

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Adoption of North East London Sexual and Reproductive Health Strategy (2024-29)
Lead officer:	Emily Grundy, Assistant Director of Public Health
Approved by:	Emily Grundy, Assistant Director of Public Health
Version Number	V0.1
Date and Key Changes Made	01/08/24
Scheduled date for next review:	01/03/27

Did you seek advice from the Corporate Policy & Diversity team? Please note that the Corporate Policy & Diversity and Public Health teams require at least 5 working days to provide advice on EqHIAs.	Yes / No
Did you seek advice from the Public Health team?	Yes / No
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website? See Publishing Checklist.	Yes / No

Please note that EqHIAs are **public** documents and unless they contain confidential or sensitive commercial information must be made available on the Council's [EqHIA webpage](#).

Please submit the completed form via e-mail to READI@havering.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact READI@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to [this Guidance](#) on how to complete this form.

About your activity

1	Title of activity	Adoption of Joint North East London Sexual and Reproductive Health Strategy (2024-29)		
2	Type of activity	Adoption of a new strategy		
3	Scope of activity	A new strategy, developed collaboratively across North East London, with the aim of improving sexual and reproductive health services and outcomes for residents.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes / No	If the answer to <u>either</u> of these questions is 'YES', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon people from different backgrounds?	Yes / No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes / No	<i>Please use the Screening tool before you answer this question.</i>	
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:			

Completed by:	Emily Grundy, Assistant Director of Public Health, Resources
Date:	02/08/2024

2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:

The North East London (NEL) Joint Sexual & Reproductive Health Strategy seeks to build on existing collaborative working arrangements and new opportunities to agree an approach for addressing shared sexual and reproductive health (SRH) priorities and challenges across NEL.

The strategy has been developed collaboratively across NEL. The strategy has been based on a programme of engagement with health professionals and residents, building on analysis of local and regional data and intelligence. This process has identified the following shared priority areas for action:

- Priority 1: Healthy and Fulfilling Sexual Relationships
- Priority 2: Good Reproductive Health across the Life Course
- Priority 3: High Quality and Innovative STI Screening and Treatment
- Priority 4: HIV: Towards Zero and Living Well

A NEL action plan that aligns against these priority areas has been developed with relevant delivery partners. A local action plan for Havering will also be developed to complement the NEL plan, leaving space to capture work that reflects particular nuances in local population need.

**Expand box as required*

Who will be affected by the activity?

Sexual and reproductive health is a key part of human experience across the life-course, and as such implementation of the NEL joint SRH strategy will have a population-wide impact. Different elements of the strategy have more or less relevance or impact on some population groups than others, but ultimately the strategy seeks to deliver overall improvements in population SRH outcomes, as well as greater improvements for those groups that have traditionally experienced disproportionately poorer outcomes.

**Expand box as required*

Protected Characteristic - Age: Consider the full range of age groups

<i>Please tick (✓) the relevant box:</i>		Overall impact: The strategic approach outlined in the joint NEL SHR strategy is inclusive of people of all ages, adopting a life-course approach that acknowledges people's changing SRH needs over time. The strategy and action plan includes specific references to ways in which some of the existing age inequalities in SRH outcomes will be addressed, and broader actions are also deemed likely to have a positive benefit on age inequalities. The complementary Havering SRH action plan (to be developed) will also provide an opportunity to identify any other actions needed to address age inequalities for local residents.
Positive	✓	
Neutral		
Negative		

		As such implementation of the strategy and action plans is considered to deliver a positive impact.
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**Expand box as required*

Evidence:

People’s SRH needs change throughout the life course, and there are a range of age-related inequalities relating to SRH health, for example:

- In North East London, young people have higher rates of STI infection and reinfection within 12 months [1];
- Babies of adolescent mothers are at increased risk of low birth weight, preterm birth, and severe neonatal illness [2];
- Older women tend to have higher levels of unmet need for contraception [2];
- Adults and older people living with HIV may experience poorer quality of life due to the intersection of HIV and other age-related conditions [2].

There are also elements of SRH service provision which are targeted towards certain age groups (for example, free condom distribution schemes for young people aged 15-24 years).

Actions outlined in the NEL action plan to specifically address age inequalities include [3]:

- Actions 1.C.6/7/8 – Relationship and Sex education (RSE): People make informed choices about their sexual and reproductive health
- Action 2.1.21/22 - Explore options to increase uptake of free condoms among young people (15-24)

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) will also provide an opportunity to enhance understanding of age inequality, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address known age inequalities relating to SRH for residents.

