Member (ICM) decision report it will be published, as part of the report publication process, on the GCC website. If this statement is not to be submitted with a Cabinet report or an Individual Cabinet Member (ICM) decision report, 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 Data

Details of service users affected by the proposed activity

Protected Characteristic	Service User Data and Information																												
<p>Age <i>percentage/profile of service user ages</i></p>	<p>The number of service users aged 25+ accessing the service has remained broadly the same in 2021-22 as the preceding two years with approx. half of service users being aged 25+ during this time. Whilst there has been a small decrease in the percentage of service users aged 18-24, the fact that 40% of service users fall within this small age range demonstrates the service is accessible to this age group. There has also been a small increase in the percentage of those accessing the service from the under 16 age range and also the 16-17 age range. Younger service users are more likely to require a more holistic assessment of their needs, including accessing safeguarding risks, and therefore it is positive the service is seeing an increase in access from this age group.</p> <table border="1" data-bbox="443 1037 1145 1312"> <thead> <tr> <th colspan="4">Age of Service Users Accessing SSHS 2019-2022</th> </tr> <tr> <th>Period</th> <th>2019-20</th> <th>2020-21</th> <th>2021-22</th> </tr> </thead> <tbody> <tr> <td><16</td> <td>1.61%</td> <td>1.60%</td> <td>2.50%</td> </tr> <tr> <td>16-17</td> <td>5.14%</td> <td>6.65%</td> <td>6.70%</td> </tr> <tr> <td>18-24</td> <td>44.80%</td> <td>41.21%</td> <td>40.47%</td> </tr> <tr> <td>25+</td> <td>48.45%</td> <td>50.55%</td> <td>50.33%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> </tr> </tbody> </table> <p>According to the 2021 Census, those aged 15-19 years old made up 5.36% of the Gloucestershire population compared to 20-24 year olds at 5.19%. The total number of those aged 25+ in Gloucestershire was 73.03% in 2021 whilst the proportion of the population classed as working age (20-64 year olds) was 56.5%.</p> <p>Whilst the SSHS is open to people of all ages with more complex/specialist sexual health needs, a higher proportion of younger service users aged 25 or less would be expected given that this age group are prioritised by the service as they tend to remain at higher risk of STIs compared to the rest of the population.</p>	Age of Service Users Accessing SSHS 2019-2022				Period	2019-20	2020-21	2021-22	<16	1.61%	1.60%	2.50%	16-17	5.14%	6.65%	6.70%	18-24	44.80%	41.21%	40.47%	25+	48.45%	50.55%	50.33%	Grand Total	100.00%	100.00%	100.00%
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<p>Disability <i>percentage/profile of service users who have a disability</i></p>	<p>At present there is no specific information available for service user disability status in relation to the Specialist Sexual Health Service in Gloucestershire as this information is not routinely collected. However, it is a requirement of the service specification</p>																												

	<p>that the Specialist Service takes into account the requirements of the Equalities Act 2010, including access for people with disabilities.</p> <p>It is generally understood that people with disabilities may find it harder to travel to attend central clinics; however, the Specialist Service where possible also provides district clinics to help increase accessibility; and has a Vulnerable Access Nursing Team who can help facilitate access to the service by vulnerable individuals. The availability of postal home testing for STIs (accessed online) should also increase service accessibility.</p> <p>There is an opportunity to improve our understanding of this demographic and monitor service access by people with a disability once data becomes routinely available through engagement with the service provider and Gloucestershire ICS.</p>																								
<p>Sex <i>percentage/profile of service users who are male and who are female</i></p>	<p>The number of female service users has increased from 59.76% in 2019-20 to 65.40% in 2021-22 whilst the number of male service users accessing the SSHS has decreased in the same period with 34.60% in 2021-22 down from 40.22% in 2019-20.</p> <table border="1" data-bbox="443 999 1107 1236"> <thead> <tr> <th colspan="4">Gender of Service Users Accessing SSHS 2019-2022</th> </tr> <tr> <th>Period</th> <th>2019-20</th> <th>2020-21</th> <th>2021-22</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>59.76%</td> <td>64.41%</td> <td>65.40%</td> </tr> <tr> <td>Male</td> <td>40.22%</td> <td>35.59%</td> <td>34.60%</td> </tr> <tr> <td>Not known</td> <td>0.07%</td> <td>0.00%</td> <td>0.00%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> </tr> </tbody> </table> <p>According to the 2021 Census, there were 329,800 women and 315,300 men living in Gloucestershire equivalent to a 51.1% to 48.9% split. This is in-line with the South West and marginally different to the 51.0% female, 49.0% male split in England and Wales.</p> <p>Whilst the specialist sexual health service is available to both males and females with a complex or specialist sexual health need, the majority of service users of sexual health services continue to be female. The higher proportion of females accessing the service can be attributed partly to the offer of contraception services including the provision of Emergency Hormonal Contraception (EHC) and Long Acting Reversible Contraception (LARC). Women, particularly those aged 25 and under are also more likely to be diagnosed with an STI than their male counterparts.</p>	Gender of Service Users Accessing SSHS 2019-2022				Period	2019-20	2020-21	2021-22	Female	59.76%	64.41%	65.40%	Male	40.22%	35.59%	34.60%	Not known	0.07%	0.00%	0.00%	Grand Total	100.00%	100.00%	100.00%
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Grand Total	100.00%	100.00%	100.00%																						
<p>Race</p>	<p>The majority of service users accessing the SSHS in 2021-22 were of White ethnicity at 88.85% which shows a 10% increase</p>																								

