

EQUALITY IMPACT ASSESSMENT IN RELATION TO THE RE-CONFIGURATION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES ACROSS ANEURIN BEVAN HEALTH BOARD FOOTPRINT

- Analysis of Data
- Findings from previous consultations (desktop exercise)

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SECTION 1 – Introduction

1.1 EQUALITY ACT 2010 AND LEGAL EXPECTATIONS OF ‘DUE REGARD’ IN THE DECISION PROCESS

Section 149 of the Equality Act 2010 places a duty, referred to as the general duty, on public sector bodies. Public bodies subject to the general duty are required when designing policies or making decisions to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups.

In order to demonstrate that a public sector body has given due regard to the general duty, public sector bodies in Wales are required, under the Welsh Public Sector Equality Duties, to conduct an equality impact assessment (EqIA) of their policies and decisions, which are likely to have an impact upon people taking account of the protected characteristics covered by the Act.

1.2 DESCRIPTION OF THE SERVICES RE-DESIGN IN QUESTION

Please see Core Engagement Document

1.3 METHODOLOGY, EqIA CURRENT STATUS AND FUTURE STEPS

The Family and Therapies (F&T) Division has gathered and included in this report relevant ‘hard’ data and information from the following resources:

- Public Health Wales Observatory
- Office of National Statistics
- South Wales Programme
- Blaenau Gwent, Torfaen and Monmouthshire Well-being Plans
- Public Health unpublished report on population assessment for F&T Division (2012)
- Internal Divisional Data
- Published articles as per references
- Patient Satisfaction Survey for users of the Sexual and Reproductive Health service

It is important to point out that the data is reliant on the ONS Census 2011 because data from the CENSUS 2021 will be published in 2022.

SECTION 2 – Information gathering related to equality dimensions and groups with protected characteristics

2.1 AFFECTED AREAS AND DEPRIVATION

Log 1 – **Population in the following areas:**

All boroughs of Gwent:

- Blaenau Gwent
- Caerphilly
- Monmouthshire
- Newport
- Torfaen

2.1.2 THE DETERMINANTS OF HEALTH AND LINKS TO DEPRIVATION AND SOCIOECONOMIC STATUS

Log 1.2 – Service Users mostly affected by the proposed changes to Sexual and Reproductive Health services:

- **Impact:** Evidence suggests that the groups of the population living in the areas outlined in Log 1 who would be mostly affected are:
 - service users from lower socioeconomic groups who will need to travel longer distance to reach more generic sexual health services, including increased cost:
 - women
 - young people
 - service users with a disability
 - service users from ethnic minorities
 - It is important to point out that contraception services are delivered by local GPs and Pharmacies as detailed in the consultation document.
 - All socioeconomic groups mentioned above will be positively impacted by the changes proposed as they will be able to access specialised sexual health services closer to home, within their borough (currently they all have to travel to Newport).

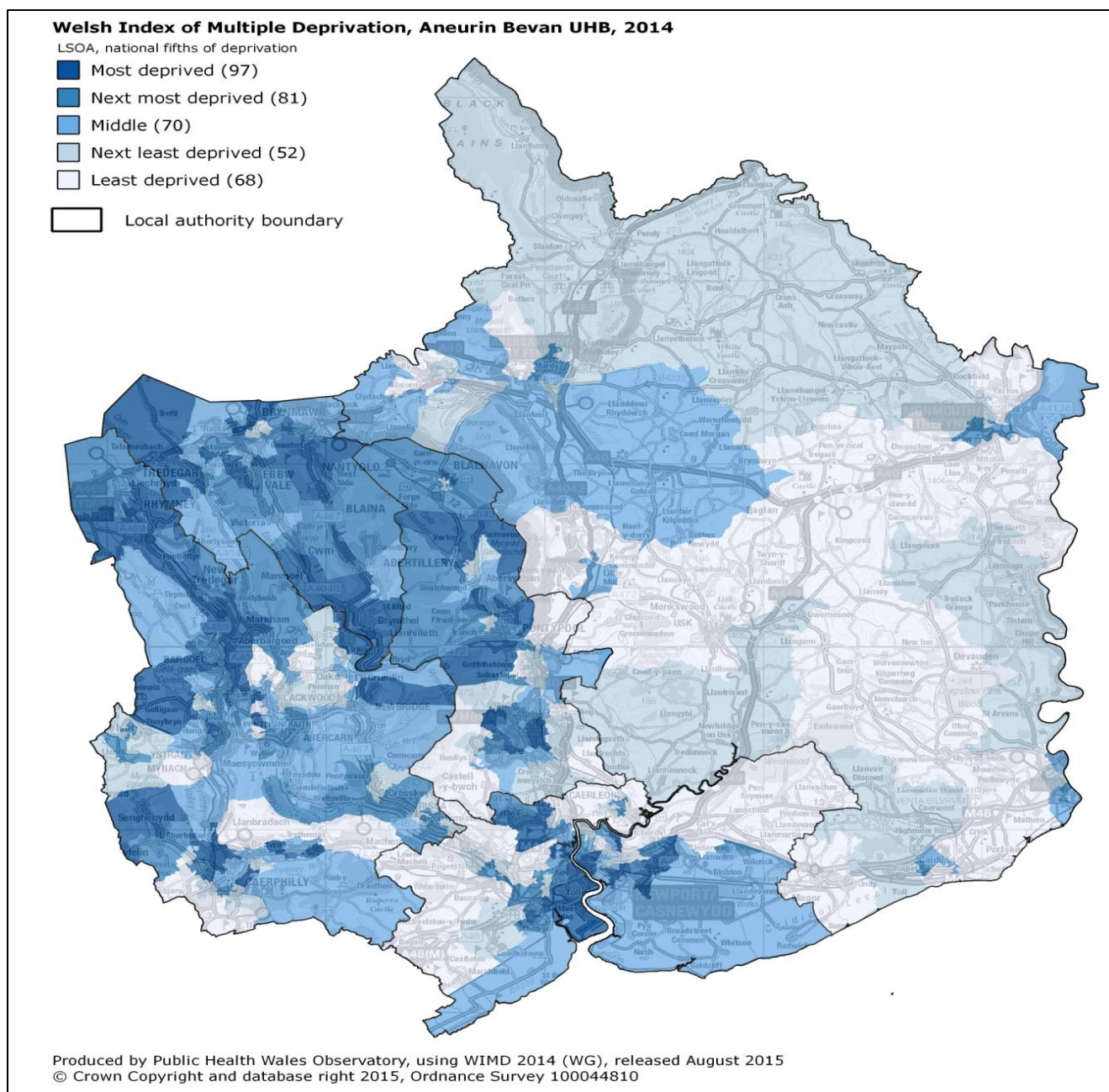
While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There can be a strong correlation between the protected characteristics and low socioeconomic status, as

