

## Equality Impact Assessment

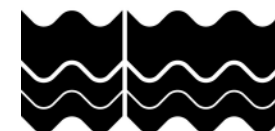
Equality Impact Assessment (EqIA) makes services better for everyone. It supports value for money by getting council services right the first time. It helps us make good decisions and evidence how we have met our legal duties<sup>1</sup>.

EqIAs need to be done whenever a service, project, policy, strategy, activity or proposal is being started, needs to change, or is being reviewed. If there is potential for an impact on people, then do an EqIA. We use EqIAs to review information, consider possible disproportionate or specific impacts on different people, and then plan actions to reduce or avoid negative impacts and create positive outcomes<sup>2</sup>. Embed any actions you identify into the relevant action plan to get the best outcomes for the Council, people who access services and our staff<sup>3</sup>.

Our legal duties to identify equality impacts don't stop us taking decisions or introducing changes that are needed. They do require us to take decisions and make changes conscientiously, and to deliberately confront the anticipated impacts on people.

This template sets out how to complete an EqIA. Guidance for sections is in *italics* in each section and in the end-notes. If you have any questions about your EqIA and/or how to complete this form, please use the contact details at the end of this form.

<b>Title of Project / Service / Policy</b>	Closure of the Circle Room young persons' sexual health clinic Lewes
<b>Team</b>	Public Health East Sussex
<b>Department</b>	Adult Social Care & Health
<b>Provide a comprehensive description of your project (or service/policy, etc.) including its purpose and scope</b>	<p>To meet ESCC savings requirements, this proposal aims to cut funding to the existing Circle room young persons clinic run in Lewes; the service is targeted at those aged under 25 and is a self-referral drop in clinic . It is run by the foundry healthcare GP federation, this is a private business subcontracted to the NHS to provide primary care health services.</p> <p>The main national Public Health Outcomes Framework (PHOF) relating to this service are:</p> <ul style="list-style-type: none"><li>• Under-16 conceptions.</li><li>• Under-18 conceptions.</li><li>• Chlamydia detection rate (15-24-year-old women).</li><li>• People presenting with HIV at a late stage of infection.</li></ul>



	<ul style="list-style-type: none"> <li>• Uptake of LARC in primary care</li> </ul> <p>There is the potential for a worsening of East Sussex national standing in relation to the public health outcomes framework national indicators.</p> <p>Those currently using the service aged over 16 would have to access services online or if under 16 and over, at other clinics.</p> <p>We received 120 survey responses to the consultation. The comments given suggest that the majority of respondents were current users of the service (90 people or 75% of the total). Of the remaining respondents, 10% were previous users of the service and 15% had not used the service. Almost everyone who responded to the consultation strongly disagreed with the proposed closure. This was true of current service users, former service users, and those who had not personally used the clinic. Of 120 responses, 118 (98%) disagreed with the proposal. Nearly all of these (111) strongly disagreed.</p>
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## 1. Update on previous EqlAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqlA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action Plan below)
Not applicable		

## 2. Review of information, equality assessment and potential actions

Consider the actual or potential impact of your project (service or policy) against each of the equality characteristics.

<b>Age</b> - people of all ages are protected under the Equality Act. Consider: older adults, under 5s, transition-aged young people (16-24), working age adults etc.		
<b>(Age)</b> <b>What do you know?</b> Summary of recent data, census information, research and insight about people who access your services and/or staff	The population by age breakdown for East Sussex is:	
	Age	Population
	15-29	83,791
	30-44	90,220
	45-64	147,613
	65+	120,722
	East Sussex has a higher-than-average older population with around 23% of people aged over 65, compared to the national average of 16%. There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 - East Sussex has one of the highest populations of people aged 85+ in the UK.	
	In a normal year (2019) the sexual health services currently see predominantly the younger age groups who are targeted and recognise the need to use the services. Young people experience the highest diagnosis rates of the most common STIs, which has been linked to greater rates of partner change among 15 to 24 year old people. In the South East, the highest new STI diagnosis rate is in the 20-24 year old age category. (UKHSA, 2024).	
	See total service figures below.	

Age Group	Eastbourne			Hastings			ESHT
	F	M	Total	F	M	Total	Total
Under 16	214	40	254	202	33	235	489
16 to 17	514	99	613	498	90	588	1,201
18 to 24	2,499	916	3,415	2,130	745	2,875	6,290
25 to 29	1,147	498	1,645	1,037	391	1,428	3,073
30 to 34	688	377	1,065	655	260	915	1,980
35 to 39	484	259	743	484	199	683	1,426
40 to 49	703	336	1,039	633	272	905	1,944
50 Plus	335	516	851	319	368	687	1,538
Total	6,584	3,041	9,625	5,958	2,358	8,316	17,941

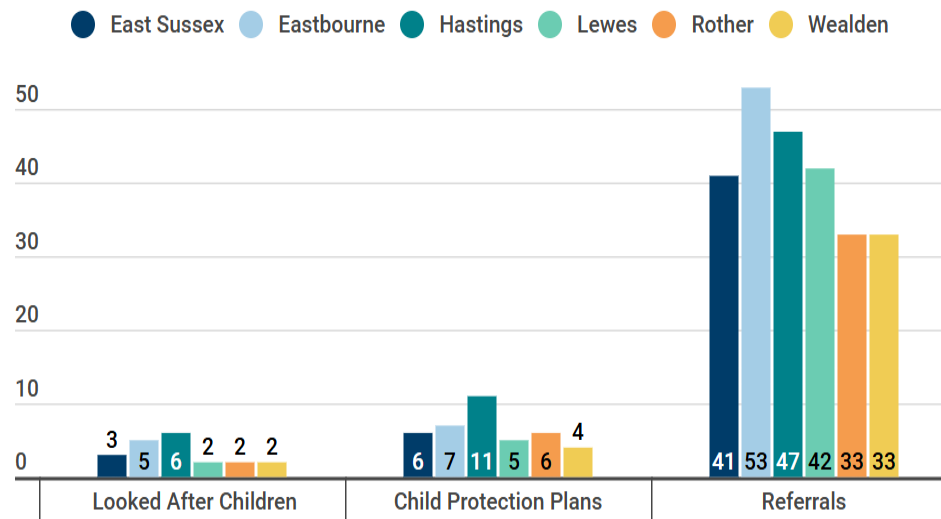
Lewes district has a higher number of young people living in the worst two indices of deprivation areas Lewes Castle and Newhaven.