percentage/profile of service users who are from black and minority ethnic backgrounds

from 2019-20 when it was at 78.56%. The number of Black or Black British service users has increased from 2.28% in 2019-20 to 2.87% in 2021-22 and they remain the largest number of service users from a minority ethnic background. The number of Asian or Asian British service users on the other hand has decreased in the last year from 1.22% in 2020-21 to 1.14% in 2021-22.

People of Mixed ethnicity made up 2.62% of service users in 2021-22 whilst other ethnic groups made up 4.48%. The number of service users where ethnicity is not known has decreased significantly from 7.01% in 2019-20 to just 0.05% in 2021-22 which suggests a marked improvement in how the SSHS collects data on ethnicity.

Ethnicity of Service Users Accessing SSHS 2019-2022			
Period	2019-20	2020-21	2021-22
Asian or Asian British	1.05%	1.22%	1.14%
Black or Black British	2.28%	2.81%	2.87%
Mixed	2.01%	2.82%	2.62%
Not known	7.01%	4.29%	0.05%
Other ethnic group	9.09%	6.92%	4.48%
White	78.56%	81.93%	88.85%
Grand Total	100.00%	100.00%	100.00%

At present the results from the 2021 Census relating to ethnicity have not yet been released but these are expected sometime around late November 2022. The 2011 Census found that 91.6% of Gloucestershire residents were White British with the proportion of people from Black and Minority Ethnic backgrounds considerably lower than the national figure of 14.6%. Whilst there has been an increase in the percentage of White British people accessing the service between 19/20 and 21/22, the percentage (88.85%) is lower than the county average (91.6%), showing the service is well accessed by some ethnic minority groups.

Gender reassignment percentage/profile of service users who have indicated they are transgender

At present there is no specific information available regarding the gender reassignment status of service users in relation to the Specialist Sexual Health Service in Gloucestershire as this information is not currently routinely collected. However, it is a requirement of the service specification that the Specialist Service takes into account the requirements of the Equalities Act 2010, including considering any particular needs or characteristics that the Service User might have such as gender identity.

Whilst no robust data on the UK trans population exists at present, the Government tentatively estimates there to be

	<p>approximately 200,000-500,000 trans people in the UK. Currently the best estimates on gender reassignment come from the Gender Identity Research and Education Society (GIRES). GIRES estimates that there are approximately 650,000 (or 1% of the population in the UK), who are experiencing some degree of gender diversity which includes people who consider themselves to be non-binary or gender fluid.</p> <p>Currently there is no data on the number of trans or gender diverse people in Gloucestershire, however if we apply the 1% estimate proportion to Gloucestershire's 16+ population in 2020, we can estimate that there could be approximately 5,250 adults in the county who are experiencing some degree of gender diversity.</p> <p>The 2021 Census included for the first time, the question "is your gender the same as the sex you were registered at birth?" It was directed only at people aged 16 and over, and answers were voluntary. It is hoped that following the release of data from the 2021 Census relating to gender identify which is due sometime around January 2023, we will have a more accurate picture about the number of people who identify as transgender in Gloucestershire as well as nationally.</p> <p>There is an opportunity to improve our understanding of this demographic and monitor service access for people with gender reassignment status once data becomes routinely available through engagement with the service provider and Gloucestershire ICS. This has been added to the planned actions for improvement identified in section 5 of this EIA.</p>
<p>Marriage & civil partnership <i>percentage/profile of service users who are married or in a civil partnership</i></p>	<p>At present there is no specific information available regarding the marriage or civil partnership status of service users in relation to the Specialist Sexual Health Service in Gloucestershire as this information is not currently routinely collected. However, the Provider is required to ensure that the Services are delivered in such a manner as to be Service User focused and welcoming to all Service Users regardless of marriage or civil partnership status and takes into account the requirements of the Equalities Act 2010. There is an opportunity to improve our understanding of this demographic and monitor service access by people according to marriage or civil partnership status once data becomes routinely available through engagement with the service provider and Gloucestershire ICS. This has been added to the planned actions for improvement identified in section 5 of this EIA.</p> <p>It is not expected that there would be any barriers to service take-up amongst service users based on marriage or civil partnership status.</p>