demonstrated by the findings of numerous research studies. As of 31st March 2021, the Socio-economic Duty came into force in Wales, meaning that some public bodies now have to think about how their strategic decisions, such as setting objectives and developing public services, can improve inequality of outcome for people who suffer socio-economic disadvantage.

2.1.3 WELSH INDEX OF MULTIPLE DEPRIVATION

Figure 2 illustrates the areas and pockets of high deprivation amongst service users of the Sexual and Reproductive Health services. Deprivation is a term that does not look at income alone to define poverty.

**Figure 2: Overall Welsh Index of Multiple Deprivation,
Lower Super Output Areas, fifths of deprivation, Gwent, 2014**

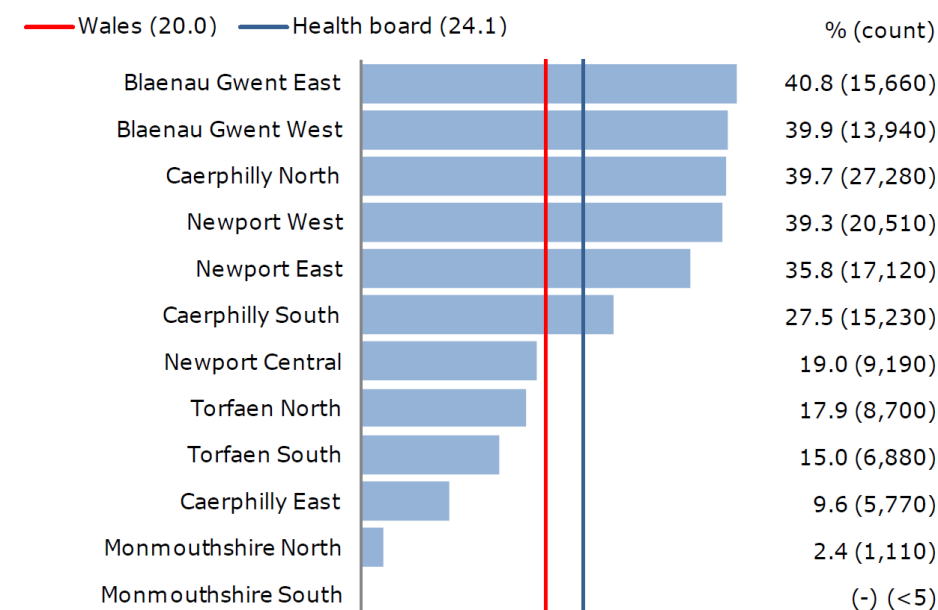


Deprivation consists of 7 domains: income, education, health, geographical access to services, community safety, physical environment and housing. The number shown in brackets on the map legend in figure 2 demonstrates the number of Lower Super Output Areas (LSOAs) in each national fifth of deprivation. It is well documented that areas of deprivation often have higher levels of need in relation to many different measures of health such as levels of smoking related diseases, injuries, alcohol and drug related diseases, teenage pregnancy and mental health issues (Public Health Wales).

There are areas of deprivation, particularly in the valley areas of Caerphilly, Blaenau Gwent and Torfaen and also in parts of Newport. Figure 3 illustrates the percentage of patients living in the most deprived fifth of areas in Wales and ABUHB; Blaenau Gwent East with 40.8% and West with 39.9% which are well above the Welsh average of 20% and the ABUHB of 24.1%. This is also confirmed by the highest percentage of households with 2 and 3 areas of

deprivation in Blaenau Gwent compared to the other areas of ABUHB. Lastly, it is also worth noting in figure 2 that Monmouthshire has pockets of poverty near Abergavenny in the North.

