



Equality Impact Assessment Record Form 2012-16

Section 1: Service Details and Summary of EIA Activity

Title of activity:	Review and mainstream lessons from the Dolphin Centre Young People's Sexual Health Pilot.
Lead Officer for EIA:	Judith Stonebridge, Specialty Registrar, Public Health
Telephone:	01325 406205
Service Group:	People
Service or Team:	Public Health
Assistant Director accountable for this EIA	Ken Ross, Public Health Principal
Who else is involved in carrying out the EIA:	Zoe Foster, Interim DAAT Performance Support Abbie Metcalfe, Business Officer, Public Health Rachel Osbaldeston, Public Health Portfolio Lead Judith Stonebridge, Speciality Registrar, Public Health

What stage has the EIA reached? Provide date and a brief note of where you're up to. List any consultation or engagement. Facts, figures and findings go elsewhere.		
Stage	Date	Summary of position
Stage 1: Initial officer assessment to identify whole population likely to be affected	October 2015	Whole population of Darlington, 105,600 (ONS, 2011 census) as Sexual health services in Darlington are available free of charge to all residents.
Stage 2: Further assessment to identify target population	October 2015	The service is targeted at young people under-25 years of age and specifically those identified as being at increased risk of experiencing poorer sexual health. There are approximately 14,450 young people in Darlington aged 13–24 years.
Stage 3: Further assessment to identify individuals	October 2015	There were 66 interventions provided from sessions delivered at the Dolphin Centre between September 2014 and June 2015.
Stage 4: Analysis of Findings	October 2015	A reduction in the available funding envelope will mean that the level and nature of provision will need to be reviewed. However, ensuring access to those identified as at risk of poorer sexual health will be a priority for the work going forward. It is

		proposed that the new contraceptive service will reflect the learning from the Young People's Pilot with the commissioned model requiring outreach provision targeted specifically at young people and those identified as being at increased risk of early unintended pregnancy and STIs. This may mean however that an overall reduction in provision reduces access for those not identified as being at higher risk of poorer sexual health.
Stage 5: Sign-Off	November 2015	Public Health SMT November 2015.
Stage 6: Reporting and Action Planning	January 2016	The EIA will be reviewed in January 2016.

Section 2: The Activity and Supporting Information

Details of the activity (main purpose and aims)

Following the Health and Social Care Act 2012, responsibility for protecting and improving the health and wellbeing of local populations transferred to Local Authorities. A Public Health Grant was provided to enable local areas to deliver this responsibility which includes services to help people stop smoking, reduce their alcohol and drug use and achieve and maintain a healthy weight, work to prevent cancer and protect people from accidents and other risks.

Darlington Borough Council uses the grant in two ways which are to employ a core team of public health staff to deliver the work and mainly to commission services and programmes

In July 2015, the Chancellor of the Exchequer announced that there was to be an across the board 6.2% reduction to the Public Health Grant which will take effect from January 2016. For Darlington, this means a reduction of approximately £0.521 million. This reduction means that changes to the level and types of services that are currently commissioned and provided are unavoidable. One of the areas being considered to contribute to the required savings is discontinuation of a pilot outreach young people's contraceptive session delivered from the Dolphin centre.

Providing free open access to sexual health services is one of the mandated services that Local Authorities have to provide from the Grant. Certain groups of people are more likely to experience sexual ill health than others, young people aged 15 – 24 carry the greatest burden of sexual ill health and particularly those living in more deprived areas.

The Young People's Health Clinic at the Dolphin Centre was initially established as a pilot until March 2015 and extended to March 2016, working as an outreach component of the wider sexual health service commissioned by Darlington Borough Council. This service was a targeted outreach for young people in Darlington with clinics delivered in both Darlington College and the Dolphin Centre.

The existing provider of the specialist contraceptive service has served notice which has facilitated a need to procure the wider contraceptive service from a new provider. This provides an opportunity to embed the learning from the Young People's Pilot and integrate the work into the wider contraceptive service when commissioned.