**Expand box as required*

Sources used:

[1] North East London Sexual and Reproductive Health Strategy (data pack)

[2]

[3] North East London Sexual and Reproductive Health Strategy (action plan)

**Expand box as required*

Protected Characteristic - Disability: Consider the full range of disabilities; including physical, mental, sensory, progressive conditions and learning difficulties. Also consider neurodivergent conditions e.g. dyslexia and autism.

<i>Please tick (✓) the relevant box:</i>		Overall impact: The strategic approach outlined in the joint NEL SHR strategy is inclusive of people, regardless of disability. The strategy commitment to improving local understanding about the needs and experiences of people with disabilities with regards to SRH presents an opportunity to improve service accessibility and outcomes across the lifetime of the strategy. As such implementation of the strategy and action plans is considered to deliver a positive impact, though taking action beyond improving local understanding will required in subsequent years of the strategy to achieve this.
Positive	✓	
Neutral		
Negative		

Evidence:

There is limited information about the prevalence of sexual health issues and barriers to SRH services amongst people with disabilities.

National data suggests that rates of cervical screening are low for women with learning disabilities compared to the general population, while use of long-acting reversible contraception is high amongst women with learning disabilities. Adults with learning disabilities may have their freedoms around their sexuality limited, due to concern about vulnerability but also due to stigma and infantilising attitudes.

However a nationally representative study found that young people with mild to moderate learning disabilities were as likely to have had sexual intercourse by the age of 19/20 as peers from the general population, but more likely to practice unsafe sex [1].

National evidence suggests that many people with a learning disability are not given appropriate support needed to engage in loving and sexual relationships with others [2]. People with physical disabilities may face physical barriers to accessing SRH services and/or stigma or discrimination in relation to the SRH from healthcare professionals and wider society.

The NEL joint SRH strategy acknowledges the need to improve local understanding of the needs of those with disabilities and other complex needs, to ensure that local services can better meet the needs of these groups.

Actions outlined in the NEL action plan to specifically address disability inequalities include [3]:

Action 1.B.3 Plan to be developed for resident engagement among groups where need is currently not well understood (e.g YP and Adults with learning disabilities)

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) will also provide an opportunity to enhance understanding of disability inequality, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address known disability inequalities relating to SRH for residents.

Sources used:

[1] [Health inequalities: Sexual health - Public health profiles](#)

[2] [Sexuality - research and statistics - Mencap](#)

[3] North East London Sexual and Reproductive Health Strategy (action plan)

Protected Characteristic – Sex / gender: Consider both men and women

Please tick (✓) the relevant box:

Positive ✓

Neutral

Overall impact:

The strategic approach outlined in the joint NEL SHR strategy is inclusive of people of all genders.

The strategy and action plan includes specific references to ways in which some of the existing gender inequalities in SRH outcomes will be addressed, and broader actions are also deemed likely to have a

Negative	<p>positive benefit on gender inequalities. The complementary Havering SRH action plan (to be developed) will also provide an opportunity to identify any other actions needed to address gender inequalities for local residents.</p> <p>As such implementation of the strategy and action plans is considered to deliver a positive impact.</p>
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**Expand box as required*

Evidence:

There are a range of gender inequalities relating to SRH, for example, in North East London:

- Men have significantly higher rates of STI infection, while women experience higher rates of STI reinfection within 12 months;
- Women have lower rates of HIV testing;
- More women access online STI testing services, while more men attend specialist sexual health services [1].

There are also elements of SRH provision which are gender-specific (e.g. only women will directly access services offering long acting forms of contraception or termination of pregnancy).

Actions outlined in the NEL action plan to specifically address gender inequalities include [2]:

- Action 4.O.31 Develop a regional plan to improve testing coverage for HIV among hetero populations (especially women)
- Action 4.P.34 Create a health promotion plan around PrEP to raise awareness among eligible groups with relatively low uptake (including women)

Actions which address gender-specific SRH needs include:

- Actions 2.F. 14/15/16 - Improve uptake of LARC, especially among women of colour
- Actions 2.H.19/20 - Consistent, timely access to high quality services for contraception, abortion and menopause
- Action 4.S.38 - To understand the reasons of incidents of vertical transmission (transmission of HIV from mother to baby)

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) will also provide an opportunity to enhance understanding of gender inequality, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address known gender inequalities relating to SRH for residents.