Table 1 Lewes district age profile for deprivation quintiles, 2020

National IMD Quintile	0-4	5-19	20-64	65+
1 = most deprived 20% areas in England	6%	21%	60%	13%
2	5%	18%	55%	22%
3	4%	16%	53%	27%
4	4%	17%	52%	27%
5 = least deprived 20% areas in England	4%	16%	49%	31%

Lewes district also have a significant rate for looked after children and children with child protection plan.

**Chart 43 Children's social care - Looked after Children, Child Protection plans rate per 1,000 and referrals, 2022/23**



**(Age)**  
**What do people tell you?**  
 Summary of feedback from people who access your service and/or staff feedback

The consultation has demonstrated strong support for what is seen as a valuable local service. The initial funding was focused on young people accessing the drop in who were not registered with the GP practice running the service. However, it became clear through this consultation that the majority of young people who use the service are registered patients but importantly do not see the service as a GP service due to its drop in facility in a non GP surgery site.

The danger that young people would refrain from accessing services if the circle room drop in were not in operation was clear. This is a concern that young people have a lack of knowledge of other locally accessible services. The council and providers need to ensure that we assist the young person's journey from local young persons to general sexual health services for those aged over 25.

An example of the difficulty with online and generic GP service access were identified in the consultation as follows. Young people at school are not allowed phones and therefore cannot easily access alternative online

	<p>services. To book a GP appointment takes online access or sitting waiting in a phone system and some young people will feel excluded due to this.</p> <p>Online services currently only service those aged 16 upwards though this is soon expected to change to a lower age range.</p> <p>Young people valued the Circle Room for the confidential nature of the support and advice it offered.</p> <p>The closure of the clinic was believed likely to reduce young people's access to sexual and reproductive health services. It was believed that this would lead to possible consequences such as riskier sexual health practices, a rise in teenage pregnancies, and greater anxiety and stigma around testing for young people.</p> <p>Fears were expressed about longer-term consequences of closure. These included: rises in teenage abortion rates, less early treatment of sexually transmitted infections, and youth disillusionment with public healthcare.</p> <p>For example, one person said "I strongly disagree that this irreplaceable service be closed. I have been using this service since I was 15/16 and am now 23 and STILL [emphasis in original] use it. It saves on nurse appointments that can be given to patients that aren't in need of Circle Room services. This service encourages young people to access sexual health advice and treatment when some home situations don't allow them to and keeps them safe..."</p>
<p><b>(Age)</b> <b>What does this mean<sup>4</sup>?</b> Impacts identified from data and feedback (actual and potential)</p>	<p>The service is open to those aged 24 and under therefore the impact will be on that age range.</p> <p>The consultation does identify the potential to reduce access to services, however similar services are available. It is possible that using one service may mean young people fail to recognise what other services are available and don't access them. It is important that this is addressed in the circle room attendance as part of a mixed access offer for when they leave the area and are older than 25.</p>

<p><b>(Age)</b> <b>What can you do?</b> All potential actions to remove or reduce barriers and increase equality.</p>	<p>This is an open access service for any age and marketing and website guidance will ensure balanced messages to encourage signposting to alternative services such as online, community pharmacy primary care and specialist services.</p> <p>Social media messaging can be targeted at specific age groups.</p> <p>Website <a href="http://www.eastsussexsexualhealth.co.uk">www.eastsussexsexualhealth.co.uk</a> can assist in signposting appropriately for these age groups.</p> <p>Attendance at this and other allied services are reported monthly in contract monitoring and as such will be monitored and services adapted to suit these age ranges.</p> <p>ESCC to better advertise alternative service for all East Sussex residents with a particular target at the 15-24 age range, through sexual health website, social media, youth services and school health.</p> <p>Monitor how the service prepares young people for using other service if they leave the area (migration, further/higher education, work) or as they enter adult only sexual health services .</p>
<p><b>Disability</b> - A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Consider: sensory and mobility impairments; fluctuating, recurring or developmental conditions; learning difficulties; mental health; and people with cancer, multiple sclerosis or HIV. Neurodivergence and effects of menopause can also apply.</p>	
<p><b>(Disability)</b> <b>What do you know?</b> Summary of data</p>	<p>In the 2021 census, 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities. In 2021, the same proportion as in 2011 (compares to 18% for England &amp; Wales). 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021.</p> <p>HIV (diagnosed prevalence) rate in the county remains consistently below the national rate of 2.34/1000 head (15-59) population. Pre exposure prophylaxis access was opened to all individuals at risk in October 2020 and is hoped to continue the general downward trend in new HIV diagnosis and in particular reduce late HIV diagnosis.</p>