This EIA reviews the potential impact of discontinuing the pilot and embedding the learning into the wider contraceptive service which is to be commissioned.

Alternative and mitigation

A reduction in the available funding envelope will mean that the level and nature of provision for contraception will need to be reviewed. Whilst this is likely to produce a reduction in the overall level of

service provided in an attempt to redress the existing inequalities in sexual health ensuring access to those identified as at risk of poorer sexual health will be a priority for the work going forward. It is proposed that the new contraceptive service will reflect the learning from the Young People's Pilot with the commissioned model requiring outreach provision targeted specifically at young people and those identified as being at increased risk of early unintended pregnancy and STIs.

Who will be affected by the activity? (groups and numbers)

Whole population

Whole population 105,367 (ONS mid-year statistics 2014).

Target population

The service is targeted at young people under-25 years of age and specifically those identified as being at increased risk of experiencing poorer sexual health.

There are approximately 14,450 young people in Darlington aged 13–24 years.

Those who access the Young People's Outreach sexual health clinic at the Dolphin Centre.

Individuals

There were 66 interventions provided from sessions delivered at the Dolphin Centre between September 2014 and June 2015.

What data, research and other evidence or information is available which is relevant to the EIA?

NICE: *One to One interventions to reduce transmission of STI's and rate of under 18 conceptions* PH 3 (2007).

NICE: *Contraceptive services for under-25s* PH 51 (2014).

NICE: *Long Acting Reversible Contraceptives*. CG 30 (2005).

Section 3: Officer Assessment

Use this table to record officer views on potential equality impacts. As the activity and assessment develop, views may change – record them here.

Protected Characteristic	Potential Impact: Positive Negative Mixed N/A	Potential level of impact: High Medium Low Nil	Summary of Impact
Age	Mixed	Low	Young people and specifically those aged 15 – 24 years are the group that carry the greatest burden of sexual ill-health. In an attempt to address the inequalities in sexual health, the session at the Dolphin Centre was targeted specifically at this age group. Discontinuation of the session therefore will reduce the level of provision available to them. However, as there is a process underway to procure the wider contraceptive service in Darlington, this provides an opportunity to embed the learning from the pilot at the Dolphin Centre and ensure the new model of provision, when commissioned, reflects this learning and has elements targeted specifically at young people.

Race			There will be no specific impact on this group if the service does not continue
Sex			There will be no specific impact on this group if the service does not continue
Gender Reassignment			There will be no specific impact on this group if the service does not continue
Disability (summary of detail on next page)			There will be no specific impact on this group if the service does not continue.
Religion or belief			There will be no specific impact on this group if the service does not continue
Sexual Orientation			There will be no specific impact on this group if the service does not continue
Pregnancy or maternity	Mixed	Low	Young mums and specifically those under 18 years of age are often at increased risk of subsequent teenage pregnancies. Improving access to timely and effective contraceptive advice and support can help reduce rates of repeat unintended pregnancy. The session at the Dolphin Centre was targeted specifically at young people and as such discontinuation of the session will reduce the level of provision available to them. However, as there is a process underway to procure the wider contraceptive service in Darlington this provides an opportunity to embed the learning from the pilot at the Dolphin Centre and ensure the new model of provision, when commissioned, reflects this learning and has elements targeted specifically at teenage mothers.
Marriage/Civil Partnership			There will be no specific impact on this group if the service does not continue.

Section 3: Officer Assessment – continued

The Council must consider disabled peoples' impairments when making decisions about 'activities'. This list is provided only as a starting point to assist officers with the assessment process. People with similar impairments may experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page.			
Mobility Impairment			There will be no specific impact on this group if the service does not continue.
Visual impairment			There will be no specific impact on this group if the service does not continue.
Hearing impairment			There will be no specific impact on this group if the service does not continue.
Learning Disability			There will be no specific impact on this group if the service does not continue.
Mental Health			There will be no specific impact on this group if the service does not continue.
Long Term Limiting Illness			There will be no specific impact on this group if the service does not continue
Multiple Impairments			There will be no specific impact on this group if the service does not continue
Other - Specify			None.

