

## Appendix 3 - Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p><b>Name or Brief Description of Proposal</b></p>	<p><u>Delegated authority to procure an integrated reproductive and sexual health service with neighbouring CCGs and local authorities for Southampton</u></p>
<p><b>Brief Service Profile (including number of customers)</b></p>	<p><u>This proposal relates not to a service, but to an approach to future procurement of a service to achieve the best balance of service capacity, resilience, clinical quality, accessibility and patient choice.</u></p> <p><u>In terms of the use of current level 3 Sexual Health services by Southampton residents there are approximately 30,000 attendances/contacts per year. The majority relate to attendances for family planning (45%) and GUM/STI services (58%), with smaller proportions for terminations of pregnancy (5%) and psychosexual counselling (2%). Some attendances will be for repeat users of these services, particularly for GUM/STI services. Where possible, family planning contacts will be recommended a Long Acting Reversible Contraceptive treatment which will typically last 3-5 years.</u></p>
<p><b>Summary of Impact and Issues</b></p>	<p><u>Overall, exploring collaborative options for the procurement of this service would provide the best scope for maintaining an integrated model of service (already in</u></p>

	<u>place) and therefore would not of itself constitute a change that should have a specific impact negative impact. Deciding not to procure the service collaboratively would risk undermining the integrated pathways that already exist across CCG and SCC commissioned services.</u>
<b>Potential Positive Impacts</b>	<u>The impact of following a collaborative approach to the procurement of an integrated model would be minimal, as it would maintain the advantages of the model of service delivery already on offer in the City.</u>
<b>Responsible Service Manager</b>	<u>Tim Davis</u>
<b>Date</b>	<u>January 2016</u>

<b>Approved by Senior Manager</b>	<u>Debbie Chase</u>
<b>Signature</b>	
<b>Date</b>	<u>January 2016</u>

### Potential Impact

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Disability</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Gender Reassignment</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Marriage and Civil Partnership</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Pregnancy</b>	None anticipated if integrated	If collaborative

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>and Maternity</b>	service model is maintained through collaborative procurement.	procurement of integrated sexual health service is agreed none is needed.
<b>Race</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Religion or Belief</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Sex</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Sexual Orientation</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Community Safety</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Poverty</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.
<b>Other Significant Impacts</b>	None anticipated if integrated service model is maintained through collaborative procurement.	If collaborative procurement of integrated sexual health service is agreed none is needed.