

Appendix 3c: Equality Analysis (EA) Record Form

Formerly Equality Impact Assessment



Revised February 2015

Department: **Public Health**

Team or Service Area Leading Assessment: **Public Health**

Title of Policy/ Service or Function: **Blackpool Sexual Health Strategy 2023 - 2026**

Proposals to introduce/ alter/ delete policy, service, expenditure etc:

Date of proposals: **2023 - 2026**

Committee/Team: **Public Health**

Lead Officer: **Janet Duckworth**

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

1. What type of policy, service or function is this?

Existing New/ proposed Changing/ updated

2. What is the aim and purpose of the policy, service or function?

The Blackpool Sexual Health Strategy 2023 – 2026 and associated action plan indicate the commissioning and provider actions to improve the sexual health of the population of Blackpool over the next 3 years.

3. Please outline any proposals being considered.

The Blackpool Sexual Health Strategy 2023 - 2026 aims to improve the sexual health of the population of Blackpool, by providing clear direction and focus for sexual health improvement. The strategy has identified six locally agreed strategic priorities:

- Prevent and reduce the transmission of STIs
- Reduce unplanned pregnancy
- Improve prevention, testing, treatment and support for people living with HIV
- Provide young people with the skills, support and services that they need to achieve optimal sexual health
- Reduce inequalities in sexual health
- Tackle sexual violence

An action plan has been developed for each priority area, to coordinate multi-agency work, by a range of stakeholders, to make improvements in the above six areas.

4. What outcomes do we want to achieve?

The broad outcomes that we aim to achieve are:

- Prevent and reduce the transmission of STIs
- Reduce unplanned pregnancy
- Improve prevention, testing, treatment and support for people living with HIV
- Provide young people with the skills, support and services that they need to achieve optimal sexual health
- Reduce inequalities in sexual health
- Tackle sexual violence

5. Who is the policy, service or function intended to help/ benefit?

The strategy is universal, designed to help and provide benefit to all adults and young people resident in Blackpool. In addition, specific actions have been developed to target support to individuals identified as being at higher risk of poor sexual health outcomes. These include:

- Individuals facing multiple disadvantage
- Individuals with a learning disability and/or autistic spectrum disorder
- Individuals with mental health difficulties
- LGBTQI individuals, with a particular focus on the MSM group and transgender individuals
- Our Children and Care Leavers
- Asylum seekers and refugees
- Young people
- Sex workers
- Individuals in ethnic minority groups, particularly those of Black African ethnicity

The local authority has a mandated responsibility to commission comprehensive, open access sexual and reproductive health services. Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. Services include:

- Free testing and treatment for sexually transmitted infections (STI);
- Free contraception, and reasonable access to all methods of contraception;
- Notification of sexual partners of infected persons.

6. Who are the main stakeholders/ customers/ communities of interest?

The strategy is universal, therefore aiming to benefit all adults and young people in Blackpool. Particular groups identified as needing targeted support include:

- Individuals facing multiple disadvantage
- Individuals with a learning disability and/or autistic spectrum disorder
- Individuals with mental health difficulties
- LGBTQI individuals, with a particular focus on the MSM group and transgender individuals
- Our Children and Care Leavers
- Asylum seekers and refugees
- Young people
- Sex workers
- Individuals in ethnic minority groups, particularly those of Black African ethnicity

Organisations/teams with an interest in the strategy include:

- Clinical sexual health services based at Blackpool Teaching Hospitals and within Primary Care
- Midwifery services
- Termination of pregnancy services
- Non-clinical sexual health services
- Harm reduction services
- Community safety partnership
- Schools
- Various voluntary and community sector organisations, e.g. Fylde Coast Women's Aid, Empowerment charity

7. Does the policy, service or function have any existing aims in relation to Equality/ Diversity or community cohesion?

The strategy aims to provide targeted support to the groups listed below, seeking to improve their sexual health outcomes and remove any barriers to their access to services:

- Individuals facing multiple disadvantage
- Individuals with a learning disability and/or autistic spectrum disorder
- LGBTQI individuals, with a particular focus on the MSM (men who have sex with men) group and transgender individuals

- Our Children and Care Leavers
- Asylum seekers and refugees
- Young people
- Sex workers
- Individuals within ethnic minority groups, in particular those of Black African ethnicity

STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

8. Please summarise the main data/ research and performance management information in the box below.

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| <p><i>Data/ information</i></p> <p>The strategy was informed by a detailed needs assessment which used equalities information from a range of sources:</p> <ul style="list-style-type: none"> • Joint Strategy Needs Assessment (see https://www.blackpooljsna.org.uk/Home.aspx) • Conception and abortion data • Public Health Outcomes Framework Data • PHE Sexual and Reproductive Health Profiles HIV/STI web Portal data • National Chlamydia Screening Programme (CTAD) • Attitudes to Sexual Health - National Survey of Sexual Attitudes and Lifestyles (NATSAL) • Blackpool Young People's Health Related Behaviour Survey (School Health Education Unit) • Stakeholder Engagement <p>Data is available on an annual basis regarding the uptake of clinical sexual health services according to certain protected characteristics.</p> |
| <p><i>Research or comparative information</i></p> <p>The strategy has been informed by evidence-based guidelines and frameworks, most notably the following:</p> <ul style="list-style-type: none"> • Framework for Sexual Health Improvement in England (published 2013) • Women's Health Strategy for England (published 2022) • Towards Zero: the HIV Action Plan for England - 2022 to 2025 (published 2021) • National guide to commissioning for sexual health, reproductive health and HIV (published 2014) <p>Other, specific, pieces of evidence are referenced within the strategy document.</p> |

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| <i>Key findings of consultation and feedback</i> |
| <p>Individual consultations were held with a range of clinical and non-clinical stakeholders during August – September 2022, and a consultation was held with a small group of young people in November 2022. The views of the stakeholders and young people on priorities for a new sexual health strategy for Blackpool informed the development of the strategy. The strategy document includes summaries of the topics that arose during consultations.</p> <p>In November 2023, a stakeholder workshop was held, which included a representative of those with lived experience of certain challenges. At the workshop, findings of the needs assessment and the evaluation of the previous sexual health strategy were presented. Stakeholders worked in groups to provide feedback on draft priorities and objectives for the new strategy and to develop actions to address the objectives.</p> |

9. What are the impacts or effects for Key Protected Characteristics?

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| <i>Age</i> |
| <p>We do not anticipate that this strategy will adversely impact individuals according to their age.</p> <p>Sexually active young people (15-24 years old) are one of the key priority groups in the new Blackpool Sexual Health Strategy.</p> |
| <i>Disability</i> |
| <p>We do not anticipate that this strategy will adversely impact individuals according to whether or not they have a disability.</p> <p>Targeted actions have been developed to improve access to sexual health services for individuals with learning disabilities, and to improve training in HIV testing awareness for those working in services that support individuals with learning disabilities.</p> <p>An action plan will be developed to address findings of the sexual health services equity audit.</p> |
| <i>Gender Reassignment</i> |
| <p>We do not anticipate that this strategy will adversely impact individuals according to their gender reassignment status.</p> <p>Some targeted actions have been developed to ensure that the sexual health needs of transgender individuals are met. The strategy action plan includes work to</p> |

identify the health needs of local transgender individuals, and to implement recommendations to address these needs. The action plan also includes work to explore uptake by transgender individuals of the support offered by the harm reduction service.

An action plan will be developed to address findings of the sexual health services equity audit.

Marriage and Civil partnership

We do not anticipate that this strategy will adversely impact individuals according to their marriage or civil partnership status.

Pregnancy and Maternity

We do not anticipate that this strategy will adversely impact individuals according to their pregnancy/maternity status.

Objectives in the strategy related to prevention of unplanned pregnancy include improving the provision of Long-Acting Reversible Contraception within maternity services and within termination of pregnancy services, and reducing the rate of teenage pregnancy amongst Our Children.

Race

We do not anticipate that this strategy will adversely impact individuals according to their ethnicity. However, some actions have been developed to address greater risk of poor sexual health outcomes in ethnic minority groups, as outlined below.

Within the strategy and action plan, targeted work has been proposed to address the sexual health needs of refugees and asylum seekers.

Individuals of Black African ethnicity have been identified as being disproportionately affected by HIV. An action has been developed to explore opportunities to increase uptake of HIV testing in ethnic minority groups, in particular those of Black African ethnicity.