Figure 3: Percentage of patients living in the most deprived fifth of areas in Wales (using Welsh Index of Multiple Deprivation 2011), GP clusters in Aneurin Bevan HB, 2012



Produced by Public Health Wales Observatory using WDS (NWIS) WIMD (WG)

Table 1: Households by deprivation dimensions, local authorities in Wales (Source: Table QS119EW 2011 Census, ONS).

| Region | Household is not deprived in any dimension | Household is deprived in 1 dimension | Household is deprived in 2 dimensions | Household is deprived in 3 dimensions | Household is deprived in 4 dimensions | Total (Households) |
|----------------------|--|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------|
| Aneurin Bevan | 37.4% | 31.2% | 23.9% | 7.1% | 0.5% | 242,824 |
| <i>Caerphilly</i> | <i>35.2%</i> | <i>30.0%</i> | <i>26.0%</i> | <i>8.2%</i> | <i>0.5%</i> | <i>74,479</i> |
| <i>Blaenau Gwent</i> | <i>29.8%</i> | <i>30.4%</i> | <i>29.0%</i> | <i>10.2%</i> | <i>0.6%</i> | <i>30,416</i> |
| <i>Torfaen</i> | <i>36.7%</i> | <i>32.0%</i> | <i>24.1%</i> | <i>6.7%</i> | <i>0.5%</i> | <i>38,524</i> |
| <i>Monmouthshire</i> | <i>46.2%</i> | <i>32.3%</i> | <i>17.7%</i> | <i>3.6%</i> | <i>0.3%</i> | <i>38,233</i> |
| <i>Newport</i> | <i>38.8%</i> | <i>31.7%</i> | <i>22.5%</i> | <i>6.5%</i> | <i>0.6%</i> | <i>61,172</i> |
| <i>South Powys*</i> | <i>41.6%</i> | <i>34.4%</i> | <i>19.8%</i> | <i>4.0%</i> | <i>0.3%</i> | <i>29,173</i> |
| Wales | 39.0% | 31.9% | 22.2% | 6.4% | 0.5% | 1,302,676 |

2.1.4 TRANSPORT AND CAR OWNERSHIP

The Public Policy Institute for Wales published a report in May 2016, confirming that an infrequent and inadequate and expensive public transport offer is a key factor holding back and disadvantaging people in rural areas, making it difficult for those without a car accessing services and employment. Dissatisfaction and complex bus journeys from Blaenau Gwent to Newport were highlighted in the BG Well-being consultation¹. While noting the availability

¹ Blaenau Gwent Well-being Assessment and consultation

of emergency and non-emergency patient transport services for eligible patients, the majority of people attending hospital still rely on private or public transport.

Table 2: Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS).

| Region | No cars or vans in household | 1 car or van in household | 2 cars or vans in household | 3 cars or vans in household | 4 or more cars or vans in household | Total |
|---------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------------|--|------------------|
| Aneurin Bevan | 24.3% | 42.4% | 25.3% | 6.0% | 2.0% | 242,824 |
| Caerphilly | 24.4% | 43.2% | 25.0% | 5.7% | 1.8% | 74,479 |
| Blaenau Gwent | 29.0% | 43.8% | 20.9% | 4.9% | 1.5% | 30,416 |
| Torfaen | 23.6% | 43.5% | 24.9% | 6.0% | 2.1% | 38,524 |
| Monmouthshire | 15.2% | 40.2% | 32.5% | 8.7% | 3.4% | 38,233 |
| Newport | 27.9% | 41.4% | 23.7% | 5.2% | 1.7% | 61,172 |
| South Powys* | 15.0% | 42.8% | 30.1% | 8.4% | 3.6% | 29,173 |
| Wales | 22.9% | 43.0% | 25.8% | 6.1% | 2.2% | 1,302,676 |

2.2 GENDER/SEX AND SEXUAL ORIENTATION (protected characteristics)

2- KEY MESSAGES GENDER/SEX:

- The change in the configuration of Sexual and Reproductive Health services will affect both men and women, predominately within the age range of 13-55
- It will affect vulnerable women, i.e. lone female households.
- It will affect women more than men because of car ownership and availability

2.2.1 AFFECTED POPULATION

The Aneurin Bevan University Health Board serves a population of 643,242 (including South Powys) and the equivalent of 20% of the total population of Wales. The overall gender split of the areas affected by the re-configuration of Sexual and Reproductive Health services mirrors the approximate average of 49% male and 51% female of Wales (please see Table 2.1²), the changes to these services will equally impact upon men and women.

Table 2.1 - Gender by local authorities in Wales (Source: Table QS104EW 2011 Census, ONS)

| Region | Males | Females | Total (%) | Total |
|----------------------|--------------|--------------|-------------|------------------|
| Aneurin Bevan | 49.0% | 51.0% | 100% | 576,754 |
| Caerphilly | 49.0% | 51.0% | 100% | 178,806 |
| Blaenau Gwent | 49.2% | 50.8% | 100% | 69,814 |
| Torfaen | 48.7% | 51.3% | 100% | 91,075 |
| Monmouthshire | 49.2% | 50.8% | 100% | 91,323 |
| Newport | 49.0% | 51.0% | 100% | 145,736 |
| South Powys* | 49.4% | 50.6% | 100% | 66,488 |
| Wales | 49.1% | 50.9% | 100 | 3,063,456 |

*South Powys has been calculated taking 50% of the total population

Table 2.2 shows that 89.5% of lone parent household are women in ABUHB. Female lone parent household not in employment is higher at 44.5% in Blaenau Gwent and 39.8% in Newport, compared to 39.2% in ABUHB region and 37.8% in the rest of Wales. The JFR Report Poverty in Wales 2018, found that ‘..nearly half of lone parents still live in poverty..’³.