<p>Pregnancy & maternity percentage/profile of service users who are female and who are pregnant or on a maternity leave</p>	<p>At present there is no specific information available regarding service user pregnancy or maternity status in relation to the Specialist Sexual Health Service in Gloucestershire as this information is not currently routinely collected. However, the Provider is required to ensure that the Services are delivered in such a manner as to be Service User focused and welcoming to all Service Users regardless of pregnancy or maternity status, and takes into account the requirements of the Equalities Act 2010.</p> <p>It is not expected that there would be any barriers to service take-up amongst service users based on pregnancy or maternity status.</p> <p>There is an opportunity to improve our understanding of this demographic and monitor service access by people according to pregnancy or maternity status once data becomes routinely available through engagement with the service provider and Gloucestershire ICS. This has been added to the planned actions for improvement identified in section 5 of this EIA.</p>												
<p>Religion and/or belief percentage/profile of service users religious beliefs</p>	<p>At present there is no specific information available regarding service user religion or belief status in relation to the Specialist Sexual Health Service in Gloucestershire as this information is not currently routinely collected. However, the Provider is required to ensure that the Services are delivered in such a manner as to be Service User focused and welcoming to all Service Users regardless of region or belief, and takes into account the requirements of the Equalities Act 2010.</p> <p>It is hoped that following the release of data from the 2021 Census relating to religion or belief which is due sometime around late November 2022, we will have a more accurate picture about the number of people who have a religious belief or otherwise in Gloucestershire. There is an opportunity to improve our understanding of this demographic and monitor service access by people according to religion or belief once data becomes routinely available through engagement with the service provider and Gloucestershire ICS. This has been added to the planned actions for improvement identified in section 5 of this EIA.</p>												
<p>Sexual orientation percentage/profile of service users who are lesbian, gay, bisexual, heterosexual</p>	<p>The majority of service users accessing the SSHS in 2021-22 identified as Straight or Heterosexual at 81.75% which is a slight decrease from the previous year (2020-21) where it was 84.43%. The number of service users who identified as Gay, MSM (men who have sex with men) or Lesbian has increased from 8.83% in 2020-21 to 9.72% in 2021-22. Bisexual identified service users numbered 4.62% in 2021-22, increasing from 3.73% in 2019-20.</p> <table border="1" data-bbox="443 1939 1388 2020"> <thead> <tr> <th colspan="4">Sexual Orientation of Service Users Accessing SSHS 2019-2022</th> </tr> <tr> <th>Period</th> <th>2019-20</th> <th>2020-21</th> <th>2021-22</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sexual Orientation of Service Users Accessing SSHS 2019-2022				Period	2019-20	2020-21	2021-22				
Sexual Orientation of Service Users Accessing SSHS 2019-2022													
Period	2019-20	2020-21	2021-22										

Bisexual	3.73%	3.92%	4.62%
Gay or Homosexual, MSM and Lesbian	9.73%	8.83%	9.72%
Straight or Heterosexual	82.31%	84.43%	81.75%
Unknown	3.90%	2.45%	3.33%
Declined	0.03%	0.00%	0.04%
Other	0.30%	0.37%	0.54%
Grand Total	100.00%	100.00%	100.00%

There are no official estimates of sexual orientation at a county level, making it difficult to obtain a true reflection of this population. National evidence suggests between 2.7% and 7.0% of people are lesbian, gay or bisexual (LGB). The latest data shows 14.34% of service users of the SSHS identify as bisexual, gay, homosexual, MSM or lesbian. Whilst there will always be more that services can do to improve accessibility, the high percentage of attendances by those who identify with a sexual orientation other than heterosexual suggests that the service is accessible to all regardless of sexual orientation.

It is hoped that following the release of data from the 2021 Census relating to sexual orientation which is due sometime around January 2023, we will have a more accurate picture about the sexual orientation of residents in Gloucestershire as well as nationally and enable more accurate comparison to local attendance data.

Whilst the SSHS is open to people regardless of sexual orientation, the service prioritise men who have sex with men (MSM) including those identifying as Gay and Bisexual as a high risk group for poor sexual health. There is potentially some work to be done around looking at the classifications for sexual orientation that the SSHS currently collects as those identifying as Lesbian are included and conflated with Gay or Homosexual whilst those identifying as Bisexual are categorised separately. This may not give a fully accurate picture of the GBMSM (Gay, Bisexual and men who have sex with men) population accessing the service who are recognised as being at higher risk for poor sexual health. This has been added to the planned actions for improvement identified in section 5 of this EIA.

Appendix 2 – GCC Workforce Data

Details of Gloucestershire County Council staff affected by the proposed activity

Protected Characteristic	Total number of GCC staff affected:
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Whilst the programme is not specific to GCC employees, the services provided through the Specialist Sexual Health Service contract are accessible to any eligible GCC staff and may then also be deemed a Service User.

Age	Not Applicable
Disability	Not Applicable
Sex	Not Applicable
Race	Not Applicable
Gender reassignment	Not Applicable
Marriage & civil partnership	Not Applicable
Pregnancy & maternity	Not Applicable
Religion and/or belief	Not Applicable
Sexual orientation	Not Applicable