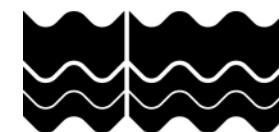
	<p>Mencap have identified that those with learning disabilities rarely receive adequate Relationships and Sex Education (RSE), and this places them at risk of unintended pregnancy and STIs (Mencap, 2025).</p> <p>Disability data on people using this service is not available from the provider.</p>
<p><b>(Disability)</b> <b>What do people tell you?</b> Summary of feedback</p>	<p>Of those responding to the consultation, 12% said they were disabled. One disabled person said their disability impacts their sexual health and makes it slightly more difficult to arrange GP appointments so they particularly value that is easier to access the clinic.</p>
<p><b>(Disability)</b> <b>What does this mean?</b> Impacts identified</p>	<p>If people cannot use online services or call centre due to their disability or age, if over 16 they can access drop in Face to face services which are in accessible buildings but in Eastbourne and Hastings which is a significant distance. .</p>
<p><b>(Disability)</b> <b>What can you do?</b> All potential actions</p>	<p>Online services have been introduced that will increase access to this client group aged over 16 if they have a smart phone or internet.</p> <p>No impact perceived with caveat regarding digital exclusion, mitigated against by call centre approach and outreach or face to face attendance</p> <p>All staff receive equality and diversity training and child/adult safeguarding training.</p> <p>Disability will be monitored through the online and face to face service demographic data reports through quarterly contract monitoring and outreach.</p> <p>Complaints and comments are recorded and themed on a monthly basis in order to provide swift response to issues that are raised by service users including perceived access</p> <p>All staff receive equality and diversity training and child and adults safeguarding training.</p> <p>These characteristics will be monitored through the service demographic data reports through quarterly contract monitoring and outreach</p>



	<p>Complaints and comments are recorded and themed on a monthly basis in order to provide swift response to issues that are raised by service users including perceived access.</p> <p>Training and an in service patient survey is part of the annual monitoring required by the service provider and has to be demonstrated in contract monitoring meeting agenda.</p>
<p><b>Gender reassignment</b> - In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected</p>	
<p><b>(Gender reassignment)</b> <b>What do you know?</b> Summary of data</p>	<p>The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+)<sup>1</sup> Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex.</p> <p>2021 Census: 1640 residents declared their gender identity was different to that assigned at birth which is 0.4% of the population.</p> <p>Stonewall research amongst health and social workers in 2015 found that Trans people were subject to discrimination, with negative remarks or offensive language being heard by 20% of patient-facing staff from their colleagues. This means that trans people may be reluctant to engage with services.</p>
<p><b>(Gender reassignment)</b> <b>What do people tell you?</b> Summary of feedback</p>	<p>3% of those responding said the gender they identify with is not the same as the one they were given at birth. One person said that as a transgender person, they find sexual health a difficult topic and being able to go to the Circle Room for easy, confidential and non-judgemental advice was very useful for building their confidence and comfort with the subject and also taught them more about what being sexually healthy actually was - which was much more diverse and factual than the information on the internet had been. They said that without this service they (and many they know, both cisgender and transgender) would be much less educated or equipped to deal with their sexual health, which would likely lead to more anxiety and stigma around sexual health with young people; less safe sex and thus more spread of STIs; and a harmful allowance of misinformation.</p>
<p><b>(Gender reassignment)</b> <b>What does this mean?</b></p>	<p>Data is not available for this characteristic.</p>

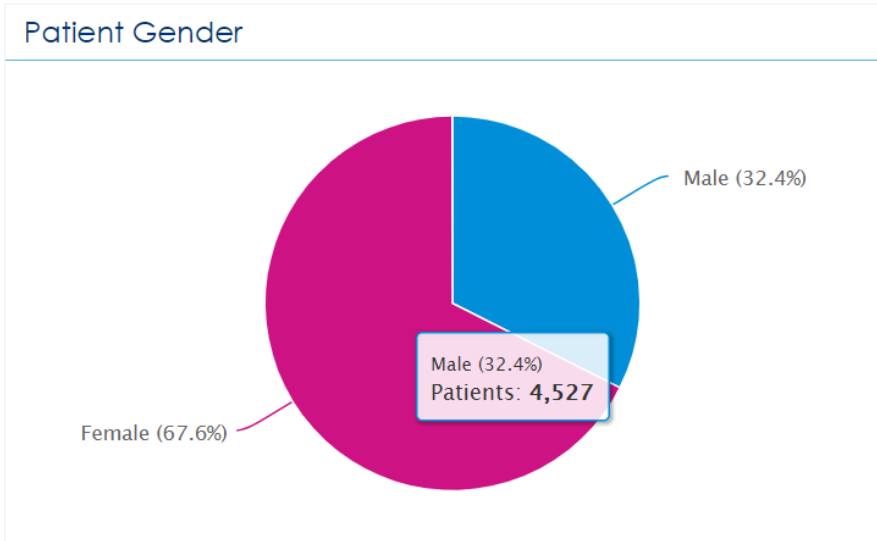
Impacts identified	
<b>(Gender reassignment)</b> <b>What can you do?</b> <ul style="list-style-type: none"> <li>• All potential actions</li> </ul>	All staff receive equality and diversity training which includes LGBTQ+ awareness. Complaints and feedback will continue to be monitored based on protected characteristics.
<b>Pregnancy and maternity - Protection is during pregnancy and any statutory maternity leave.</b>	
<b>(Pregnancy &amp; maternity)</b> <b>What do you know?</b> Summary of data	<p>There are just under 5,000 births per year in East Sussex. Hastings has the highest overall birth rate as well as for women aged 15-19 years.</p> <p>East Sussex and the Lewes district is not currently an outlier for teenage pregnancy.</p> <p>There is a concern about increasing use of abortion services which represent unintended and unwanted pregnancy, the concern is mainly due to the cost of abortion to the public purse, but East Sussex is not a national or regional outlier in this respect. These rates have been climbing since 2017 and hypothesised to be due to multiple factors (ease of access, cost of living, reduction in use of hormonal contraception, change in stigma etc).</p> <p>There is open access to all and a clear referral process to pregnancy advice services such as maternity services, GP and abortion provider.</p>
<b>(Pregnancy &amp; maternity)</b> <b>What do people tell you?</b> Summary of feedback	Some people responding to the consultation believed that the closure of the clinic was likely to reduce young people's access to sexual and reproductive health services and that this would lead to possible consequences such as riskier sexual health practices and due to lack of easy access to contraception a rise in teenage pregnancies.
<b>(Pregnancy &amp; maternity)</b>	One of the aims of this service is to provide contraception to manage fertility or unwanted pregnancy.

