

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Public Health Service Transformation- Sexual Health Services Re-commissioning

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Integrated Commissioning Team
Public Health Team

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Nathalie Reeves, Public Health Specialist

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Victoria Tovey, Assistant Head of Integrated Commissioning & Professor Durka Dougall, Consultant in Public Health

6. Director of Service

Note: This should be the name of your responsible director.

Dr. Anjan Ghosh, Director of Public Health

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

No

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

No

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

Yes

Commissioning/Procurement – *means commissioning activity which requires commercial judgement.* Answer Yes/No

Yes

Strategy /Policy – *includes review, refresh or creating a new document.* Answer Yes/No

No
Other – Please add details of any other activity type here.
Re-commissioning of various sexual health services
8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required. The aim of this Equality Impact Assessment is to identify the impact to individuals within the defined protected groups which may arise as a result of the re-commissioning of various sexual health services. The project in focus seeks to plan, manage, and undergo a transformation of specific sexual health (SH) services commissioned by Kent County Council (KCC), as part of the KCC Public Health Service Transformation Programme (PHST). As a Local Authority, KCC has a statutory obligation to meet the three broad responsibilities of testing and treatment for sexually transmitted infections (STIs), advice on, and reasonable access to a broad range of contraceptive substances and appliances, and general advice and promotion of key messages to enable positive SH outcomes and to prevent ill SH. To ensure that these statutory obligations are fulfilled, KCC commissions an array of SH services which contribute to the wider SH and public health system in Kent. As part of the PHST, the following current SH services are being re-commissioned and will continue with new contracts starting in April 2026: 1. Specialist Integrated Sexual Health Service 2. Psychosexual Therapy 3. Online STI Testing 4. Community Pharmacy Sexual Health Services Service Users The services will stay the same with a focus on enhancing the current operating models, enhancing access and reducing health inequalities, and negative impacts to service users are expected to be non-existent with only positive impacts arising.
Section B – Evidence
<i>Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.</i>
9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No
Yes
10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No
Yes
11. Is there national evidence/data that you can use? Answer: Yes/No
Yes
12. Have you consulted with Stakeholders? Answer: Yes/No Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.
Yes:
13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

- Service providers
- Service users via a commissioned insights project
- KCC Public Health Service Transformation Team
- Director of Public Health and Assistant Director of Integrated Commissioning
- Project and Partnership Manager from the Domestic Abuse Team
- Public Health Consultant
- Kent Local Medical Committee
- Community Pharmacy Kent (Kent LPC)
- Surrey County Council (Peer review exercise)
- Kent Sexual Health Collaborative
- Stakeholder engagement meeting

No formal consultation process has been undertaken as the service delivery will remain largely unchanged and will continue to be available for all people living, working, or studying in Kent .

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

No

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

KENT SEXUAL HEALTH NEEDS ASSESSMENT 2024

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - *Answer: Yes/No*

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The Kent Sexual Health service ensures the population of Kent have access to a range of high-quality sexual health services that aim to improve, manage and maintain their sexual and reproductive health.

As the transformation programme (which includes the re-commissioning of the services in scope) will keep the current services available, with a revised focus on enhancing access, generating efficiencies and creating a more consistent and

equitable approach across Kent, there will be mostly positive impacts for the protected groups as a result of this activity.

Unless otherwise stated, 'the service' encompasses all the SH services in scope which include:

1. Specialist Integrated Sexual Health Service
2. Psychosexual Therapy
3. Online STI Testing
4. Community Pharmacy Sexual Health Services

Age

The service will continue to be available to all people in Kent and will not restrict access based on age (except where mentioned below). The service is open access, and therefore available to all people in Kent of all ages with sexual and reproductive health needs except for Online STI testing (available for those 16 and older) and free emergency contraception in pharmacies (available to under 30s only).

As part of the transformation work, a review of walk-in clinics in West Kent was undertaken by the provider and showed that this was a popular choice for younger people (aged 25 and under), and therefore, the walk-in clinic pilot will continue to support enhancing access for this age group.

The service has safeguarding measures in place to provide further support to young and vulnerable service users. If a safeguarding risk is identified, the service will follow established safeguarding and – where appropriate – referral protocols e.g., to a Sexual Assault Referral Centre.

Providers will continue to adhere to specific safeguarding protocols for when a service user presents under the age of 13 with a safeguarding concern.

Disability

The service will continue to be available to all people in Kent and provide support for those with a disability that may otherwise limit access. Physical spaces in which services are delivered will continue to comply with disability regulations in order to ensure access is not impeded to physically disabled service users, online services will adhere to accessibility requirements and Community Pharmacies will continue to provide services in a range of locations across Kent to ensure that those with disabilities do not have to travel far (where possible) in order to access the service.

Furthermore, the service will prioritise accessibility choices for all service users (including those with disabilities) with a variety of options discussed and offered to patients requiring care. This includes (where appropriate) a choice of an in-person, online or a virtual appointment, offering an appointment at a geographically closer location to the patient, or (where appropriate) signposting the patient to an alternative service to obtain the care they need e.g., receiving a Long Acting Reversible Contraception procedure in a community General Practice (a service commissioned by KCC but not in scope of this re-commissioning exercise) or obtaining a repeat prescription for oral contraception in a geographically closer community pharmacy rather than needing to come into a clinic (a service not commissioned by KCC but available to the Kent population).

Sex

The service will continue to be available for all residents, students, and workers including those of all sexes. The service will continue to promote sexual and reproductive health to all sexes.

Gender identity / transgender

The service will continue to be available for all gender identities including transgender service users. The service adheres to the Faculty of Sexual and Reproductive Healthcare (FSRH) guidance on contraceptive choices which aims to ensure that transgender service users are given the most appropriate advice and contraceptive care.