Table 2.2 Lone parent households with dependent children by local authorities in Wales

| Region | Male lone parent: In part-time | Male lone parent: In | Male lone parent: Not | Female lone parent: In | Female lone parent: In full- | Female lone parent: | Total |
|--------|--------------------------------|----------------------|-----------------------|------------------------|------------------------------|---------------------|-------|
|--------|--------------------------------|----------------------|-----------------------|------------------------|------------------------------|---------------------|-------|

² current data is based on binary categories and does not include Intersex or non-binary as well as data on gender reassignment/identity

³ www.jfr.org.uk/report/poverty-wales-2018, page 10

| | employment | full-time employment | in employment | part-time employment | time employment | Not in employment | |
|------------------------|-------------|----------------------|---------------|----------------------|-----------------|-------------------|---------------|
| Aneurin Bevan | 1.3% | 5.1% | 4.1% | 30.5% | 19.8% | 39.2% | 19,906 |
| Local Authority | | | | | | | |
| Caerphilly | 1.3% | 4.8% | 4.5% | 28.4% | 21.3% | 39.7% | 6,478 |
| Blaenau Gwent | 0.9% | 4.2% | 4.9% | 27.2% | 18.3% | 44.5% | 2,759 |
| Torfaen | 1.4% | 5.2% | 3.7% | 30.3% | 20.9% | 38.4% | 3,038 |
| Monmouthshire | 2.1% | 7.8% | 2.2% | 36.2% | 21.2% | 30.5% | 2,057 |
| Newport | 1.2% | 4.8% | 4.1% | 32.6% | 17.5% | 39.8% | 5,574 |
| South Powys* | 3.0% | 9.8% | 3.6% | 33.8% | 22.2% | 27.7% | 1,676 |
| Wales | 1.5% | 5.2% | 3.7% | 32.0% | 19.8% | 37.8% | 97,524 |

It is important to point out that the greater impact on women is not as a result of direct discrimination against women but purely a link between deprivation and women. Women are more likely to live with any children from previous relationships⁴. Another issue is the link between car availability as men are more likely to use them.

➤ **Impact:**

- **women will be more affected than men in accessing general contraception, resulting in longer travel journeys and increased cost, if they wish to access sexual health clinics, however other providers can be accessed, such as GPs and Pharmacies**
- **women will be positively affected by this policy as more specialized services (eg. for treatment of STIs) will be provided 'closer to home' with a clinic in each borough (currently only Newport).**

2.2.2 GENDER REASSIGNMENT (protected characteristic)

At present, there is no official estimate of the transgender population. The Gender Identity Research and Education Society (GIRES 2009)⁵ estimated the number of transgender people in the UK to be between 300,000 and 500,000, defined as "...a large reservoir of transgender people who experience some degree of gender variance".

➤ **Impact:**

- **Transgender population will be impacted in accessing general contraception, resulting in longer travel journeys and increased cost, if they wish to access sexual health clinics, however other providers can be accessed, such as GPs and Pharmacies**
- **Transgender population will be positively affected by this policy as more specialized services (eg. for treatment of STIs) will be provided 'closer to home' with a clinic in each borough (currently only Newport).**

⁴ ONS 'Families and households 2017' in the UK

⁵ cited in the South Wales Programme

2.2.3 SEXUAL ORIENTATION (protected characteristic)

Sexual orientation from the latest 2021 Census is not currently available so in order to estimate the lesbian, gay and bisexual (LGB) population in Wales we need to use data from the ONS integrated household survey (see Table 2.3). This does not report findings by local authority, but by regional groupings.

Table 2.3: Sexual orientation by region in Wales (Source: Integrated Household Survey 2012).

| Region | LGB | Heterosexual | No response | Other | Don't know/Refusal | Total (%) | All people aged 16+ |
|---|-------------|--------------|-------------|-------------|--------------------|---------------|---------------------|
| Gwent valleys: Torfaen, Blaenau Gwent, Caerphilly | 1.0% | 95.0% | 2.0% | * | 2.0% | 100.0% | 267,900 |
| Monmouthshire and Newport | 1.0% | 97.0% | 2.0% | * | 1.0% | 100.0% | 184,900 |
| Powys | * | 93.0% | 1.0% | * | 5.0% | 100.0% | 108,100 |
| Wales | 1.0% | 94.0% | 1.0% | 0.0% | 3.0% | 100.0% | 2,456,400 |

➤ Impact:

- *Gay, Lesbian and bisexual population will be positively affected by this policy as more specialized services (eg. for treatment of STIs) will be provided 'closer to home' with a clinic in each borough (currently only Newport).*

2.3 AGE (protected characteristic)

A breakdown of age bands by local authorities in Wales is provided in Table 2.3 below:

| Region | Age 0-4 | Age 5-15 | Age 16-24 | Age 25-44 | Age 45-64 | Age 65-84 | Age 85 plus | Total |
|----------------------|-------------|--------------|--------------|--------------|------------|--------------|-------------|----------------|
| Aneurin Bevan | 6.0% | 13.1% | 11.4% | 24.8% | 27% | 15.5% | 2.2% | 576,754 |
| Caerphilly | 6.3% | 13.2% | 11.1% | 26.2% | 26.6% | 14.6% | 1.9% | 178,806 |
| Blaenau Gwent | 5.8% | 12.1% | 12.1% | 25.6% | 26.6% | 15.7% | 2.1% | 69,814 |
| Torfaen | 5.9% | 13.0% | 11.5% | 24.5% | 27.1% | 15.6% | 2.4% | 91,075 |
| Monmouthshire | 5.1% | 12.7% | 9.7% | 21.7% | 30.0% | 18.0% | 2.8% | 91,323 |

| | | | | | | | | |
|--------------|-------------|--------------|--------------|--------------|--------------|--------------|-------------|------------------|
| Newport | 6.5% | 13.6% | 12.4% | 26.2% | 24.9% | 14.1% | 2.2% | 145,736 |
| South Powys* | 4.9% | 12.3% | 9.6% | 20.8% | 29.7% | 19.7% | 3.1% | 66,488 |
| Wales | 5.8% | 12.3% | 12.2% | 24.7% | 26.6% | 15.9% | 2.4% | 3,063,456 |

