


Initial Equalities Screening Record Form

Date of Screening:	Directorate: Place, Planning, Regeneration	Section: Shared Public Health Team
1. Activity to be assessed	Please give full details of the activity Re-procurement of the Long Acting Reversible Contraception Service (LARC) and Emergency Hormonal Contraception Service (EHC)	
2. What is the activity?	<input type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input checked="" type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
4. Officer responsible for the screening	Rebecca Willans, Consultant in Public Health	
5. Who are the members of the screening team?	Rebecca Willans, Consultant in Public Health	
6. What is the purpose of the activity?	<p>Please describe briefly its aims, objectives and main activities as relevant.</p> <p>The aim of the re-procurement of the LARC and EHC services is to reduce the proportion of unplanned pregnancies in Bracknell Forest, Slough and Royal Borough of Windsor and Maidenhead by providing women with access to effective contraception, contraceptive choice and safeguarding and advisory support for women aged 13-24 who need emergency contraception (EHC).</p> <p>The objectives are re-procurement of the LARC and EHC services is to ensure continued access for residents in Bracknell Forest, Slough and Royal Borough of Windsor and Maidenhead to LARC as a form of contraception (all age groups as clinically appropriate) and health promotion advice about safe sex alongside provision of EHC for female residents aged 13 to 24 years old.</p> <p>The main activities will be to make potential providers aware of the opportunity to register to deliver the service; assessment of those providers to ensure they meet the criteria described in the service specifications, and to quality assure and promote those services to residents over the lifetime of the contract (3 years).</p>	
7. Who is the activity designed to benefit/target?	All women of reproductive age	
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.
		What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data

<p>8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.</p>	<p>Y</p>	<p>Positive: the LARC and EHC service are available to female residents regardless of disability. The service specifications require providers to offer services that promote inclusion, including adaptations to ensure the services are accessible for people living with a disability. Feedback from the Sexual and Reproductive (SRH) health needs assessment has been used to inform the requirements of the service specifications for LARC and EHC including requiring adherence to best practice standards and staff training.</p>	<p>The draft Sexual and Reproductive Health Needs Assessment for Berkshire East identified people living with a learning disability were a group who local professionals felt had unmet needs concerning SRH services. This was because it was felt the information available to people with a learning disability was not adapted and potentially the care pathways to support them were not in place. The re-procurement of these services has been an opportunity to refresh the service specification to strengthen the inclusion requirements.</p>
<p>9. Racial equality</p>	<p>Y</p>	<p>Positive:</p>	<p>The LARC and EHC services are available to all female residents. The SRH health needs assessment identified females of Asian ethnicity have lower uptake of contraception in all settings and women of Black ethnicity were more likely to access contraception from specialist settings. With regard to outcomes, the Local Maternity and Neonatal System Equity plan identified poorer maternity outcomes for women of Black ethnicity in particular. Continuing provision of access to the LARC and EHC services will mean continued access in a range of settings and it is anticipated during the contract duration there will be an expansion of providers offering LARC and EHC because some practical barriers to eligible providers wanting or able to deliver these have been addressed; for example for LARC, there will be a training offer to train more GPs to deliver LARC locally. For EHC the introduction nationally of an oral contraceptive service in pharmacies makes the EHC service a more viable business for pharmacies locally to sign up for this service. Although such provision is not targeted geographically to certain ethnic groups, national best practice recommends offering access to contraception in a range of settings that may appeal to different parts of the community. Locally the LARC and EHC service mean females have a choice beyond the specialist service setting.</p>
<p>10. Gender equality</p>	<p>Y</p>	<p>Positive</p>	<p>Continuing access to LARC and EHC is important to uphold reproductive rights of females. Such services give females choice about the type of contraception they use and offer support in informing their choices about if and / or when to attempt or prevent a pregnancy.</p>

11. Sexual orientation equality		N	Neutral	The service is available to females regardless of their sexual orientation. Females may choose to use contraception for purposes other than contraception and these are commissioned by the NHS. Bracknell Forest Public Health are working with NHS commissioners locally to ensure a joined up local LARC offer and this is important for lesbian women who may not feel they require contraception for contraceptive purposes but instead for treatment of conditions such as menorrhagia.
12. Gender re-assignment		N	Neutral	This service is applicable to females who wish to use LARC or EHC as a form of contraception; there are clinical guidelines that determine safe and effective use.
13. Age equality		N	Neutral	LARC is available to all females of reproductive age. The EHC service is available to females aged 13-24 (who are deemed Fraser competent) because there are higher sexual health needs in this age group compared to older age groups. EHC is available to purchase over the counter, however the EHC service offers an opportunity to safeguard young females needing emergency contraception and offer safe sex advice. While it is recognised nationally that later in life, we are now seeing increasing rates of STIs, the numbers are still relatively lower. The re-procurement of the EHC service has not changed the age threshold for groups able to access this service and therefore it will not have a negative impact on other age groups. However, as part of continual review of sexual health services locally, we are exploring the sexual health needs later in life and what service solutions are best suited to those age groups.
14. Religion and belief equality		N	Neutral	These services are available to residents regardless of religion/ belief.
15. Pregnancy and maternity equality		N	Neutral	While these services may reduce the number of unplanned pregnancies, they do not impact directly the health of people who are pregnant.
16. Marriage and civil partnership equality		N	Neutral	There is no anticipated impact regarding this characteristic.

17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	None anticipated; inclusion health groups are more likely to access support from the specialist sexual health service as they tend to have more complex sexual health needs that need to be served in that setting. No inclusion health group would be excluded from the LARC and EHC services though.		
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	n/a		
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	n/a		
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?	Y	N	Please explain for each equality group – N/A
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	n/a		
22. On the basis of sections 7 – 17 above is a full impact assessment required?		N	Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged. Samantha.wood@bracknell-forest.gov.uk or Harjit.Hunjan@bracknell-forest.gov.uk
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
Action	Timescale	Person Responsible	Milestone/Success Criteria
Review SRH needs of people later in life	December 24	Bracknell Forest Public Health team (DPH)	Engagement with local people in middle and older age categories to inform future service model regarding access to sexual health services (including but not limited to contraception).

24. Which service, business or work plan will these actions be included in?	Sexual Health work plan
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	The 2023 SRH health needs assessment explored the needs of protected characteristics and inclusion health groups and that informed the service design and the responses to this EIA screening.
26. Assistant Director/Director signature.	 Signature: Date:20.02.24