<p><b>What does this mean?</b> Impacts identified</p>	<p>Those found to be pregnant have care pathways in place for pregnancy advice, maternity or abortion services.</p> <p>A key outcome is to reduce unwanted pregnancy, so effective access to emergency hormonal contraception and pregnancy testing along with stable and secure referral pathways between services is key and in place.</p>
<p><b>(Pregnancy &amp; maternity)</b> <b>What can you do?</b> All potential actions</p>	<p>There will continue to be open access to all, a clear referral process to pregnancy advice services such as maternity services, GP and abortion provider.</p> <p>All staff are trained in fertility and contraception and as such pregnancy should not reduce access to services nor result in a negative impact</p> <p>A service is funded by ESCC where women attending antenatal services are offered contraceptive advice antenatally and can be supplied with contraception at birth to assist women who want to plan pregnancy schedule and prevent swift unplanned repeat pregnancy which is suggested to have potential negative impact on women and child health and social aspects.</p> <p>Midwives are trained to provide the consultation and the provision of contraception within the maternity services.</p> <p>The impact on this characteristic will continue to be monitored via the performance dashboard.</p>
<p><b>Race (ethnicity)</b> - This includes ethnic or national origins, colour or nationality, and includes refugees and migrants<sup>5</sup>, and Gypsies and Travellers.</p>	
<p><b>(Race / ethnicity)</b> <b>What do you know?</b> Summary of data</p>	<p>In 2021, 11.7% of usual residents of East Sussex said that they belonged to a Black or Minority Ethnic Group (including White minority groups). This compares to 26.5% in England.</p> <p>88.3% of usual residents in East Sussex said that they belonged to the White: English, Welsh, Scottish, Northern Irish or British ethnic group. This is higher than the English national average (73.5%) and also higher than the average for the South East region (78.8%).</p> <p>7.5% were of another white background (this includes people who identified as Irish, Gypsy or Irish Traveller, and Roma); 3% belonged to mixed or multiple ethnic groups; 2.1% were Asian/Asian British, 0.8% were Black/Black British and 2.2% were from other ethnic backgrounds.</p> <p>According to the 2025 Rapid Needs Assessment, the rate of HIV infections is disproportionately higher amongst those with Black African ethnicity (DHSC, 2021).</p>



<p><b>(Race / ethnicity)</b>  <b>What do people tell you?</b>  Summary of feedback</p>	<p>51% of those responding to the consultation were white British, 7% white other, 2% Asian, 1% Black, 4% mixed and 35% did not answer this question. There were no comments on how people's ethnicity would lead to differences in impact of this proposal.</p>
<p><b>(Race / ethnicity)</b>  <b>What does this mean?</b>  Impacts identified</p>	<p>The service is open to all regardless of societal or self-defined ethnicity; there are however potential barriers as follows:</p> <ul style="list-style-type: none"> <li>• New entrants into the country may not understand need or how to access sexual healthcare</li> <li>• If spoken or understanding of verbal or written English is limited, failure to provide interpretation may hinder access and compete assessment and service provision</li> <li>• potential impact for those who are digitally excluded</li> </ul>
<p><b>(Race / ethnicity)</b>  <b>What can you do?</b>  All potential actions</p>	<p>The face to face specialist service uses language line (to avoid inadvertent interpreting by known interpreters who may be from same community or be traffickers or spouses), google translate is often used by people using the service.</p> <p>Outreach already link into services that work with refugees, asylum seekers and failed asylum seekers to assist in access to testing and contraception and use of services.</p> <p>All staff have equality and diversity training.</p> <p>Service will be reporting demographic data annually alongside informal comments, themes and once a year month long every service user survey.</p> <p>Interpretation through phone interpretation will be offered, phone rather than face to face avoids issues with small communities and avoids conflict that arise if partners, family members or potential pimp/people traffickers act as interpreters</p> <p>Online uses google translations and there is a phone option with translation.</p>

	<p>Engagement and pathways developed with LINKS project who work with new asylum and refugee arrivals in the area.</p> <p>Sexual health outreach team work with organisations who cater for asylum seeker organisations to mentor to provide a sexual health signposting service and access point.</p> <p>Data will be monitored via regular quarterly performance management dashboard and contract monitoring meetings (meetings can also be called more frequently to mitigate any identified issues).</p>
<b>Religion or belief</b> - Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.	
<b>(Religion /&amp; Belief)</b> <b>What do you know?</b> Summary of data	<p>In 2021, 45.9% (250,330) of usual residents of East Sussex identified as Christian, down from 59.9% (315,650) in 2011.</p> <p>The second most common religion in East Sussex after Christianity is Islam. The proportion of the population stating they were Muslim increased from 0.8% of the usual resident population (4,200) in 2011 to 1.1% (6,190) in 2021. This is low compared to both the South East Regional and the English national averages, with 3.3% of residents in the South East specified their religion as Islam, and 6.7% across the whole of England.</p> <p>Religion of service attenders in 2017-19 has not been collected but will be in the future.</p>
<b>(Religion /&amp; Belief)</b> <b>What do people tell you?</b> Summary of feedback	<p>Of those responding to the consultation, 51% said they had no religion, 8% were Christian and 2% Muslim. There were no comments on how religion would lead to differences in impact of this proposal.</p>
<b>(Religion /&amp; Belief)</b> <b>What does this mean?</b> Impacts identified	<p>There are no barriers in place from a service perspective barring those with differing beliefs as it is a self referral and secular process.</p>

