

# Equality Impact Assessments Toolkit

## EqIA – Sandwell Integrated Sexual Health Service



You must consider the [Equality Impact Assessment Guidance](#) when completing this template.

The EDI team can provide help and advice on undertaking an EqIA and also provide overview quality assurance checks on completed EqIA documents.

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<b>Quality Control</b>	
Title of proposal	Integrated Sexual Health Service
Directorate and Service Area	Public Health
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Date EqIA completed	19/12/2025
Date EqIA signed off or agreed by Director or Executive Director	09/01/2026
Name of Director or Executive Director signing off EqIA	Frances Howie Interim Director of Public Health
Date EqIA considered by Cabinet	To be considered on 11/03/2026.
Where the EqIA is Published  (please include a link to the EqIA and send a copy of the final EqIA to the EDI team)	To be published with Cabinet Papers.

## **Section 1.**

### **The purpose of the project, proposal or decision required**

The purpose of this project is to procure an integrated sexual health service to run from April 1 2027 when the existing contract finishes.

Sexual Health Services in the UK are a mandated public health responsibility with the majority of those services commissioned through Local Authorities as part of their wider public health responsibilities. Local Authorities commission a comprehensive sexual health provision as part of this remit that provides a full range of contraception, testing and treatment for sexually transmitted infections, prevention and management of Human Immunodeficiency Virus (HIV) and support and advise to maintain good sexual health.

Local Authority public health provision is monitored through the Public Health Outcomes Framework (PHOF) which contains five sexual health indicators that will be supported by the Integrated Sexual Health Service Two indicators fall under Health Improvement and relate to the provision of Long Acting Reversible Contraception and the reducing of the number of pregnancies in under 18-year-olds. Three further indicators fall under Health Protection and relate to the detection of the sexually transmitted infection (STI) i.e. the chlamydia detection rate in 15-24-year-old females, the rates of STIs (excluding chlamydia) in those aged 24 and under and how much of the HIV diagnosed in our population is late in nature. Our data (see Section 2) tells us that we need to:

- improve the total LARC prescribing rates.
- keep teenage conceptions on a downward trend.
- screen sufficient number for chlamydia in females aged 15-24 to reach a detection rate that reduces prevalence.
- reduce the proportion of late infection presentations of those who are diagnosed with HIV.

## **Section 2.**

Evidence used and considered. Include analysis of any missing data

We are currently collecting and analysing data as part of a needs assessment exercise in the strategic planning aspect of recommissioning a new service. Our sources include Office for Health Improvement and Disparities (OHID) and Genitourinary Medicine Clinic Activity Datasets (GUMCAD). We have a number of priorities that we will continue to focus on in the new contract.

One of our key challenges in Sandwell is to improve the total LARC prescribing rates (currently 23 per 1,000) in line with the West Midlands rate (36.7 per 1,000) and the England rate (43.5 per 1,000). Access to LARC is key to preventing unintended conceptions and this is already being addressed with a LARC pilot about to be commissioned in Primary Care settings. An additional challenge is to promote LARC as a contraception method to younger users.

Sandwell's under 18 conception rates have dropped from 38.5 per 1,000 to 17 per 1,000 between 2012 and 2022 compared to a drop in the West Midlands from 32 per 1,000 to 15.9 per 1,000 and England 27.8 per 1,000 to 13.9 per 1,000. Sandwell experienced a rise in rate of 2.9 per 1,000 between 2021 and 2022 and our challenge continues to be to keep teenage conceptions on a downward trend.

Chlamydia screening among females is not achieving the recommended ( $\geq 3,250$  per 100,000 of females aged 15-24) detection rate at national, regional or local levels to reduce prevalence. This has been an issue between 2012 to 2024. We also know that the proportion of females screening is reducing at a national, regional and local level. Improving screening uptake, in particular, is our challenge and will continue to be a focus in future commissioning.

The STI diagnosis (excluding chlamydia) rate (438 per 100,000) in <24-year-olds in Sandwell in 2024 was above the rate in the West Midlands (330 per 100,000) and below the rate for England (482 per 100,000). Sandwell's <24-year-olds also engaged in higher STI testing (excluding chlamydia) uptake (rate of 4001 per 100,000) in 2024 than the regional average rate (3060 per 100,000) and was close to the England testing rate (4089 per 100,000).

HIV late diagnosis continues to be a challenge in Sandwell, with late presentations making up 57% of all those diagnosed (in the UK) with HIV between 2022 and 2024 compared to 47% in the West Midlands and 43% in England. However, the HIV testing rate in Sandwell experienced a 6% rate rise between 2022 and 2024 (from 2446 per 100,000 in 2022 to 2594 per 100,000 in 2024) and some late presentations are likely. We expect the implementation and extension of HIV testing in Emergency Departments in Sandwell to encourage conversations about HIV risk, normalise HIV testing and reduce the proportion of late presentations.