Potential Cumulative Impacts
None.

Section 4: Engagement Decision

Do you need to engage now, or during the development of the activity, to better understand how the activity might affect people because of their protected characteristics?	No
<p>If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.</p>	
<p>The pilot comes to an end on 31 March 2016 and a decision is yet to be made about whether to renew this contract. From the Officer Assessment, we believe that not continuing the pilot may impact on a small percentage of the population who access the current service and may choose not to access the remodelled service. We believe that the requirement for future provision to be targeted at those groups identified as being at increased risk of poorer sexual health provides sufficient mitigation for this pilot not to continue..</p> <p>Robust consultation will be undertaken as part of the process to procure the new contraceptive service. Existing national evidence and local intelligence about service access and local uptake has informed the information provided in this EIA.</p>	

Section 5: Involvement and Engagement Planning

Has the assessment shown that the activity will have a different effect on people because of their protected characteristic(s)? Yes
<p>If yes, please state which groups and how</p> <p>The pilot is targeted specifically at young people and they are the group most likely to experience sexual ill health they are therefore at greatest risk of being affected by any reductions or changes to service provision.</p>
Will the difference advance equality for people with that protected characteristic? Yes/No
<p>If yes, please state which groups and how</p> <p>The session at the Dolphin Centre was targeted specifically at those aged 13 – 25 years of age and therefore discontinuation of the session will reduce the level of provision available to them in the short term. However, as there is a process underway to procure the wider contraceptive service in Darlington this provides an opportunity to embed the learning from the pilot at the Dolphin Centre and ensure the new model of provision when commissioned reflects this learning and has elements targeted specifically at young people thus widening access to this group in the longer term and potentially facilitating improvements in their sexual health.</p>
Will the difference cause or increase disadvantage for people with that protected characteristic? Possibly
<p>If yes, please state which groups and how</p> <p>The pilot is targeted specifically at young people including teenage mothers therefore they are the groups</p>

at risk of being affected through cessation of the pilot. The intention is to embed the learning from the pilot into the commissioning of the wider contraceptive service to improve access for young people there is no certainty that those who accessed the pilot service will also access the wider service.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing

Section 6: Engagement Findings

This section is not relevant, as engagement was not carried out.

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

Section 6: Engagement Findings – Continued



Please explain your findings for each area of the Public Sector Equality Duty.

a) Does the activity help to eliminate discrimination, harassment and victimisation?
Not applicable.
b) Does the proposal help to advance equality of opportunity?

Not applicable.
c) Does the proposal help to foster good relations?
Not applicable.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
The learning from the pilot and national evidence of effectiveness in providing contraceptive services to young people will be used to inform the commissioned model for the wider contraceptive service.

Section 7 - Sign-off when assessment is complete

Officer Completing the Form:		
Signed 	Name:	Judith Stonebridge
	Date:	02.11.15
	Job Title:	Specialty Registrar, Public Health
Assistant Director:		
Signed 	Name:	Ken Ross
	Date:	02.11.15
	Service:	Public Health Principal

Section 8: Report Findings to Decision Makers

Any report to decision makers should clearly identify impacts, options and reasons. What does the EIA show? More than one may apply:

a) No negative impact. All opportunities to advance equality have been taken. Monitor progress on implementation.
b) Negative impacts identified. Adjustments to remove barriers or to better advance equality have been proposed.
c) Negative impacts or missed opportunities to advance equality have been identified. If the proposal is for the activity to continue unchanged, justification or compelling reasons have been given.
d) Unlawful discrimination identified. Stop and rethink activity.

Section 9: Action Plan and Performance Management

Not required

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date

Performance Management	
Date of the next EIA review	December 2015
Further review dates	January 2016
Who will lead the review?	Judith Stonebridge, Specialty Registrar, Public Health

