

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.

Outcome	People in Southampton Live Safe, Healthy, Independent Lives
Code	Public Health Grant
Name or Brief Description of Proposal	Controlling spend on Emergency Hormonal Contraception.
Brief Service Profile (including number of customers)	
<p>Emergency Hormonal Contraception (EHC) is a form of contraception that can be used by women to prevent an unwanted pregnancy after unprotected sexual intercourse, including when they have reason to believe that their regular form of contraception may have been compromised, or following an unwanted / unplanned sexual encounter, such as a sexual assault. Southampton City Council commissions community pharmacies to provide access to EHC, plus information and advice, free of charge, to women in Southampton. Women can also access EHC free of charge from GPs or from the integrated sexual health service, or buy it over the counter from a Pharmacy if they wish. In Southampton, women sought access to EHC through the council funded pharmacy service on 4,200 occasions in 2015-16.</p> <p>The Council is proposing a reduction in spend on EHC from 2017-18 of approximately £30,000 through the introduction of targeting the Council commissioned element to more vulnerable groups.</p>	
Summary of Impact and Issues	
<p>Reducing access to EHC for any given group could result in an increase in levels of unplanned pregnancy, though this will be mitigated in part by:</p> <ul style="list-style-type: none"> • An increase in the number of women buying EHC privately. • An increase in the number of women accessing EHC via GP surgeries. • An increase in the number of women accessing EHC following attendance at a Sexual Assault Referral Centre. 	

There could be an increase in the number of women accessing EHC through the integrated sexual health service but this would be at a higher unit cost to the Council (as this would be part of a comprehensive Level 3 service).

There could be an increase in unplanned and unwanted pregnancy among those who would previously have used this service which may have a range of financial, relationship, employment and mental health impacts upon the woman/family. There would also be impacts on other services. As the impact of these is most likely to be greater for younger women, it is most likely that age restricted access would be the simplest way of minimising the negative impact of this change upon population health and wellbeing outcomes.

Potential Positive Impacts

Promoting the take-up of other forms of contraception.
Possible increase in the recognition, reporting and treatment of sexual assault.

Responsible Service Manager	Tim Davis, Senior Commissioner
Date	18 October 2016
Approved by Senior Manager	Dr RA Coates, Interim Director of Public Health
Date	2 November 2016

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	This is a service that benefits women of child bearing age (13-49), though in practice 3 out of 4 service users are aged 25 or less.	Increased access to long acting reversible contraceptives (LARC) methods that are less subject to failure than oral contraceptives and/or condoms. Improvements in education about sexual and reproductive health.
Disability	No specific impact anticipated for this group.	Not applicable.
Gender Reassignment	No specific impact anticipated for this group.	Not applicable.
Marriage and Civil Partnership	May be used on occasion in stable relationships in the instance of contraception failure.	Increased access to LARC methods that are less subject to failure than oral contraceptives and/or condoms. Improvements in education about sexual and reproductive health.

Pregnancy and Maternity	<p>Some increase in unplanned pregnancies is likely, and this is likely to lead to a disproportionate rise in complex pregnancy and maternity episodes, since those subject to unplanned pregnancy are less likely to have been adhering to positive pre-pregnancy lifestyle changes in nutrition, alcohol intake or smoking behaviours</p> <p>An increase in unplanned pregnancy levels among more vulnerable women is also likely to result in an increase in terminations of pregnancy, and in the number of children being placed at birth into care for adoption or protection.</p>	<p>Increased access to LARC methods that are less subject to failure than oral contraceptives and/or condoms. Improvements in education about sexual and reproductive health.</p>
Race	<p>No specific impact anticipated for different ethnic groups.</p>	
Religion or Belief	<p>No specific impact anticipated for different faith groups, though devout followers of some faiths may be less likely to make use of this service.</p>	
Sex	<p>The immediate impact of restrictions on this service would fall exclusively on women. The wider impact may affect men and women, but most directly women.</p>	
Sexual Orientation	<p>This will affect women who have sex with men.</p>	<p>Increased access to LARC methods that are less subject to failure than oral contraceptives and/or condoms. Improvements in education about sexual and reproductive health.</p>
Community Safety	<p>Whilst there is no immediate link there is evidence that sexual assault against women is significantly under-reported in England. Some proportion of those that access this service may be among those who have been subjected to a sexual assault, but who do not wish to</p>	<p>Women who state that they have been subject to a sexual assault during a pharmacy consultation might be exempted from any broader age related restrictions. Increased education about sexual assault and the wider</p>

	report this to police, other authorities or access Sexual Assault Referral Centre (SARC) services.	health, wellbeing and emotional support that a SARC service can offer victims of sexual assault and other unwanted sexual experiences.
Poverty	Whilst there is not good local information about the socio-economic profile of women using EHC, the impact of unplanned pregnancy, particularly where it progresses to a live birth is more profound upon people already living in poverty given the space, accommodation and financial pressures associated with raising children. A rise in unplanned pregnancy would tend to result in a rise in the number of children living in poverty.	It might be possible, in addition to relaxing restrictions by age and sexual assault, to relax rationing of free EHC access by deprivation by looking at the postcode of women. However, a mechanism for facilitating this for pharmacists at the point of service delivery has not been identified.
Other Significant Impacts	<p>There is a risk that, having stimulated an expectation that women can access EHC for free that a proportion will seek it from the integrated specialist sexual health service commissioned by the Council. EHC provided through this method cannot be capped, and activity would cost more as it would be part of a more comprehensive service offer. There is therefore a risk that a saving on EHC in pharmacy may be partially wiped out through driving channel shift to a more expensive intervention.</p> <p>Making this a restricted service (rationed) will make it more costly for pharmacy providers to provide the service, whilst reducing associated income. Reputationally, changing this so soon into the Council's new contract may damage its reputation as an organisation to do business with for other public</p>	<p>Making it clear how those no longer able to access this service would still be able to access EHC would mitigate the impact.</p> <p>Moving to a longer term track record will help to establish the council's reputation as a commissioner of services from pharmacies.</p>

	<p>health activities.</p> <p>For the majority the increase in numbers could result in an increase in demand and spending for universal children's services (early years' places, school places, children's centres etc.) Among women who are vulnerable due to housing, domestic abuse, poverty, youth, learning difficulty or disability or substance misuse there would also be an increase in demand for more specialist health, wellbeing and safeguarding services that would need to be planned for as a result of additional births in these groups. This has potential to increase number of children looked after in the city.</p> <p>Whilst condoms are not recommended as a reliable form of contraception in the long term. An increase in condom use might have some additional benefits for public health by reducing levels of sexually transmitted infection.</p>	<p>Overall it is also likely that this will result in a small net increase in the birth rate, all in relation to unplanned pregnancies which would need to be planned for in relation to planning for additional future demand and spending in relation to universal, targeted and specialist children's services and future demand for children's safeguarding services as a result of rises in these populations.</p> <p>Increased condom use would not require mitigation as it would be part of the wider mitigation.</p>
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