**Expand box as required*

Sources used:

[1] North East London Sexual and Reproductive Health Strategy (data pack)

[2] North East London Sexual and Reproductive Health Strategy (action plan)

**Expand box as required*

Protected Characteristic – Ethnicity / race / nationalities: Consider the impact on different minority ethnic groups and nationalities

Please tick (✓) the relevant box:

Overall impact:

Positive	✓	The strategic approach outlined in the joint NEL SHR strategy is inclusive of people of all ethnicities.
Neutral		The strategy and action plan includes specific references to ways in which some of the existing ethnic inequalities in SRH outcomes will be addressed, and broader actions are also deemed likely to have a positive benefit on ethnic inequalities. The complementary Havering SRH action plan (to be developed) will also provide an opportunity to identify any other actions needed to address ethnic inequalities for local residents.
Negative		As such implementation of the strategy and action plans is considered to deliver a positive impact.

**Expand box as required*

Evidence:

There are a range of ethnic inequalities relating to SRH, for example:

- heterosexual Black African residents in North East London are disproportionately more likely to be diagnosed with HIV [1];
- people of black Caribbean ethnicity continue to be disproportionately impacted by STIs [2];
- There are differential rates of uptake of long acting reversible contraception (LARC) uptake by ethnicity [1];
- National research has shown that maternal death rates have been shown to be up to four times higher for women from Black ethnic backgrounds and almost two times higher for women from Asian ethnic backgrounds, compared to white women [3].

NEL strategy actions to improve outcomes for people from different ethnic groups include[4]:

- Action 2.F.16 - Actions 2.F. 14/15/16 - Improve uptake of LARC, especially among women of colour
- Action 4.P.32/33/34 - To increase uptake of PrEP in all eligible populations

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) will also provide an opportunity to enhance understanding of ethnic inequality, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address known ethnic inequalities relating to SRH for residents.

**Expand box as required*

Sources used:

[1] North East London Sexual and Reproductive Health Strategy (data pack)

[2] [OHID \(2023\) Fingertips Public Health Data, Sexual and Reproductive Health – SPLASH supplementary](#)

[3] Quenby, S. et al. (2021). Miscarriage matters: the epidemiological, physical, psychological, and economic costs of early pregnancy loss. The Lancet, 397(10285), 1658–1667. [https://doi.org/10.1016/S0140-6736\(21\)00682-6](https://doi.org/10.1016/S0140-6736(21)00682-6)

[4] North East London Sexual and Reproductive Health Strategy (action plan)

**Expand box as required*

Protected Characteristic – Religion / faith: Consider people from different religions or beliefs, including those with no religion or belief	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input type="checkbox"/>
Neutral	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact: The strategic approach outlined in the joint NEL SHR strategy is inclusive of people of all religions/faiths. People of all religions/faiths can potentially benefit as a result of the actions proposed.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Evidence: There is limited information of differences in SRH outcomes or experiences on the basis of religion or faith. Many religions espouse teachings which relate to sexual activity, sexual orientation and reproduction - resulting religious or cultural norms may contribute to stigma and create barriers to access to SRH information or services, which may in turn contribute to inequalities in SRH outcomes [1].</p> <p>Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) may provide an opportunity to enhance understanding of any inequality issues relating to religion or faith, informing future action to address this [2].</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Sources used: [1] North East London Sexual and Reproductive Health Strategy (full report) [2] North East London Sexual and Reproductive Health Strategy (action plan)</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact: The strategic approach outlined in the joint NEL SHR strategy is inclusive of people of all sexual orientations. The strategy and action plan includes specific references to ways in which some of the existing inequalities in SRH outcomes relating to sexual orientation will be addressed, and broader actions are also deemed likely to have a positive benefit on these inequalities. The complementary Havering SRH action plan (to be developed) will also provide an opportunity to identify any other actions needed to address inequalities relating to sexual orientation for local residents. As such implementation of the strategy and action plans is considered to deliver a positive impact.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Evidence: There are a range of inequalities around sexual orientation relating to SRH, for example:</p> <ul style="list-style-type: none"> - Gay, bisexual and other men that have sex with men (GBMSM) have higher rates of STI diagnosis, accounting for nearly 50% of new gonorrhoea cases in outer North East London [1] 	