Table 2.3 Age bands by local authorities in Wales (Table KS102EW 2011 Census, ONS)

➤ **Impact:**

It is anticipated that there will be an impact on younger service users, however

- *The service will be operating young people's clinics both at the hub and the spoke base. These clinics will remain as open access not requiring an appointment as it is recognised that young people need to be able to access when able to rather than an appointment time which could be difficult for a young person to keep.*
- *Condoms (and Dental Dam) schemes widely available in leisure centres and colleges*
- *the young population will be positively affected by this policy as more specialized services (eg. for treatment of STIs) will be provided 'closer to home' with a clinic in each borough (currently only Newport).*

2.4 DISABILITY (protected characteristic)

Table 2.4 - Long-term health problem or disability by local authorities in Wales (Table QS303EW 2011 Census, ONS)

| Region | Day-to-day activities limited a lot | Day-to-day activities limited a little | Day-to-day activities not limited | Total (%) | Total |
|----------------------|-------------------------------------|--|-----------------------------------|---------------|------------------|
| Aneurin Bevan | 12.5% | 10.9% | 76.6% | 100.0% | 576,754 |
| <i>Caerphilly</i> | <i>14.0%</i> | <i>11.4%</i> | <i>74.6%</i> | <i>100.0%</i> | <i>178806</i> |
| <i>Blaenau Gwent</i> | <i>15.7%</i> | <i>11.5%</i> | <i>72.8%</i> | <i>100.0%</i> | <i>69814</i> |
| <i>Torfaen</i> | <i>13.1%</i> | <i>11.0%</i> | <i>75.9%</i> | <i>100.0%</i> | <i>91075</i> |
| <i>Monmouthshire</i> | <i>9.7%</i> | <i>10.5%</i> | <i>79.9%</i> | <i>100.0%</i> | <i>91323</i> |
| <i>Newport</i> | <i>10.6%</i> | <i>10.2%</i> | <i>79.2%</i> | <i>100.0%</i> | <i>145736</i> |
| <i>South Powys*</i> | <i>10.2%</i> | <i>11.2%</i> | <i>78.6%</i> | <i>100.0%</i> | <i>66,488</i> |
| Wales | 11.9% | 10.8% | 77.3% | 100.0% | 3,063,456 |

Evidence suggests that physical access to public transport is an area of concern for older people and disabled people. In relation to disability compared to the average of 11.9% in Wales and 12.5% in ABUHB, Blaenau Gwent stands out with 15.7% as the highest percentage of people stating that their day-to-day-activities are limited a lot, followed by Caerphilly with 14% and Torfaen with 13.1%. When combining both data of daily activities being affected a lot and a little, Blaenau Gwent has 27.2%, followed by Torfaen with 24.1%, compared to the average of Wales of 22.7% and ABUHB of 23.4% (Table 2.4). Interesting to note that Newport with 20.8% is the second lowest LA with a population reporting a disability within ABUHB, followed by Monmouthshire with 20.2%.

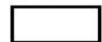
As required by the disability provisions of the Equality Act (2010) reasonable adjustments will be made for all disabled people accessing our services.

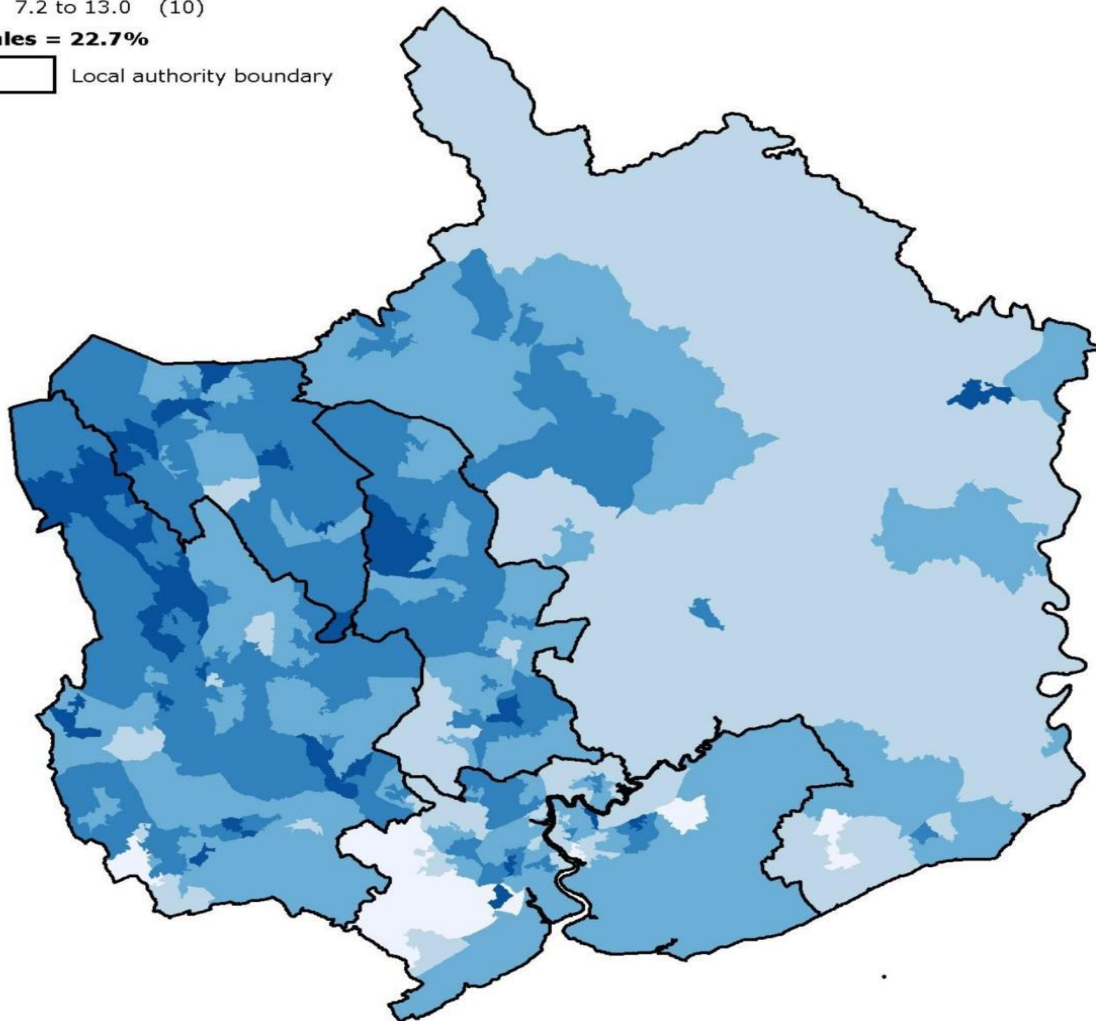
Residents whose daily activities are limited a lot or a little by a long-term health problem or disability, March 2011

