

Equality Impact Assessment (EqIA)

Deciding what needs to be assessed

In theory all policies, decisions, services, projects and programmes should be impact assessed. The most practical approach is to assess as the proposal is being developed or as processes, services and policies come up for review making the EQIA part of the development process. Do not be put off by the list below, it does not mean that long and detailed assessments are required every time you are engaged in one of the activities. However, it does mean that you should always consider the equalities implications of your proposals.

Policy

- New policy development
- Substantial revision of an existing policy or process
- Any change which may have a disproportionate impact on a particular group

Decision

- Key decision
- Decision for management board/cabinet
- Budget change decision

Service

- New service
- Service review, including the decommissioning of services
- Any service change which may have a disproportionate impact on a particular group

Projects and programmes

- All, at planning stage

Further information: [Equality Impact Assessments - a user's guide](#)

Section one

No.	Question	Response
1.1	Name of policy/decision/service/project/programme being assessed	Recommissioning of the Integrated Sexual Health Service for Swindon Borough Council.
1.2	Summary of aims and objectives of the policy/decision/service/project/programme	To procure a new, integrated sexual health service that delivers open-access STI testing and treatment, contraception, digital pathways, and targeted outreach. The aim is to improve access, reduce inequalities, strengthen prevention, and ensure statutory compliance and financial sustainability.
1.3	Who is affected by the policy/decision/service/project/programme? (For example, employees/service users/supplier/contractor)	All Swindon residents who access sexual health services, including key groups at higher risk of poor outcomes (young people, LGBTQ+ communities, people from Black African and other ethnic minority backgrounds, people from areas of deprivation). Staff employed by the commissioned provider(s) may also be affected through TUPE or service redesign.
1.4	What involvement and consultation has been done in relation to this proposal? (For example, with relevant groups and stakeholders)	Early engagement has taken place with Public Health leadership, specialist clinicians at Great Western Hospital and the Locality Commissioning Operations Group. Wider consultation including community voice, patient feedback, and provider engagement took place early 2025, which will feed into the needs assessment and development of the final service specification.
1.5	What are the arrangements for monitoring and reviewing the actual impact of the policy/funding activity/event?	Equality impacts will be monitored through contract KPIs, disaggregated data (age, sex, ethnicity, sexuality, geography), user experience surveys, and quarterly contract reviews. Annual reviews will assess whether the service reduces identified inequalities and improves access and outcomes for underserved groups. Findings will inform

		performance management and any required service adjustments.
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Section two – protected characteristics

Protected characteristic group	Is there a potential for positive or negative impact? Is the impact neutral?	Please explain and give examples of any evidence/data used	Action to address negative impact (for example, adjustment to the proposal)
Disability	Potential negative AND positive	Some individuals may face barriers accessing digital services if accessibility needs are not met. Positive impact through improved digital usability, clearer pathways, and reduced need for travel. https://share.google/xFffZrrYs7IBTAbRI	Ensure the digital offer meets accessibility standards (WCAG 2.1). Provide alternative non-digital access routes. Require provider to offer reasonable adjustments in clinics.
Gender reassignment	Positive	Trans and non-binary people experience more barriers to care. Integrated models improve privacy and reduce stigma. Trans and gender diverse people face multiple barriers accessing UK sexual health services aidsmap	Include trans-inclusive language and pathways in specification. Require staff training on gender identity awareness and inclusive care.

Marriage or civil partnership	Neutral	No specific differential impact identified.	None required.
Pregnancy and maternity	Positive	Improved access to contraception and timely sexual health support reduces unplanned pregnancy risk. Digital and outreach routes improve early engagement. Health matters: reproductive health and pregnancy planning - GOV.UK	Strengthen pathways to maternity services. Ensure timely access to LARC and pregnancy choices advice.
Race	Potential negative AND positive	National evidence shows higher STI and HIV prevalence among Black African communities and some minority ethnic groups, alongside lower service access. The prevalence of sexually transmitted infections in young people and other high risk groups - Women and Equalities Committee	Mandate targeted outreach. Require data monitoring by ethnicity. Co-produce materials with community groups.
Religion or belief	Neutral to positive	Some individuals may prefer gender-specific clinicians or discreet access routes.	Include requirement for culturally sensitive delivery and user choice where possible.
Sexual orientation	Positive	LGBTQ+ communities, particularly MSM, have higher STI prevalence. Integrated model, improved PrEP pathways, and targeted outreach benefit these groups. The prevalence of sexually transmitted infections in young people and other high risk groups - Women and Equalities Committee	Monitor engagement by sexual orientation. Work with LGBTQ+ organisations to shape outreach and communication.
Sex (gender)	Positive	Women have higher unmet need for contraception. Men (particularly MSM) have higher STI rates. Integrated model reduces barriers for both.	Embed gender-specific KPIs (e.g., LARC uptake, PrEP