An action plan will be developed to address findings of the sexual health services equity audit.

Religion and Belief

We do not anticipate that this strategy will adversely impact individuals according to their religion and/or beliefs.

We recognise the need to ensure that professionals have an awareness and understanding of how faith and culture can inform the choices that people make

with regards to their sexual health.

We also recognise the need to ensure that that Relationships and Sex Education (RSE) and Personal, Social, Health and Economic (PSHE) information is accessible to all young people, and provided in a way that is sensitive to religion and beliefs.

Sex

The strategy aims to improve sexual health outcomes for both males and females. Where appropriate in the strategy, either males or females have been identified as requiring targeted actions to improve sexual health. Examples include work to increase uptake of Long-Acting Reversible Contraception amongst females facing multiple disadvantage; work to increase uptake of chlamydia testing in medical termination of pregnancy services, and actions related to improving awareness of safe sex within the MSM group and improving delivery of sexual health services to MSM individuals.

Sexual Orientation

We do not anticipate that this strategy will adversely impact individuals according to their sexual orientation.

Some aspects of the strategy focus on sexual orientation because certain groups have been identified as being at higher risk of poor sexual health outcomes. These areas are outlined below.

Within priority area 5 ('Reduce inequalities in sexual health'), one objective is to ensure that sexual health services meet the needs of LGBTQI individuals, and specific actions have been developed to address this aim. There is also specific work planned to increase awareness of safe sex amongst the MSM group and to improve the provision of sexual health services to the MSM group.

In addition, consultation work with young people is planned, to explore their views on how PSHE education could help address stigma associated with identifying as LGBTQI.

10. What do you know about how the proposals could affect community cohesion?

The proposals will promote community cohesion through normalising HIV screening for the whole Blackpool population.

Work is planned to develop a fast-track pathway to sexual health services for individuals with multiple, complex needs. This group will include sex workers, and hence the pathway should help to better support/reduce street sex workers, thus contributing to community cohesion.

Finally, the sixth priority area is to tackle sexual violence. This priority area covers a

range of objectives and actions designed to prevent and reduce sexual violence, provide better support for victims of sexual violence and create safer streets, especially after dark. All of these strands of work should help improve community cohesion.

11. What do you know about how the proposals could impact on levels of socio –economic inequality, in particular Poverty?

Proposals have been made to improve the offer and uptake of long-acting reversible contraception to women who have complex needs, including those who face multiple disadvantage. Better prevention of unplanned pregnancy for these women may help them improve other areas of health and wellbeing (such as reducing substance misuse), and may help them in other areas of their lives, such as securing/maintaining a tenancy, and accessing training, volunteering, education and employment.

Actions have been developed to reduce unplanned pregnancy, with a particular focus on reducing teenage conceptions in Our Children. Teenage conception rates are higher within more socially deprived areas, and therefore reducing these rates may help young people to continue education, training and/or employment, thus potentially providing them with greater opportunities to improve their social and financial situation.

Proposals have been made to improve the delivery of sexual health services (including contraception) to refugees and asylum seekers. Refugees and asylum seekers often live in greater poverty in their new country than they may have done in their country of origin. Helping refugees and asylum seekers achieve better sexual health outcomes and greater control over reproductive choices may help them to access education, training, volunteering and/or employment, thus optimising their income and the stability of their social situation.

Finally, actions to increase the retention of individuals living with HIV in treatment services, and to improve the quality of support offered to these individuals, may help those of working age and not currently in the workforce to access education, training or employment.

STEP 3 - ANALYSING THE IMPACT

12. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

We are aware that uptake of sexual health services can be lower in certain groups of the population, for example those facing multiple disadvantage (e.g. substance misuse, homelessness, criminal justice system contact), individuals with a learning disability and/or autistic spectrum disorder, refugees and asylum seekers, care

leavers and Our Children, those with mental health issues and sex workers. Targeted actions have been developed to improve uptake within these groups.

Actions have also been developed to explore uptake of sexual health services and harm reduction services by LGBTQI individuals, and to explore and address barriers to accessing sexual health services.

Individuals of Black African ethnicity have been identified as being disproportionately affected by HIV. An action has been developed to explore opportunities to increase uptake of HIV testing in ethnic minority groups, in particular those of Black African ethnicity.