### **Section 3.**

#### **Consultation**

Sandwell is in the strategic planning stage of commissioning a new integrated sexual health contract (to commence 01/04/2027) and user engagement appointments being booked and a key stakeholder focus group already conducted. There is also a young people survey now 'live' and focus groups and interviews with young people about to begin. Adult consultations will follow soon after. We have engaged with organisations who work with diverse populations to ensure we elicit views from across Sandwell's diverse population. Some of the key findings from key stakeholders are as follows:

- young people need clarity on the sexual health offer available to them specifically.
- more national health promotion required on STI risk and prevention.
- improved LARC provision/awareness required to improve contraception choice and reduce termination rates.

#### **Section 4.**

Summary assessment of the analysis at section 4a and the likely impact on each of the protected characteristics (if any)

**Age** – no positive or negative impact has been identified.

**Disability** – no positive or negative impact has been identified.

**Gender reassignment** – a negative impact has been identified.

**Marriage and civil partnership** – a positive impact has been identified.

**Pregnancy and maternity** – a positive impact has been identified

**Race** – no positive or negative impact has been identified.

**Religion or belief** – a negative impact has been identified.

**Sex** – a negative impact has been identified.

**Sexual orientation** – a negative impact has been identified.

**Care experienced** - no positive or negative impact has been identified.

**Low-income groups** – a potential negative impact has been identified.

**Carers** - no positive or negative impact has been identified.

**Veterans/Armed force** - no positive or negative impact has been identified.

**Community other** - no positive or negative impact has been identified.



**Section 4a - What are the potential/actual impacts of the proposal on the protected characteristics?**

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
<b>Age</b>	Ne	<p>The service to be commissioned will serve all age groups. Those wishing to access the service and aged under 16 will be supported by a clinician to ensure their safeguarding needs are met and that Fraser Guidelines are being adhered to if applicable. Fraser guidelines have been developed for health professionals (in England and Wales) working in sexual health on providing advice and treatment (contraception and sexual health) to young people under 16 years of age about in the absence of parental consent. The health professional must be satisfied that the young person understands the advice, is likely to engage in sex and needs the intervention/ treatment to avoid harm to health and cannot be persuaded to inform their parents.</p>		
<b>Disability</b>	Ne	<p>A domiciliary service will be stipulated as a service requirement in the new service specification so that an individual who needs to be seen in person but can't access a service for reasons of disability can have a home visit. The person with a disability will definitely receive a home visit.</p>		

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
<b>Gender Reassignment</b>	N	<p>We expect our services to operate in a sensitive and unassuming way. Service knowledge about an individual's gender reassignment relies on a service user disclosure. In the absence of disclosure there is the risk of inappropriate advice, use of inappropriate language or insensitivity. This risk will be managed by ensuring the service designs clinical assessments that invite service users to make disclosures. Staff training will educate staff on how to approach the subject sensitively, using the appropriate language and in a safe environment. Sexual Health Staff have extensive training on equality and diversity and are often leaders and forward thinking across equality and diversity. Assurance will be sought that there are quiet and confidential spaces where people can disclose such information privately.</p>		
<b>Marriage and civil partnership</b>	P	<p>Access to the integrated sexual health service will be available to anyone at risk of an unplanned pregnancy or an STI regardless of marital status. As will advise and onward referrals. Sexual health services are frequently trusted gatekeepers regarding evidence of unhealthy relationships and/or signs under examination of physical harm. This service will ensure safeguarding protocols are followed with a</p>		

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		safeguarding referral made with patient consent. Training will provide staff with the appropriate skills and language to approach this subject with service users and how to handle it sensitively.		
<b>Pregnancy and maternity</b>	P	The integrated sexual health service is and will be designed to ensure that pregnancies are planned or that referrals are made to termination services. Equally,		
<b>Race</b>	Ne	Service will be monitored to assess for inequalities in access by minority groups. There will be a requirement within the service specification that the provider must provide information in different languages. We will set Key Performance Indicators (KPIs) that ensure the provider puts in place interventions (e.g. outreach to organisations working with specific racial groups) that address lower engagement levels from racial groups within our population. These aspects of the contract will be monitored against service uptake data.		
<b>Religion or belief</b>	N	Cultural difference based on religion or belief can impact how different groups engage with sexual health services. Some individuals and groups may reject some forms of		

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>contraception based on religion or beliefs. In these circumstances, a sensitive enquiry will be undertaken to understand a service user's hesitancy but still provide contraception in keeping with the service user's wishes. A referral to may be required in some case for training in the use of non-hormonal contraceptive methods e.g. the Cap.</p>		
<b>Sex</b>	N	<p>The service will be accessible to any resident of Sandwell who needs it. However, we know that males access services locally, regionally and nationally at lower rates than women. Improving this imbalance will be a key feature of the new contract. To improve access for women service user engagement and community engagement to inform approach on how to encourage more women to access the services and better understand the current barriers. Ensuring this feedback is used to shape future services and continue to engage and improve the service.</p>		
<b>Sexual Orientation</b>	N	<p>The service will be accessible to any resident of Sandwell who needs it. However, we appreciate that some residents may experience inequalities in accessing healthcare and face discrimination when engaging in care. Staff training on sexual</p>		