<p><b>(Religion /&amp; Belief)</b> <b>What can you do?</b> All potential actions</p>	<p>Data, complaints and comments/ feedback will be monitored in contract monitoring meetings.</p>												
<p><b>Sex - Women and men are protected under the Act.</b></p>													
<p><b>(Sex)</b> <b>What do you know?</b> Summary of data</p>	<p>Of the population of East Sussex, 299,064 (52%) are female and 270,788 (48%) are male. There is open access to all, however it is recognised that men are less likely to access face to face health care services (source <a href="https://www.menshealthforum.org.uk/key-data-understanding-health-and-access-services">https://www.menshealthforum.org.uk/key-data-understanding-health-and-access-services</a>) hence provision of on line STI testing and condom facility. Men accessing online testing in 2021 accounted for 32.45 of all testing compared to the norm for GUM clinics of 20%.</p> <div><p>Patient Gender</p><table><thead><tr><th>Gender</th><th>Percentage</th><th>Count</th></tr></thead><tbody><tr><td>Female</td><td>67.6%</td><td>3,185</td></tr><tr><td>Male</td><td>32.4%</td><td>4,527</td></tr><tr><td><b>Total</b></td><td><b>100%</b></td><td><b>7,712</b></td></tr></tbody></table></div>	Gender	Percentage	Count	Female	67.6%	3,185	Male	32.4%	4,527	<b>Total</b>	<b>100%</b>	<b>7,712</b>
Gender	Percentage	Count											
Female	67.6%	3,185											
Male	32.4%	4,527											
<b>Total</b>	<b>100%</b>	<b>7,712</b>											

<p><b>(Sex)</b> <b>What do people tell you?</b> Summary of feedback</p>	<p>Local insight gathering has identified that young men under the age of 25 prefer to use online services and so these have been commissioned separately as an alternative to reach this group. A report was commissioned through Social Marketing Gateway (SMG) looking at sexual health amongst young men living in Rother and Wealden. This found that barriers for young men accessing sexual healthcare include psychosocial issues such as lack of knowledge, perceptions of stigma, social pressure, underestimating risk, low engagement with health services and lack of access to services.</p> <p>The majority of respondents to the consultation were female (53%). Only 9% were male, although we don't know the sex of the 35% of respondents who skipped this section. There were many comments from young women about how essential this service is, and it is clear that young women would be disproportionately affected by the closure of this service.</p>
<p><b>(Sex)</b> <b>What does this mean?</b> Impacts identified</p>	<p>Online self sexually transmitted infection (STI) sampling facility which attracts more men than traditional face to face sexual health services. This doesn't address contraception which currently must be accessed via a face to face service if accessing tax payer funded contraception. Removal of the service especially a 'drop in' service will reduce perceived easy access to contraception for the current service users most of whom are female, and potentially lead to unintended and unwanted pregnancy and children</p>
<p><b>(Sex)</b> <b>What can you do?</b> All potential actions</p>	<p>Continue open access to all regardless of gender, drop in service, signposting and marketing via <a href="http://www.eastsussexsexualhealth.co.uk">www.eastsussexsexualhealth.co.uk</a></p> <p>Quarterly reported performance indicators are in place to assess numbers of self-defined gender reached. These will be monitored via contract monitoring meetings and performance indicators, alongside national performance figures.</p>

**Sexual orientation** - The Act protects bisexual, gay, heterosexual and lesbian people.

(Sexual orientation)  
What do you know?  
Summary of data

The 2021 East Sussex LGBTQI+ Comprehensive Needs Assessment estimates that there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population). According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+.

The National Institute of Economic and Social Research found that heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T people from accessing mainstream services. For this reason, LGB&T people have a preference for and are more engaged with specialist LGB&T organisations. Sexual orientation of people using the main specialist sexual health service 2023-24

Sexual Orientation													
	West			East			Cross Site			ESHT			
Sexual Orientation	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	%
Heterosexual or Straight	3,446	1,165	4,611	3,170	988	4,158	3,470	694	4,164	10,086	2,847	12,933	84.8%
Bisexual	218	141	359	203	92	295	204	66	270	625	299	924	6.1%
Gay or Lesbian	18	612	630	22	442	464	18	219	237	58	1,273	1,331	8.7%
Not known (not recorded)	1	1	2	1	0	1	3	0	3	5	1	6	0.0%
Not stated (person asked but declined to provide a response)	8	4	12	9	2	11	14	1	15	31	7	38	0.2%
Other sexual orientation not listed	4	1	5	2	2	4	3	2	5	9	5	14	0.1%
Person asked and does not know or is not sure	3	0	3	1	1	2	3	0	3	7	1	8	0.1%
Not Completed	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
<b>Total</b>	<b>3,698</b>	<b>1,924</b>	<b>5,622</b>	<b>3,408</b>	<b>1,527</b>	<b>4,935</b>	<b>3,715</b>	<b>982</b>	<b>4,697</b>	<b>10,821</b>	<b>4,433</b>	<b>15,254</b>	

According to the 2025 Needs Assessment, men who report sex with men (MSM) face specific and substantial health inequalities in the UK today: compared with the general population, MSM have worse sexual health including HIV and sexually transmitted infections (STIs), but conversely many MSM are more likely to test and use services and take preventative action such as vaccination and HIV PrEP.

