DARLINGTON
BOROUGH COUNCIL

Equality Impact Assessment Record Form 2012-16

This form is to be used for recording the Equality Impact Assessment (EIA) of Council activities. It should be used in conjunction with the guidance on carrying out EIA in **Annex 2** of the Equality Scheme. The activities that may be subject to EIA are set out in the guidance.

EIA is particularly important in supporting the Council to make fair decisions. The Public Sector Equality Duty requires the Council to have regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Using this form will help Council officers to carry out EIA in an effective and transparent way and provide decision-makers with full information on the potential impact of their decisions. The purpose is to avoid inadvertent disadvantage or discrimination resulting from decisions.

EIA is not a fixed process – it will vary according to the scale and type of activity. The form and guidance are designed to cover all eventualities. Officers should not be discouraged by the form, but should use their discretion in using it flexibly according to the activity they are assessing.

EIA does not happen at a single point in time. It is an ongoing and integral part of the development of the activity or proposal. This EIA template should be kept open and live as a planning document, and updated as the activity or proposal progresses.

Section 1 – Service Details and Summary of EIA Activity

Title of activity:	Changes to the provision of Sexual Health Integrated Services through re-procurement (re-awarded).
Lead Officer responsible for this EIA:	Catherine Parker, Public Health Portfolio Lead
Telephone:	01325 406202
Service Group:	People
Service or Team:	Public Health
Assistant Director accountable for this EIA	Miriam Davidson, Director of Public Health
Who else will be involved in carrying out the EIA:	Zoe Foster, Graduate Apprentice, Organisational Planning Unit Abbie Metcalfe, Business Officer Catherine Parker, Public Health Portfolio Lead Ken Ross, Public Health Portfolio Lead

What stage has the EIA reached?

This table provides a 'cover note' of progress to be maintained as the EIA is developed over time.

Stage categories 1-3 listed below refer to the funnel model. Note the stage reached and any consultation or engagement carried out. Simple activities may not need all these stages. Provide details of population/individuals affected in Section 2

Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	May 2014	Whole population of Darlington, 105,600 (ONS, 2011 census) as Sexual health services in Darlington are available free of charge to all residents. Those under the age of 16 must be seen by a worker trained to assess competence to receive sexual health advice and interventions in the absence of a parent or guardian and to ensure that safeguarding issues are identified and appropriately referred on.
Stage 2: Further Assessment. Target Population likely to be affected identified	May 2014	All demographics of the Borough.
Stage 3: Further	May 2014	The users of the service.

Assessment. Individuals likely to be affected identified		
Stage 4: Analysis of Findings	August 2014	The conclusion from the engagement with the various stakeholders and young people highlighted that failure to communicate effectively with the general population including protected characteristics may have a negative impact on people accessing services, not because of the change of service itself but rather if there was a lack of publicity in advance around changing of venues. If mitigated correctly this impact would be minimum to none existent. The current and future providers will be reactive to this and ensure a transition plan is in place which will incorporate the above elements in the Officer Assessment to minimise confusion and disruption to current service users. All other findings were seen as positive impacts and therefore little mitigation is needed for these.
Stage 5: Sign-Off	September 2014	Director of Public Health
Stage 6: Reporting and Action Planning		Quarterly monitoring of impact will begin in April 2015. The EIA itself will be reviewed January 2015.

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
Following a service review, early indications demonstrate the benefits of separating the integrated sexual health services into two contracts; specialist sexual health (Sexual Transmitted Infections and treatment) and community contraceptive services. This will result in a different model of delivery. The following four areas, will be the impact of the new model:- **1. Separate functions for HIV prevention and sexual health promotion will no longer be commissioned this will be a core part of the services, specialist Sexual Health Services will no longer be specifically required to work in schools** **2. Community contraceptive Service will co-ordinate C-Card condom distribution and ensure provision of Long Acting Reversible Contraception (LARC's) and Emergency Hormonal Contraception (EOHC/ EHC)** **3. Possibility of two separate providers** **4. Charging for training**
Who will be affected by the activity? **See the guidance on carrying out equality impact assessment within the Equality Scheme 2012-16. Provide details of the groups and numbers of people affected below, updating the table as the EIA develops and the understanding of who will be affected emerges in more detail.**
Whole population
Sexual Health Services in Darlington are available to all residents of Darlington. Those under the age of 16 must be seen by a worker trained to assess competence to receive sexual health advice and interventions in the absence of a parent or guardian and to ensure that safeguarding issues are identified and appropriately referred on
Target population
All demographics of the Borough.
Individuals
The users of the service.