LSOA, percentage



Wales = 22.7%

 Local authority boundary



Produced by Public Health Wales Observatory, using Census 2011 (ONS)
© Crown copyright and database right 2013.

The JRF Report *Poverty in Wales 2018* (7 March 2018)⁶ found that:

- 39% of disabled people in Wales are in poverty compared with 22% of non-disabled people; and that the poverty rate among disabled people in Wales is the highest in all of the UK.
- The poverty rate among people in families which include at least one disabled person is also higher in Wales than elsewhere in the UK; 29% of those in Wales who live in a family that includes someone who is disabled and are in poverty, compared to 21% of people in Wales in families which do not include a disabled person. Disability Wales' successful campaign in 2012 instigated the Framework for Action on Independent

⁶ www.jrf.org.uk/report/poverty-wales-2018

Living (2013) which sets out the Welsh Government's commitments to fulfilling its obligations under the UN Convention on the Rights of Disabled People (UN CRDP). In 2018, this Framework was reviewed. However, Disability Wales found that with the exception of digital inclusion, there is little evidence of improvement in the lived experience of disabled people since 2013, with many stating that they are worse off. Disability Wales suggests that much can be attributed to the impact of UK Government austerity measures, which have seen benefits and services to disabled people slashed⁷.

➤ **Impact:**

- *The changes to the Sexual and Reproductive Health service may have an impact on service users with a disability due to the link between poverty and disability. In particular, in accessing general contraception, resulting in longer travel journeys and increased cost, if they wish to access sexual health clinics, however other providers can be accessed, such as GPs and Pharmacies*
- *The population with a disability will be positively affected by this policy as more specialized services (eg. for treatment of STIs) will be provided 'closer to home' with a clinic in each borough (currently only Newport).*

⁷ www.disabilitywales.org/news/ A national disgrace: the high price of disability poverty in Wales (March 2018), page 2

2.5 RACE (protected characteristic)

Overall, Newport is more ethnically diverse than the ABUHB region as a whole. Table 2.5 confirms low percentage of non-white population, within Blaenau Gwent at 1.5%, followed by Powys at 1.6% and Torfaen at 2%. The table 2.5.1 shows the percentage of non-white mothers in the ABUHB region, with 17.8% in Newport compared to other areas at 2.4% in Blaenau Gwent, 2.5% in South Powys and 3.2% in Torfaen.

Table 2.5 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

| Region | White | Mixed / Multiple ethnic group | Asian / Asian British | Black / African / Caribbean / Black British | Other ethnic group | Total |
|---------------|--------------|-------------------------------|-----------------------|---|--------------------|------------------|
| Aneurin Bevan | 96.1% | 1.0% | 2.0% | 0.6% | 0.3% | 576,754 |
| Caerphilly | 98.3% | 0.7% | 0.8% | 0.1% | 0.1% | 178,806 |
| Blaenau Gwent | 98.5% | 0.6% | 0.7% | 0.1% | 0.1% | 69,814 |
| Torfaen | 98.0% | 0.7% | 1.1% | 0.2% | 0.1% | 91,075 |
| Monmouthshire | 98.0% | 0.7% | 1.0% | 0.2% | 0.1% | 91,323 |
| Newport | 89.9% | 1.9% | 5.5% | 1.7% | 1.0% | 145,736 |
| South Powys* | 98.4% | 0.6% | 0.9% | 0.1% | 0.1% | 66,488 |
| Wales | 95.6% | 1.0% | 2.3% | 0.6% | | 3,063,456 |

- **Impact:**
- ***It is anticipated that there may be a degree of impact due to ethnicity, in particular in Newport. This is not due to direct discrimination, however, as previously noted people from ethnic minorities may be more likely to be affected by poverty which may mean low car ownership and reliance on public transport. In particular, in accessing general contraception, resulting in longer travel journeys and increased cost, if they wish to access sexual health clinics, however other providers can be accessed, such as GPs and Pharmacies***
- ***The population from ethnic minorities will be positively affected by this policy as more specialized services (eg. for treatment of STIs) will be provided 'closer to home' with a clinic in each borough (currently only Newport).***