Men who report having had sex with men (regardless of their stated sexual orientation) receive enhanced testing and are offered hepatitis A,B, Mgen, Mpox and HPV immunisation from specialist sexual health services.



	There are no specific LGBT+ clinics. The alternative services are well used by LGBT+ individuals including those who do not identify as such but do have sex with people of the same sex.
<b>(Sexual orientation) What do people tell you?</b> Summary of feedback	This data has not been provided for the service users of the circle room but will be in the future. Of those responding to the consultation, 39% said they were straight/heterosexual, 4% gay or lesbian, 19% bisexual, 35% did not answer this question. There were no specific comments about the impact of the proposal on this protected characteristic.
<b>(Sexual orientation) What does this mean?</b> Impacts identified	<p>The data tells us that there is a higher proportion of people from LGB+ communities using sexual health services of which the circle room is one.</p> <p>Online activity demonstrates that not only are people aged over 16 with differing sexual orientations using the online service but also that we are targeting testing effectively at those with increased risk.</p> <p>All staff are trained in equality and diversity training, the nature of the alternative sexual health services means that staff are well versed in working with LGBT+ individuals.</p>
<b>(Sexual orientation) What can you do?</b> All potential actions	We will continue to monitor service user consultation and demographic data, performance indicator dashboard collects stated sexuality data, complaints system and comments themes at contract monitoring. Staff training will continue.

**Marriage and civil partnership** - Only in relation to due regard to the need to eliminate discrimination.

**(Marriage & civil partnership)**  
What do you know?  
Summary of data

According to 2021 census data for East Sussex:

Single 29%

Married 46.5%

Civil Partnership 0.4%

Divorced 11%

Widowed 8%

We do not have data for the circle room but the Specialist sexual health service attenders reporting marital status 2017-18

	Eastbourne			Hastings			ESHT
Marital Status	F	M	Total	F	M	Total	Total
Apart	1	0	1	11	5	16	17
B. Separated	6	3	9	1	0	1	10
Civil Partnership	44	36	80	20	32	52	132
Cohabiting	283	89	372	204	70	274	646
Divorced	11	4	15	13	3	16	31
In Relationship	1,681	440	2,121	1,567	455	2,022	4,143
Married	585	180	765	402	116	518	1,283
Other	0	0	0	2	0	2	2
Single	2,032	1,179	3,211	1,729	922	2,651	5,862
Widowed	5	1	6	1	0	1	7
Missing	1,936	1,109	3,045	2,008	755	2,763	5,808
Total	6,584	3,041	9,625	5,958	2,358	8,316	17,941

**(Marriage & civil partnership)**  
What do people tell you?  
Summary of feedback

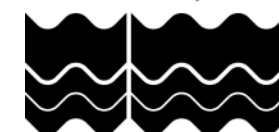
No feedback received in relation to this protected characteristic.

**(Marriage & civil partnership)**  
What does this mean?

This service is open access to all regardless of relationship status, so no negative nor positive affect expected.

Impacts identified	
<b>(Marriage &amp; civil partnership)</b> <b>What can you do?</b> All potential actions	<p>Anyone found to be positive for an infection will have their sexual partners traced regardless of societal measure of the relationship, this is done by highly experienced staff who have enhanced communication training in order to attempt to protect current relationships; there are strict codes of confidentiality which prevent discussing partners details with contacts.</p> <p>We will continue to monitor demographic data through performance indicator dashboards, complaints procedure and comments.</p>
<b>Armed Forces</b> - protected by the Armed Forces Act 2021 which aims to help prevent service personnel, veterans and their families being disadvantaged when accessing public services. The duty applies to specifically housing, education or healthcare functions, but check whether any impacts may apply in your case.	
<b>(Armed forces)</b> <b>What do you know?</b> Summary of data	<p>In 2021, 21,173 people in East Sussex reported that they had previously served in the UK armed forces (4.6% of usual residents aged 16 years and over).</p> <p>There were 19,917 households (8.3% of all households) in East Sussex with at least one person who had served in the UK armed forces.</p>
<b>(Armed forces)</b> <b>What do people tell you?</b> Summary of feedback	<p>No specific feedback received on this characteristic.</p>
<b>(Armed forces)</b> <b>What does this mean?</b> Impacts identified	<p>N/A</p>

<b>(Armed forces)</b> <b>What can you do?</b> All potential actions	N/A
<b>Impacts on community cohesion</b> - Consider impacts on how groups see one another or how the council's resources are seen to be allocated. Include opportunities to positively impact on good relations between groups.	
<b>(Community cohesion)</b> <b>What do you know?</b> Summary of data	N/A
<b>(Community cohesion)</b> <b>What do people tell you?</b> Summary of feedback	There were comments from those responding to the consultation that this proposal would disproportionately and negatively impact young people, women and those living in Lewes.
<b>(Community cohesion)</b> <b>What does this mean?</b> Impacts identified	This has been considered within the action plan.
<b>(Community cohesion)</b> <b>What can you do?</b> All potential actions	Please see action plan.