13. Do any rules or requirements prevent any groups or communities from using or accessing the service?

None identified.

The local authority has a mandated responsibility to commission comprehensive, open access sexual and reproductive health services. Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. Services include:

- Free testing and treatment for sexually transmitted infections (STI);
- Free contraception, and reasonable access to all methods of contraception;
- Notification of sexual partners of infected persons.

14. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people?

No additional specific barriers have been identified.

Actions have been developed to work with staff in services that support individuals with learning disabilities to increase awareness of HIV testing and to develop a fast-track pathway into sexual health services.

In addition, there are actions to improve promotion and uptake of the Public Health behaviour change training offer on sexual health to staff in non-sexual health settings, who support individuals with complex needs.

15. Are any of these limitations or differences “substantial” and likely to amount to unlawful discrimination?

Yes No

If yes, please explain (referring to relevant legislation) in the box below

N/A

16. If No, do they amount to a differential impact, which should be addressed?

Yes No

If yes, please give details below.

N/A

STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

17. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

This Equality Analysis has been used as a tool to further develop the Sexual Health Strategy action plan. Actions have been added to address any gaps identified. We are satisfied that the Sexual Health Strategy and associated action plan will not adversely impact any particular group according to protected characteristics. Moreover, we believe that the strategy and action plan will enable progress to be made in reducing inequalities in sexual health within Blackpool.

18. What would be needed to be able to do this? Are the resources likely to be available?

All those involved in delivering actions need to be aware of the need to remove

barriers to access to sexual health services for groups at higher risk of poor sexual health outcomes. Increasing and maintaining this awareness can be achieved using existing resources.

Joined up partnership working will be utilised to address the actions set out in the strategy and action plan for 2023 – 2026.

19. What other support or changes would be necessary to carry out these actions?

We require the continued engagement and commitment of all stakeholders to ensure that the actions outlined are carried out and that the desired outcomes are achieved.

STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

20. What feedback or responses have you received to the findings and possible courses of action?
Please give details below.

Individual consultations were held with a range of clinical and non-clinical stakeholders during August – September 2022, and a consultation was held with a small group of young people in November 2022. The views of the stakeholders and young people on priorities for a new sexual health strategy for Blackpool informed the development of the strategy. The strategy document includes summaries of the topics that arose during consultations.

In November 2023, a stakeholder workshop was held, which included a representative of those with lived experience of certain challenges. At the workshop, findings of the needs assessment and the evaluation of the previous sexual health strategy were presented. Stakeholders worked in groups to provide feedback on draft priorities and objectives for the new strategy and to develop actions to address the objectives.

21. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

N/A

STEP 6 - ACTION PLANNING

Please outline your proposed action plan below.

| Issues/ adverse impact identified | Proposed action/ objectives to deal with adverse impact | Targets/Measure | Timeframe | Responsibility | Indicate whether agreed |
|-----------------------------------|---|-----------------|-----------|----------------|-------------------------|
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Development of the Blackpool Sexual Health Strategy 2023 – 2026 has led to a comprehensive and detailed action plan being produced, which includes actions to reduce inequalities in sexual health.

The strategy and action plan have been reviewed by the Blackpool Council Public Health Senior Management Team and by the Blackpool Council Corporate Leadership Team, and feedback has been actioned.

The strategy is due to be presented soon to the Blackpool Health and Wellbeing Board and to the Blackpool Adult Health and Social Care Scrutiny Committee. Any amendments requested will be addressed.

STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

Please outline your arrangements for future monitoring and review below.

| Agreed action | Monitoring arrangements | Timeframe | Responsibility | Added to Service Plan etc. |
|---------------|-------------------------|-----------|----------------|----------------------------|
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The governance and reporting structure is outlined in the strategy. A newly formed Sexual Health Strategy Group will monitor progress made by the strategy in terms of key indicators and implementation of actions. Feedback on progress will be provided to the Public Health Senior Management Team, Council Corporate Leadership Team and Blackpool Health and Wellbeing Board, as required.

Date completed:

28th June 2023

Signed:



Name:

Janet Duckworth

Position: **Public Health Practitioner (Sexual Health)**