2.6 RELIGION OR BELIEF (protected characteristic)

Table 2.6: Religion by local authorities in Wales (Source: Table KS209EW Census 2011, ONS).

| Region | Christian | Buddhist | Hindu | Jewish | Muslim | Sikh | Other religion | No religion | Religion not stated | Total (%) | Total |
|---------------|-----------|----------|-------|--------|--------|-------|----------------|-------------|---------------------|-----------|-----------|
| Aneurin Bevan | 54.80% | 0.20% | 0.20% | 0.00% | 1.40% | 0.10% | 0.40% | 35.30% | 7.60% | 100.00% | 576,754 |
| Caerphilly | 50.70% | 0.20% | 0.10% | 0.00% | 0.20% | 0.10% | 0.40% | 40.90% | 7.50% | 100.00% | 178,806 |
| Blaenau Gwent | 49.90% | 0.20% | 0.10% | 0.00% | 0.30% | 0.10% | 0.40% | 41.10% | 8.10% | 100.00% | 69,814 |
| Torfaen | 55.40% | 0.20% | 0.30% | 0.00% | 0.30% | 0.10% | 0.30% | 35.80% | 7.60% | 100.00% | 91,075 |
| Monmouthshire | 62.50% | 0.30% | 0.20% | 0.10% | 0.30% | 0.10% | 0.40% | 28.50% | 7.70% | 100.00% | 91,323 |
| Newport | 56.90% | 0.20% | 0.50% | 0.10% | 4.70% | 0.10% | 0.30% | 29.70% | 7.50% | 100.00% | 145,736 |
| South Powys* | 61.80% | 0.40% | 0.20% | 0.10% | 0.20% | 0.00% | 0.60% | 27.90% | 8.80% | 100.00% | 66,488 |
| Wales | 57.60% | 0.30% | 0.30% | 0.10% | 1.50% | 0.10% | 0.40% | 32.10% | 7.60% | 100.00% | 3,063,456 |

Data in Table 2.6 indicates. That the largest minority religious group is from the Muslim faith with 4.7% in Newport. *It is recognised that 'Friday Payers' known as 'Jumah – Day of Gathering' is very important within the Muslim faith, as Sunday is within the Christian faith.* However, whilst the service is currently only open Monday to Friday the extended opening hours will help to mitigate this, the service plans to have clinics on all days of the week stretching into the evening.

- **Impact:**
- ***There may also be cultural and religious barriers that could limit access to services that by having local provisions would be beneficial.***

2.7 MARRIAGE AND CIVIL PARTNERSHIP (protected characteristic – but only in respect of the requirement to have due regard to the need to eliminate discrimination)

| Region | Single (never married or never registered a same-sex civil partnership) | Married | In a registered same-sex civil partnership | Separated (but still legally married or still legally in a same-sex civil partnership) | Divorced or formerly in a same-sex civil partnership which is now legally dissolved | Widowed or surviving partner from a same-sex civil partnership | Total (%) | Total |
|---------------|---|---------|--|--|---|--|-----------|-----------|
| Aneurin Bevan | 31.90% | 47.80% | 0.20% | 2.30% | 9.90% | 7.80% | 100.00% | 466,407 |
| Caerphilly | 32.30% | 47.90% | 0.20% | 2.10% | 9.90% | 7.60% | 100.00% | 143,825 |
| Blaenau Gwent | 34.20% | 44.30% | 0.20% | 2.20% | 10.60% | 8.50% | 100.00% | 57,321 |
| Torfaen | 31.10% | 47.70% | 0.30% | 2.20% | 10.40% | 8.30% | 100.00% | 73,833 |
| Monmouthshire | 26.30% | 54.10% | 0.20% | 2.10% | 9.40% | 7.90% | 100.00% | 75,080 |
| Newport | 34.50% | 45.50% | 0.40% | 2.60% | 9.60% | 7.40% | 100.00% | 116,348 |
| South Powys* | 28.20% | 51.10% | 0.20% | 2.10% | 9.60% | 8.80% | 100.00% | 55,042 |
| Wales | 33.50% | 46.60% | 0.20% | 2.20% | 9.70% | 7.90% | 100.00% | 2,507,160 |

Table 2.7: Marital and civil partnership status by local authorities in Wales (Source: Table KS103EW 2011 Census, ONS).

Single (never married or never registered a same-sex civil partnership) and Married make up the bulk of all marital/civil partnerships statuses, accounting for 31.9% and 47.8% respectively in the ABUHB area compared to 33.5% and 46.6% in Wales. It is notable that the number of registered same-sex civil partnerships accounts for only 0.2% of all marital/civil partnerships statuses across Wales, and this pattern is repeated across Wales as a whole.

- **Impact: there is no evidence that there will be any negative impact on the protected characteristic of marriage and civil partnership as a direct result of the proposed changes to the provision of Sexual and Reproductive Health services.**

2.8 PREGNANCY AND MATERNITY (protected characteristic)

- **Impact: pregnancy and maternity will be positively affected by this policy as more specialized services (eg. for treatment of STIs) will be provided 'closer to home' with a clinic in each borough (currently only Newport).**

2.9 WELSH LANGUAGE (protected characteristic – The Welsh Language Measure 2011)

The EqIA has presented data and analysis regarding the protected characteristics under the Equality Act 2010. Separate legislation addresses the Welsh Language. The Welsh Language Act 1993 establishes that the Welsh and English language should be treated on the basis of equality. The Welsh Language (Wales) Measure 2011 establishes that the Welsh language should be treated no less favourably than the English language. The Welsh language is not a protected characteristic under the Equality Act 2010, however, the Health Board is committed to the delivery of the Welsh Language Standards and ensuring equality for Welsh speakers through the provision of a bilingual service.