## Additional categories

(identified locally as potentially causing or worsening people's experience of inequality)

<b>Rurality</b> - issues can include isolation, access to services (eg: GPs, pharmacies, libraries, schools), low income / part-time work, infrequent public transport, higher transport and fuel costs and lack of affordable housing. Deprivation can be more dispersed and less visible.	
<b>(Rurality)</b> <b>What do you know?</b> Summary of data	74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).
<b>(Rurality)</b> <b>What do people tell you?</b> Summary of feedback	There was no feedback within the consultation specifically on rurality.
<b>(Rurality)</b> <b>What does this mean?</b> Impacts identified	Switching to an online service will enhance access for those living in rural areas who are aged over 16. However, contraception is not currently an online service.
<b>(Rurality)</b> <b>What can you do?</b> All potential actions	Data will continue to be monitored via contract monitoring meetings and demographic data available regionally and locally to assess how many in the outlying areas appear to be having to go out of East Sussex for services.
<b>Carers</b> - A carer is anyone, of any age, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.	
<b>(Carers)</b> <b>What do you know?</b> Summary of data	There are over 10,000 persons claiming Carers Allowance in East Sussex. (Source DWP Feb 2020) The proportion of residents providing unpaid care in East Sussex fell from 11.9% in 2011 to 11.7% in 2021. This was driven by a substantial fall in the proportion of people who provided 19 hours or less of unpaid care in a typical week (7.5% in 2011, compared with 5.0% in 2021) coupled with an increase in people devoting more hours to unpaid care (the proportion of residents providing 20 hours or more of unpaid care a week rose from 3.8% in 2011 to 4.9% in 2021)

	Care for the Carers estimates that there are 69,241 unpaid carers in East Sussex, and below are the estimated figures for each area. It is difficult to know the actual number of carers because so many carers are unreported.
<b>(Carers)</b> <b>What do people tell you?</b> Summary of feedback	There was no specific feedback received from carers within the consultation.
<b>(Carers)</b> <b>What does this mean?</b> Impacts identified	Online services and training to GPs to offer services attempts to fulfil rural and carer provision. Online services may extend access for carers as they are available 24/7 however only available to over 16s and don't provide contraception.
<b>(Carers)</b> <b>What can you do?</b> All potential actions	Start collecting the data on this field to assess use and access.
<b>People with care experience:</b> the term 'care experienced' refers to anyone who has been, or is currently, in care or from a looked after background at any stage in their life, no matter how short. Consider financial impacts for things like travel or access to projects; maintaining continuity of care and support (including mental and physical health and wellbeing, community and social connections), and access to opportunities.	
<b>(Care experience)</b> <b>What do you know?</b> Summary of data	N/A No data available.
<b>(Care experience)</b> <b>What do people tell you?</b> Summary of feedback	No feedback specifically received within the consultation.
<b>(Care experience)</b> <b>What does this mean?</b> Impacts identified	N/A
<b>(Care experience)</b> <b>What can you do?</b> All potential actions	Start asking if service users have had care experience.

<p><b>Other people that may be differently affected and/or whose views are seldom heard</b> - this will vary by service, but includes people who:</p> <ul style="list-style-type: none"> <li>• are homeless or in insecure housing,</li> <li>• in prison,</li> <li>• with low levels of literacy,</li> <li>• are digitally excluded,</li> <li>• experiencing severe loneliness (a feeling of lack or loss of companionship)</li> <li>• experiencing or in recovery from drug and alcohol addiction (and their families),</li> <li>• have or are experiencing domestic or sexual abuse</li> </ul>	
<p><b>(Other impacts)</b> <b>What do you know?</b> Summary of data</p>	<p>According to the <a href="#">2025 Sexual Health Needs Assessment</a> amongst the most at risk groups are those experiencing substance misuse, sex workers, those in prison, people living in deprived areas.</p> <p>People who are experiencing homelessness are at increased risk of adverse sexual health outcomes, as well as poor uptake of traditional services due to unstable living conditions.</p>
<p><b>(Other impacts)</b> <b>What do people tell you?</b> Summary of feedback</p>	<p>No specific feedback relating to these groups received within the consultation.</p>
<p><b>(Other impacts)</b> <b>What does this mean?</b> Impacts identified</p>	<p>N/A</p>
<p><b>(Other impacts)</b> <b>What can you do?</b> All potential actions</p>	<p>Lewes prison sexual health in-reach service is a service commissioned by NHSE to provide a complex GUM clinic within the prison setting.</p> <p>Other services the outreach team work with include homeless and rough sleepers, substance misuse services, probation service, sex workers and the LINKS project- a multi-agency support and advice service for migrants, refugees, and asylum seekers in East Sussex.</p>
<p><b>Staff impacts:</b> if your proposal affects staff, have you consulted with the Staff Networks? (contact details are on the equality pages of the intranet: search for 'staff networks')</p>	
<p>Staff who are residents and Lewes and havens and their younger relatives can be affected and potential or current service users.</p>	

## Assessment of overall impacts, summary of actions and any further recommendations

The service is not a new service The sexual health system this service sits in has undergone changes within the last four years (in particular in covid lockdown (2019- 2020) that increased access, such as online services, enhanced Pharmacy/GP training provisions have increased access and choice to many. One group who remain nationally non targeted and of concern are heterosexual self identifying men who use health services less and tend to present at late stages of illness, die younger than women and carry a higher burden of infection, however partner notification for STIs and HIV locally is robust and attempts to address this. To address this element for this service there are specific measures to monitor men's usage of the service and developments such as online testing that arose from deep insight work with young men introduced to attempt to address this continuing societal inequality for men's health

By adhering to all legal and national requirements set out in the service specification the new provider will ensure that the aforementioned requirements are fulfilled. This will be monitored at;

- quarterly performance meetings
- monthly, bimonthly, half year and annual reports

Demographic data will be collected, quarterly reports sent to commissioner of attendance figures, yearly service consultations with people using the service. Performance indicators measure attendance and individual characteristics and are reported via service performance dashboard to commissioner and nationally. National guidelines relating to clinical staff are adhered to.