- Levels of HIV testing are lower amongst heterosexual populations, particularly women [1]
- Available evidence suggests lesbian and bisexual women are less likely to access cervical screening than heterosexual women, with some reporting having been actively discouraged from accessing this important intervention by healthcare professionals [2]

Actions outlined in the NEL action plan to specifically address inequalities relating to sexual orientation include [3]:

Action 4.O.31 - Improve HIV testing coverage among heterosexual populations, especially women

Actions 4.P.32/33/34 - To increase uptake of PrEP in all eligible populations (not just GBMSM)

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) will also provide an opportunity to enhance understanding of inequality relating to sexual orientation, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address inequalities relating to sexual orientation relating to SRH for residents.

**Expand box as required*

Sources used:

[1] North East London Sexual and Reproductive Health Strategy (data pack)

[2] [Public Health England \(2019\) Addressing inequalities in LGBT cancer screening coverage](#)

[3] North East London Sexual and Reproductive Health Strategy (action plan)

**Expand box as required*

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:

Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>

Overall impact:

The strategic approach outlined in the joint NEL SHR strategy is inclusive of all people, regardless of how they identify their gender. The strategy and action plan includes specific references to ways in which some of the existing inequalities in SRH outcomes relating to gender reassignment will be addressed, and broader actions are also deemed likely to have a positive benefit on these inequalities. The complementary Havering SRH action plan (to be developed) will also provide an opportunity to identify any other actions needed to address inequalities relating to gender reassignment for local residents. As such implementation of the strategy and action plans is considered to deliver a positive impact.

**Expand box as required*

Evidence:

More evidence is needed about differences in SRH experiences and outcomes for trans, non-binary and gender diverse people compared to cis-gender populations.

- Organisations representing trans, non-binary and gender diverse people identify that these groups can often struggle to access information about SRH that meets their needs [1] often find they are left out of mainstream information relating to health and wellbeing.
- A national survey found that 40% of trans respondents reported having a negative experience when accessing healthcare services because of their gender identify, while 18% of respondents reported that they had avoided treatment because of fear of a negative reaction from healthcare provider [2]

Actions outlined in the NEL action plan to specifically address inequalities relating to sexual orientation include:

Action 1.B.5 Develop and pilot a Trans and Non-Binary Clinic - collaboration between Barts and Homerton.

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) will also provide an opportunity to enhance understanding of inequalities relating to gender reassignment, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address known inequalities relating to gender identity relating to SRH for residents.

**Expand box as required*

Sources used:

[1] [Terrence Higgins Trust \(2024\) Sexual health for trans and non-binary people](#)

[2] [British Medical Associate \(2024\) Inclusive care of trans and non-binary patients](#)

[3] North East London Sexual and Reproductive Health Strategy (action plan)

**Expand box as required*

Protected Characteristic – Marriage / civil partnership: Consider people in a marriage or civil partnership

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

The strategic approach outlined in the joint NEL SHR strategy is inclusive of people regardless of relationship status. People who are married or in a civil partnership have the same potential to benefit as a result of the actions proposed as people that are single or in other forms of relationship.

**Expand box as required*

Evidence:

Despite traditional social norms and expectations, a person’s marital or relationship status does not necessarily reflect their sexual and relationship behaviors and as such may not be necessarily related to their SRH needs.

People who have multiple partners or frequently change partners can be at increased risk of STIs, but again, this behavior is not always correlated to relationship status.

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) may provide an opportunity to enhance understanding of any inequality issues relating to marriage/civil partnership, informing future action to address this.

**Expand box as required*

Sources used:

North East London Sexual and Reproductive Health Strategy (action plan)

Expand box as required*Protected Characteristic - Pregnancy, maternity and paternity:** Consider those who are pregnant and those who are taking maternity or paternity leave*Please tick (✓) the relevant box:***Positive**

✓

Neutral**Negative****Overall impact:**

The strategic approach outlined in the joint NEL SHR strategy is inclusive of people who are pregnant. The strategy and action plan includes specific references to ways in which some of the existing SRH issues relating to pregnancy/maternity/paternity will be addressed, and broader actions are also deemed likely to have a positive benefit. The complementary Havering SRH action plan (to be developed) will also provide an opportunity to identify any other actions needed to address issues relating to pregnancy/maternity/paternity for local residents. As such implementation of the strategy and action plans is considered to deliver a positive impact.