Race

The service will continue to be available for all races. The Kent population has a diverse racial composition, and evidence shows that those in Black and Minority Ethnic communities are disproportionately affected by Sexually Transmitted Infections (STIs). The service will therefore continue to target these communities and provide additional awareness and support as needed.

Religion / Belief

The service will continue to be available to all people of Kent of all religions and beliefs.

Sexual Orientation

The service will continue to be available for all Kent residents, of all sexual orientations, and – where appropriate – target those with sexual orientations which have evidence-based data suggesting a heightened risk of poor sexual health. For example, it is known that men who have sex with men (MSM) are at a higher risk of contracting STIs (including HIV), so the service will continue to proactively offer medication (PrEP) to these service users to prevent the risk of HIV transmission and acquisition.

The service works to promote healthy relationships and safe sex to those of all sexual orientations.

Pregnancy and Maternity

The service will continue to be available to all Kent residents, including those who are pregnant and to those who have childcare associated duties.

Furthermore, the service will prioritise accessibility choices for all service users (including those with childcare associated duties or those who are pregnant) with a variety of options discussed and offered to patients requiring care. This includes (where appropriate) a choice of an in-person, online or a virtual appointment, offering an appointment at a geographically closer location to the patient, or (where appropriate) signposting the patient to an alternative service to obtain the care they need which may be beneficial to service users who are pregnant and are experiencing reduced mobility, or to those with childcare associated duties who cannot make journeys to a clinic.

Marriage / Civil Partnerships

The service will continue to be available to all Kent residents, including individuals who are married or in a civil partnership. In particular, the psychosexual therapy service will continue to provide support to individuals affected by a sexual problem (e.g., erectile dysfunction, anxieties stemming from sexual activity) which can improve the quality of relationships such as marriages and civil partnerships.

Note: The Psychosexual Service is also available to those outside of marriage and civil partnerships.

Carers responsibilities

The service will continue to ensure access to all Kent residents is as easy and as simple as possible. For services accessed by carers, the access pathway will be the same as for other residents and carers will be offered a range of appointment times and dates and means of access (e.g., virtual / online / face to face) in order to ensure access is improved, as well as (where appropriate) being offered an alternative service to receive the same care e.g., obtaining a Long Acting Reversible Contraception procedure in a community general practice or obtaining a repeat prescription for oral contraception in a community pharmacy which may be beneficial for carers who cannot make journeys to a clinic due to caring responsibilities.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Age

N/A

c) Mitigating Actions for Age

N/A

d) Responsible Officer for Mitigating Actions - Age

N/A
20. Negative Impacts and Mitigating actions for Disability
a) Are there negative impacts for Disability? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Disability
c) Mitigating Actions for Disability
d) Responsible Officer for Mitigating Actions - Disability
N/A
21. Negative Impacts and Mitigating actions for Sex
a) Are there negative impacts for Sex? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sex
N/A
c) Mitigating Actions for Sex
N/A
d) Responsible Officer for Mitigating Actions - Sex
N/A
22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Gender identity/transgender
N/A
c) Mitigating actions for Gender identity/transgender
N/A
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
N/A
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Race
N/A
c) Mitigating Actions for Race
N/A
d) Responsible Officer for Mitigating Actions – Race
N/A
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Religion and belief
N/A
c) Mitigating Actions for Religion and belief
N/A
d) Responsible Officer for Mitigating Actions - Religion and belief
N/A

25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Pregnancy and Maternity
Access to Services: Pregnant individuals may face barriers such as mobility issues, childcare responsibilities, or stigma, which can affect their ability to access timely sexual health services. Health Inequalities: There may be disparities in sexual and reproductive health outcomes for pregnant individuals, especially among younger women, those from minority ethnic backgrounds, or those experiencing socioeconomic disadvantage. Service Design: Services should be designed to be inclusive and supportive of pregnant individuals, including offering flexible appointment times, integrated maternity and sexual health care, and trauma-informed approaches. Confidentiality and Sensitivity: Ensuring that services are delivered in a non-judgmental and confidential manner is crucial, particularly for those who may be experiencing unplanned pregnancies or complex social circumstances
c) Mitigating Actions for Pregnancy and Maternity
Targeted outreach and education for pregnant individuals at higher risk of poor sexual health outcomes. Training for staff to recognize and respond to the specific needs of pregnant service users. Monitoring service usage by pregnancy status to identify and address disparities
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
Dr Anjan Ghosh
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Carer's Responsibilities
Young people and adults with caring responsibilities may find it more difficult to access activities.
c) Mitigating Actions for Carer's responsibilities
Offering extended hours or weekend appointments to accommodate carers who may not be available during standard hours.

Providing remote consultations (e.g., phone or video) to reduce the need for travel or time away from dependents. Ensuring that service information is clear, concise, and available in multiple formats, so carers can easily understand and access support.

Home STI Testing Kits are available free and confidential e-service supported by Kent Community Health Foundation Trust. Kits are delivered discreetly to home address and are suitable for people without symptoms.

Remote Advice: Phone consultations are available for sexual health advice, contraception, and test results.

Young people can order free condoms online through the Get It scheme. Some local pharmacies in Kent offer free oral contraception without the need for a GP appointment. Full list of participating pharmacies on the official Kent Community Health NHS Foundation Trust website.¹

These services are designed to be discreet, flexible, and accessible, making them ideal for carers who may have limited time or mobility.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Dr Anjan Ghosh

¹ [Contraception | Kent Community Health NHS Foundation Trust](#)