### 3.List detailed data and/or community feedback that informed your EqIA

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data (were there any people you didn't hear from? Does research include information on all characteristics?)	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
Data collected from people using services (only non patient identifying data available)	2017-20	No, we only have reported data from the service of sex and age.	This will be addressed, and all other minimum data characteristics will be collected .
<a href="#">East Sussex in Figures - Data Observatory - Welcome to East Sussex in Figures</a>	2021 Census data		
Consultation	2025		
<a href="#">sexual-health-needs-assessment-exec-summary-july-2019.pdf</a>	2019		
<a href="#">rapid-sexual-health-needs-assessment.pdf</a>	2025		

#### 4. Prioritised Action Plan

NB: The Council's duties are ongoing: actions must be completed and further equality assessment made if needed.

Review the actions identified above and prioritise by considering actions that will have benefits for multiple characteristics, actions that remove the biggest barriers or have greatest impact, and actions that are possible within current resources.

**Transfer these actions to service or business plans and monitor to ensure they achieve the outcomes identified.**

**Your departmental equality lead will follow up at an agreed time to ensure actions are being implemented.**

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
To jump back to potential actions identified above, click on the relevant hyperlink: <a href="#">Actions from previous EqIA</a> , <a href="#">Age</a> , <a href="#">Disability</a> , <a href="#">Gender Reassignment</a> , <a href="#">Marriage &amp; Civil Partnership</a> , <a href="#">Pregnancy &amp; Maternity</a> , <a href="#">Race</a> , <a href="#">Religion &amp; Belief</a> , <a href="#">Sex</a> , <a href="#">Sexual Orientation</a> , <a href="#">Armed Forces</a> , <a href="#">Community Cohesion</a> , <a href="#">Rurality</a> , <a href="#">Carers</a> , <a href="#">Care Experience</a> , <a href="#">Other Impacts</a> , <a href="#">Staff Impacts</a>				
All characteristics	Communicate changes early in process, remembering need for Easy Read and translated versions	Clients and carers are aware of timeframe for changes and can plan accordingly	Clients and carers are well informed and experience minimum disruption	From 6 months before project start
All characteristics	Ensure data is collected from patients and reported	A more rounded picture of who attends and who doesn't	Quarterly reports	Before March 2026
Young people	Recommend keep service but develop along side online for under 16s, explore extension of service model across county (budget dependant)	Monitoring of service model with a formal annual review	Cost effectiveness	Before March 2026
Young women	Recommend keep service but develop along side online for under 16s, explore extension of service model across	Monitoring of service model with a formal annual review	Cost effectiveness	Before March 2026

	county (budget dependant)			
Under 16s	Develop the under 16 online service option	To service those aged under 16	Project with online provider and specialist service provider	September 2026
(Add more rows as needed)				

**EqlA sign-off:** (for the EqlA to be final the following people must review and agree it)

**Staff member completing Equality Impact Assessment:**

Tony Proom Strategic commissioning manager - sexual health

**Date:** 13/10/25

**Equality lead:** Michelle Hickman

**Date:** 13/10/25

**Directorate Management Team rep or Head of Service:** Kaveri Sharma

**Date:** 28/10/25

## Guidance endnotes

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### <sup>1</sup> Our duties in the Equality Act 2010

Under the Equality Act 2010 we have a legal duty to demonstrate that we have identified and considered the actual and potential impact of our activities on people who share any of the legally ‘protected characteristics’: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership. This applies to policies, services (including commissioned services), and our employees. This template provides evidence of this consideration.

In the Act we must give ‘due regard’ (pay conscious attention) to the need to:

- **avoid, reduce, minimise or eliminate any negative impact** (if you identify unlawful discrimination, you must stop the action and take advice immediately).
- **promote equality of opportunity** by removing or minimising disadvantages; taking extra steps to meet people’s needs; encouraging participation; and treating disabled people differently, including more favourably where necessary.
- **foster good relations** by tackling prejudice and promoting understanding.

<sup>2</sup> **EqlAs are always proportionate.** The greater the potential adverse impact on a protected group (e.g. disabled people), the more thorough our process must be. Consider:

- The nature of the service, or scope of the policy/strategy
- The resources involved
- The number of people affected
- The size of the likely impact
- The vulnerability of the people affected

<sup>3</sup> The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** all Council employees must be aware of our legal duties and comply with them appropriately in our daily work.
- **Timeliness:** assessment must be completed and considered at the time a decision is taken - not afterwards.
- **Real Consideration:** the duty must be an integral, rigorous part of your decision-making process and influence the process.
- **Sufficient Information:** you must assess what information you have and what more is needed to give proper consideration.
- **No delegation:** the Council is responsible for ensuring that any contracted services, which are provided on its behalf, can and do comply with these legal duties.
- **Review:** this continuing duty applies when you develop/agree a policy or service and when it is implemented and reviewed.
- **Proper Record Keeping:** you must keep records of the process, the impacts and the actions that you will implement.

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<sup>4</sup> Your EqlA must get to grips fully and properly with actual and potential impacts. Our legal duties to identify equality impacts don't stop us taking decisions, or introducing changes that are needed. They do require us to take decisions and make changes conscientiously and deliberately confront the anticipated impacts on people.

<sup>5</sup> **Refugees and migrants** means people whose intention is to stay in the UK for at least one year (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.