Expand box as required*Evidence:**

Pregnancy, maternity and paternity are a fundamental part of SRH. Ensuring that people have easy access to effective contraceptive methods so that they can have better control of their reproductive choices can support reductions in rates of unwanted pregnancy, while improving the integration and accessibility of SRH services can support improvements in outcomes for people that are pregnant.

The strategy identifies a number of key issues relating to maternity outcomes

- North East London has a higher abortion rate than the England average, though similar to the rest of London [1];
- About 1 in 3 women in NEL accessing an abortion in 2021 had at least one prior termination of pregnancy [1];
- National research has shown that maternal death rates have been shown to be up to four times higher for women from Black ethnic backgrounds and almost two times higher for women from Asian ethnic backgrounds, compared to white women [2].

Actions outlined in the NEL action plan to specifically address issues relating to pregnancy/maternity/paternity include [3]:

Actions 2.F.14/15/16 - LARC: Improve uptake of LARC, especially among women of colour

Actions 2.G.17/18 – EHC (emergency hormonal contraception): Address the demographic disproportionality in access to EHC

Action 2.H.19 - Consistent, timely access to high quality services for contraception, abortion and menopause
 Action 2.I.20 - Increase condom provision
 Action 4.S.38 - To understand the reasons of incidents of vertical transmission

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) may also provide an opportunity to enhance understanding of inequality relating to pregnancy/maternity/paternity, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address issues relating to pregnancy/maternity/paternity for residents.

**Expand box as required*

Sources used:
 [1] North East London Sexual and Reproductive Health Strategy (full report)
 [2] Quenby, S. et al. (2021). Miscarriage matters: the epidemiological, physical, psychological, and economic costs of early pregnancy loss. The Lancet, 397(10285), 1658–1667. [https://doi.org/10.1016/S0140-6736\(21\)00682-6](https://doi.org/10.1016/S0140-6736(21)00682-6)
 [3] North East London Sexual and Reproductive Health Strategy (action plan)

**Expand box as required*

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

<i>Please tick (✓) the relevant box:</i>		<p>Overall impact: The strategic approach outlined in the joint NEL SHR strategy is inclusive of all people, regardless of socio-economic status. SRH services are free at the point of use.</p> <p>While the strategy and action plan do not include specific actions relating to socio-economic inequalities, a range of action proposed are likely to support improvements in SRH outcomes that deprived populations may experience differently to more affluent peers. The complementary Havering SRH action plan (to be developed) will also provide an opportunity to identify any other actions needed to address socio-economic inequalities for local residents. As such implementation of the strategy and action plans is considered to deliver a positive impact.</p>
Positive	✓	
Neutral		
Negative		

**Expand box as required*

Evidence:

There are a range of socio-economic inequalities relating to SRH, for example:

- More deprived areas of North East London tend to experience higher rates of STI infection [1]
- Rates of under 16 and under 18 pregnancy are higher in more deprived areas, with fewer of these pregnancies resulting in termination [2];
- Deprivation is strongly associated with higher rates of hospital admission for conditions such as pelvic inflammatory disease and ectopic pregnancy [1].

While the strategy action plan does not explicitly identify any actions specifically targeted at addressing inequalities related to socio-economic status, many of the actions proposed (notably, improving uptake of effective contraception, improving provision of SRH

education) are likely to contribute to impact positively on the SRH outcomes of those living in more deprived areas.

Action 1.B.2 (Annual Equity Audits undertaken by all SRH providers) will also provide an opportunity to enhance understanding of socio-economic inequality, informing future action to address this.

The complementary SRH action plan (to be developed) will also identify any further local opportunities to address known socio-economic inequalities relating to SRH for residents.

**Expand box as required*

Sources used:

[1] North East London Sexual and Reproductive Health Strategy (full report)

[2] North East London Sexual and Reproductive Health Strategy (data pack)

**Expand box as required*

Health & Wellbeing Impact: Please use the Health and Wellbeing Impact Tool on the next page to help you answer this question.

Consider both short and long-term impacts of the activity on a person’s physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity?

Please tick (✓) all the relevant boxes that apply:

Positive ✓

Neutral

Negative

Overall impact:

Sexual and reproductive health is an integral part of a person’s wellbeing, and the strategy aims to support people in North East London to live healthy and fulfilling lives by improving SRH services and outcomes. The strategy is therefore deemed to present a positive opportunity to improve the health and wellbeing of Havering residents.