Protected Characteristic as per Equality Act 2010	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		orientation will help educate staff, improve skills and language and allow them to better approach the subject with service users. User feedback and engagement, including wider residents who have not access the service should also be used to improve service design and better understand the barriers. Continued monitor of data to inform if changes have benefitted access to this protected characteristic.		
<b>Care Experienced (as per SMBC commitment from January 2025)</b>	Ne	Our current sexual health provider has established pathways with agencies and departments working with those in the care system or care leavers. These interdependent relationships and care pathways will continue in the newly commissioned contract. In addition, the vulnerabilities/risk factors/engagement hesitancy of those who are care experienced will be managed sensitively by clinical practitioners.		
<b>How could other socio-economic groups be affected?</b>				





## 5. What actions can be taken to mitigate any adverse impacts?

### Gender Reassignment

**The service provider will be expected to follow the British Association for Sexual Health and HIV (BASHH) guidelines to provide inclusive, gender-affirming care for transgender and non-binary individuals. Included in this requirement will be the guidelines prescribing gender-neutral anatomical language, respecting chosen names/pronouns, and ensuring confidential, tailored, and accessible services. Clinical considerations will include providing tailored screening as in the case of cervical smears, managing hormone-related risks, and maintaining respectful, trauma-informed environments. Sandwell MBC will cite assurances on inclusivity and respect in all promotions and campaigns.**

### Religion or belief

**The service provider will be expected to sensitively address misinformation driven by religion or belief that leads to misconceptions about sexual health service provision and hesitancy to engage in services. This will include providing confidential, non-judgmental advice that respects individual beliefs while providing medically accurate information in line with BASHH guidelines. Sandwell MBC will address misinformation (e.g. impact of hormonal contraception) in all sexual health promotions and campaigns they undertake and engage with appropriate, knowledgeable stakeholders to inform public education.**

### Sex

**The service provider will be expected to address the gender imbalance in accessing services where face-to-face or online. Approaches to address imbalance will require confidential, non-judgmental, and flexible, male-friendly, client-centered care that addresses specific, diverse needs. Specific interventions are expected to include the use of targeted, culturally sensitive outreach, employing digital health tools and addressing misinformation about risk. Sandwell MBC will ensure all their sexual health promotions and campaigns are inclusive in nature with specific campaigns that actively challenge harmful masculinity norms and encourage men to take responsibility for their own health and that of their partners.**

### Sexual Orientation

**The service provider will be expected to provide a service that is welcoming, use inclusive forms, provide non-gender-segregated areas, and ensure staff are trained in LGBTQ+ equality in line with BASHH recommendations. Good practice guides such as that produced by LGBT Foundation and NHS England will be recommended to implement effective sexual orientation monitoring. Sandwell MBC will ensure all their sexual health promotions and campaigns are inclusive in nature with specific campaigns that actively but sensitively challenge harmful norms.**

## **Low-income groups**

We will require our provider to ensure enough geographical, service coverage to minimise the cost to service users of accessing services. Geographical coverage will be a specific enquiry as part of the EOI exercise.

We will ensure 'cost to access a service' is explored as a barrier in any user consultations that are conducted.

We will make provision for flexible clinical hours in the service specification to reduce barriers to access.

## **6. Section 6: Decision or actions proposed**

The new integrated sexual health service will improve the sexual health of the residents of Sandwell and recommissioning a service gives us the opportunity to improve services including for those with protected characteristics. Any potential for inequality in access to or uptake of the service will be closely monitored to ensure we meet the needs of our diverse population. The outcome of user engagement and findings from various data sources (used to inform our needs assessment) will be used to inform the ISH Service Specification. We will use our current service knowledge and the findings of our needs assessment to ensure the right questions are asked of those making Expressions of Interest (EOI) and we will robustly assess responses.

## **7. Monitoring arrangements**

- Monitoring of the service will be through quarterly reporting and will help us to understand user characteristics (age, sex, ethnic group).
- We will ensure patient feedback is a key aspect of service provision to understand met and unmet need.
- Additionally, we will ensure there is routine engagement with diverse groups among Sandwell residents to understand the needs of those who do use our service and the barriers to access for those who do not.

**Section 8 Action planning (if required)**

n/a

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress

If you have any suggestions for improving this process, please contact [EDI\\_Team@Sandwell.gov.uk](mailto:EDI_Team@Sandwell.gov.uk)