Table 2.9 Welsh Language by Local Authority

| Region | Can understand spoken Welsh only | Can speak Welsh | Can speak, read and write Welsh | Total |
|------------------------|----------------------------------|-----------------|---------------------------------|------------------|
| Aneurin Bevan | 2.5% | 9.9% | 7.2% | 555,622 |
| Local Authority | | | | |
| <i>Caerphilly</i> | 3.0% | 11.2% | 8.4% | 171,972 |
| <i>Blaenau Gwent</i> | 2.2% | 7.8% | 5.5% | 67,348 |
| <i>Torfaen</i> | 2.3% | 9.8% | 7.1% | 87,844 |
| <i>Monmouthshire</i> | 2.5% | 9.9% | 7.2% | 88,609 |
| <i>Newport</i> | 2.2% | 9.3% | 6.5% | 139,849 |
| <i>South Powys*</i> | 6.7% | 18.6% | 13.7% | 64,542 |
| Wales | 5.3% | 19.0% | 14.6% | 2,955,841 |

*South Powys has been calculated taking 50% of the total population

- **Impact:** *No evidence has been identified that there will be a direct negative impact on those that use the Welsh Language.*

SECTION 3 – Impact on staff

It should be noted that the changes proposed by the Sexual and Reproductive Health service will be limited. As the proposed service changes will require less travel between sites, more staff time can be dedicated to clinical activity.

The F&T Division is committed to working with staff to maximise work-life balance and understanding individual needs. Affected staff have been involved in a series of engagement events and special arrangements will be made for staff who have current special caring requirements (eg. disabled children). An analysis of the workforce has highlighted that it is predominantly female. Flexible working arrangements will be applied as per policy to support staff to maximise work-life balance and reduce unnecessary pressure wherever possible. Adjustments will be made proportionate to individual special circumstances, including any 'reasonable adjustments' required for disabled staff.

SECTION 4 – Human Rights

4.1 The human rights implications of the proposed changes to the Sexual and Reproductive Health Service

The equality impact assessment needs to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998 as well as international treaties. Everyone has the right to participate in decisions which affect their human rights. The convention on the rights of people with disabilities contains protection of the right to participate in decisions and access to support for participation and access to information. The assessment so far has indicated that Article 2, 3 and 8 is of relevance.

- **Article 2 - the right to life**
- **Article 3: the right not to be tortured or treated in a inhumane or degrading way**
- **Article 8: the right to respect for private and family life**

SECTION 5 - Meeting the general duty of the Equality Act

To determine whether the proposed changes to the Sexual and Reproductive Health service within and ABUHB has met the general duty of the Equality Act, we need to ask ourselves three questions:

- Does this policy help eliminate discrimination?
- Does this policy help promote equality of opportunity?
- Does this policy foster good relationships between those who share protected characteristics and those who do not?

➤ **Eliminate discrimination**

The analysis and evidence presented in this document have highlighted areas where possible indirect discrimination were present in the former service model. In particular, service users from lower socioeconomic groups (i.e women, young people, service users with a disability, and service users from ethnic minorities) from deprived areas of Blaenau-Gwent, North Torfaen, North Caerphilly, who had to travel to Newport to access more specialized sexual health services.

➤ **Promote equality of opportunity**

The Sexual and Reproductive Health service is not proposing that services are rationalised but instead re-configured to provide more specialist services from a wider range of locations. Whilst the proposals would see a reduction in the number of venues offering basic services, these are also offered by GPs and pharmacies.

At this stage the Sexual and Reproductive Health service has had limited opportunities to foster good relations through public engagement. The Covid-19 pandemic has resulted in the emergency reconfiguration of the service to four locations and accelerated the move away from a 'walk-in' to a telephone triage model. Post Covid, ongoing monitoring of the delivery of the service and service user satisfaction can help to ensure that equality of opportunity is not being compromised.

➤ **Foster good relationships between those who share protected characteristics and those who do not:** no evidence identified

SECTION 6 – Conclusion and Mitigating actions

- The Re-configuration of Sexual and Reproductive Health service EqIA has identified no direct discrimination against any areas of protected characteristics. However, it has identified service users from lower socioeconomic groups who will need to travel longer distance to reach more generic sexual health services, including increased cost:
 - women

- young people
 - service users with a disability
 - service users from ethnic minorities
- It is important to point out that contraception services are delivered by local GPs and Pharmacies as detailed in the consultation document.
- All socioeconomic groups mentioned above will be positively impacted by the changes proposed as they will be able to access specialised sexual health services closer to home, within their borough (currently they all have to travel to Newport).

The service believes that this improvement in service access to care will prove to mitigate any negative concerns relating to the service change.

Additionally, by providing more complex care closer to home addresses the wider public health concerns regarding the transmission of STIs and reducing unplanned pregnancy rates, this cannot be underestimated. This change is a true service improvement placing the patient at the centre of the change whilst ensuring the sustainability of the sexual health service for the next 10 years.

The Service will consult with the following groups during the first 12 months from implementation to take into consideration any possible unidentified impact:

- users of the past, some were involved in a previous doo poll survey prior to the changes
- young vulnerable people via out outreach team cohort
- new users

APPENDIX – Terminology and Acronyms

GUH, Grange University Hospital

RGH, Royal Gwent Hospital

NHH, Nevill Hall Hospital

YYF, Ysbyty Ystrad Fawr

YAB, Ysbyty Aneurin Bevan

STI, Sexually Transmitted Infections