		The prevalence of sexually transmitted infections in young people and other high risk groups - Women and Equalities Committee	use). Ensure clinics offer flexible appointment times.
Age	Positive AND potential negative	Young people face highest STI rates and risk of unplanned pregnancy. They may benefit from outreach and digital services. Older adults increasingly require sexual health support but may face digital exclusion. The prevalence of sexually transmitted infections in young people and other high risk groups - Women and Equalities Committee	Ensure non-digital access routes. Include youth-specific outreach. Monitor usage by age group.
Children in care and care leavers	Positive	Evidence shows higher risk of poor sexual health outcomes and low engagement due to instability or mistrust of services. Interventions to support reproductive and mental health among care leavers: A systematic review - Leanne Bogen-Johnston, Natalie Edelman, Ruth Sellers, 2024	Include targeted outreach with social care. Require provider training on trauma-informed practice. Monitor outcomes for care leavers.

Section three – evaluation

No.	Question	Explanation/justification
3.1	Is it possible the proposed policy or activity or change in policy or activity could discriminate or unfairly disadvantage people?	The recommissioning of the Integrated Sexual Health Service is designed to reduce inequalities, not create them. However, there is potential for unintentional disadvantage if the service model is not designed carefully, particularly for groups affected by digital exclusion, stigma, language barriers or specific accessibility needs. Key risks include:

		<ul style="list-style-type: none"> • Over-reliance on digital pathways could disadvantage people with disabilities, low digital literacy, or limited internet access. • If targeted outreach is not sufficiently resourced, groups at higher risk (e.g., LGBTQ+ communities, young people, sex workers, ethnic minority groups) may experience reduced access. • Failure to embed inclusive practice (e.g., gender-affirming care, accessible communication formats) may disproportionately disadvantage trans people and those with learning disabilities. <p>These risks are being mitigated through an integrated model that strengthens outreach, ensures multiple access routes (digital and in-person), and embeds clear equality, accessibility, and inclusion requirements within the specification and KPIs.</p>
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No.	Final Decision	Tick the relevant box	Include any explanation / justification required
1	No barriers identified, therefore activity will proceed		
2	Stop at some point because the data shows bias towards one or more groups		
3	Adapt or change the event in a way which you think will eliminate the bias	✓	The recommissioning process has identified potential risks of unequal access, particularly for groups affected by digital exclusion, language barriers, stigma, disability, and socio-economic disadvantage. However, these risks

			can and will be mitigated through the design of the new service specification. The service model is being intentionally shaped to eliminate these barriers through strengthened targeted outreach, multi-channel access (digital + face-to-face), clearer equity KPIs, inclusive communication and enhanced monitoring. None of the identified risks require stopping the project, but they do require adaptation.
4	Barriers and impact have been identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (for example, in extreme cases or where positive action is taken). Therefore, proceed with caution with this knowing that it may favour some people less than others, providing justification for this decision		

Section four – record keeping

Question	Response
Will this EqIA be published* (*EqIA's should be published alongside relevant event paperwork including cabinet papers):	Yes
Date completed	25/11/2025
Review date (if applicable)	

Change log

Name	Date	Version	Change made

Responsibilities

Question	Response	Date completed
Name of person leading this EqIA	Lewis Bird	25/11/2025

Question	Response
Names and roles of people involved in the consideration of impact	Philip Williams (Public Health Consultant)

Question	Response	Date signed
Name of Director signing EqIA	Dr Emma Kain	