**Expand box as required*

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box

Yes No

Evidence:

The strategy and accompanying NEL action plan lays out a programme of work which supports improvements against a range of health and wellbeing outcomes (as identified via the Health and Wellbeing screening tool below):

Lifestyle

- *Sexual behaviors – the primary focus of the strategy, intended to deliver improvements across a range of sexual and reproductive health outcomes*
- *Illicit drug and substance use – improving support available to those who participate in Chemsex (sexual activity under the influence of drugs), by developing an integrated approach that addresses barriers in service access.*

Social factors

- *Social support – ensuring those newly diagnosed or living with HIV have access to appropriate support services;*
- *Discrimination and fear of discrimination – taking steps to tackle stigma and discrimination relating to sexual and reproductive health, including HIV.*

Personal circumstances

- *Life skills – identifying opportunities support young people (via RSE) and other vulnerable groups to be better informed and have greater agency regarding sexual health and relationships, including managing issues such as consent.*

Access to services

- *Healthcare services – takes steps to improve access to a range of sexual and reproductive health services, addressing barriers to and inequities in access, particularly for the most vulnerable or underserved groups.*

**Expand box as required*

Sources used:

[1] North East London Sexual and Reproductive Health Strategy (data pack)

[2] North East London Sexual and Reproductive Health Strategy (full report)

**Expand box as required*

3. Health & Wellbeing Screening Tool




Will the activity / service / policy / procedure affect any of the following characteristics? Please tick/check the boxes below
 The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Personal circumstances YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Diet <input type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Dependency on prescription drugs <input checked="" type="checkbox"/> Illicit drug and substance use <input checked="" type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input type="checkbox"/> Structure and cohesion of family unit <input type="checkbox"/> Parenting <input type="checkbox"/> Childhood development <input checked="" type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input type="checkbox"/> Level of income, including benefits <input type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input type="checkbox"/> to Employment opportunities <input type="checkbox"/> to Workplaces <input type="checkbox"/> to Housing <input type="checkbox"/> to Shops (to supply basic needs) <input type="checkbox"/> to Community facilities <input type="checkbox"/> to Public transport <input type="checkbox"/> to Education <input type="checkbox"/> to Training and skills development <input checked="" type="checkbox"/> to Healthcare <input type="checkbox"/> to Social services <input type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Social contact <input checked="" type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input type="checkbox"/> Membership of community groups <input type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input type="checkbox"/> Level of crime and disorder <input type="checkbox"/> Fear of crime and disorder <input type="checkbox"/> Level of antisocial behaviour <input type="checkbox"/> Fear of antisocial behaviour <input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Fear of discrimination <input type="checkbox"/> Public safety measures <input type="checkbox"/> Road safety measures	<input type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input type="checkbox"/> Availability of employment opportunities <input type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities <input type="checkbox"/> Availability of training and skills development opportunities <input type="checkbox"/> Quality of training and skills development opportunities <input type="checkbox"/> Technological development <input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input type="checkbox"/> Landscape, including green and open spaces <input type="checkbox"/> Townscape, including civic areas and public realm <input type="checkbox"/> Use/consumption of natural resources <input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions <input type="checkbox"/> Solid waste management <input type="checkbox"/> Public transport infrastructure

4. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

	<p>1. The initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EqHIA.</p> <p>2. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u></p>		<p>Proceed with implementation of your activity</p>
	<p>3. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u></p>		<p>COMPLETE SECTION 5: Complete action plan with measures to mitigate the and finalise the EqHIA</p>
	<p>4. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level</p>		<p>Stop and remove the activity or revise the activity thoroughly. Complete an EqHIA on the revised proposal.</p>

5. Action Plan

The real value of completing an EqHIA comes from identifying the actions that can be taken to eliminate/minimise **negative** impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will mitigate or reduce any **negative** equality and/or health & wellbeing impacts, identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; if required, will amend the scope and direction of the change; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer

Add further rows as necessary

* You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts.

** Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

6. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review: strategy mid-point

Scheduled date of review: 01/03/27

Lead Officer conducting the review: Emily Grundy

**Expand box as required*

Please submit the completed form via e-mail to READI@havering.gov.uk thank you.