What data, research and other evidence or information is available which is relevant to the EIA?

Public Health England's Commissioning Guidance regarding the whole system commissioning for sexual and reproductive health and HIV (2014) which recommends the following standards:

- Putting people at the centre of services.
- Tackling the wider determinants of health.

Strategic context:

a) Health and Social Care Act 2012
b) Outcome Frameworks – Public Health and NHS
c) 'Fair Society Healthy Lives' (The Marmot Review)
d) The National Survey of Sexual Attitudes and Lifestyles (2013)
e) NICE guidance PH6 Behaviour Change: the principles for effective interventions (2007)
f) NICE guidance PH49 Behaviour change: individual approaches (2014)
g) National Survey of Sexual Attitudes and Lifestyles (NATSAL, 2013)
h) Service Standards for Sexual and Reproductive Healthcare (FSRH 2013)
i) British HIV Association Standards of Care for People Living with HIV (BHIVA 2013)
j) Clinical Guidance – Emergency Contraception (FSRH 2012)
k) UK National Guideline on Safer Sex Advice (BASHH & BHIVA 2012)
l) National Chlamydia Screening Programme Standards (6th Edition 2012)
m) BASHH Statement on Partner Notification for Sexually Transmissible Infections (2012)
n) Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection.
o) NICE Public Health Guidance 43 (NICE 2012)
p) Standards for psychological support for adults living with HIV (British Psychological Society, BHIVA & MEDFASH 2011)
q) UK Guideline for the use of Post-Exposure Prophylaxis for HIV following Sexual Exposure (BASHH 2011)
r) PH34 Increasing the uptake of HIV testing among men who have sex with men (NICE 2011)
s) PH33 Increasing the uptake of HIV testing among black Africans in England (NICE 2011)
t) The Care of Women Requesting Induced Abortion, Evidence-based Clinical Guideline Number 7 (RCOG 2011)
u) Standards for the Management of Sexually Transmitted Infections (BASHH & MEDFASH 2010)
v) UK National Guidelines for HIV Testing (BHIVA 2008)
w) Progress and Priorities - Working Together for High Quality Sexual Health (MEDFASH 2008)
x) PH3 One to one interventions to reduce the transmission of sexually transmitted infections

(STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (NICE 2007)

y) CG30 Long-acting reversible contraception (NICE 2005)

z) Recommended Standards for Sexual Health Services (MEDFASH 2005)

aa) Research Governance Framework for Health and Social Care (Department of Health 2005)

bb) Male and Female Sterilisation , Evidence-based Clinical Guideline Number 4 (RCOG 2004)

cc) Standards for the management of sexually transmitted infections (STIs) (BASH, MEDFASH, January 2014)

dd) Contraceptive services with a focus on young people up to the age of 25 (NICE PH51, March 2014)

ee) Domestic violence and abuse - how services can respond effectively (NICE PH50, February 2014)

ff) "Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services" (Brook/BASHH, 2014)

gg) A Quality Standard for Contraceptive Services (FSRH) March 2014

hh) Guidance in Relation to Requirements of the Abortion ACT 1967 (Department of Health, May 2014)

ii) A Framework for Sexual Health Improvement (Department of Health, 2013)

jj) European Medicines Agency review of emergency contraceptives (EMA/440549/2014)

kk) UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault (BASH, 2011

ll) Local Authority Circular RING-FENCED PUBLIC HEALTH GRANT Annex C – Categories for reporting local authority public health spend (January 2013)

2. Local Strategic Context:

a) Health and Wellbeing Board

b) Health and Social Care delivery plan

c) One Darlington Perfectly Placed – Darlington Sustainable Community Strategy

d) Darlington Teenage Pregnancy and Sexual Health Delivery Plan

e) Children and Young People's Plan

3. Data sources:

a) Darlington Health Profile (Public Health England, 2013)

b) Single Needs Assessment for Darlington, 2011-12 and refresh 2013

c) Director of Public Health Annual Report 2013

d) Public Health England Sexual and Reproductive Health Profiles (2013)

e) Darlington Social Norms Healthy Behaviours Survey (2013)

f) Darlington Local Authority sexually transmitted infections epidemiology report (Health

Protection Agency, 2011)

g) GUMCAD-PHE (Public Health England) Genitourinary Medicine Clinic Activity Dataset (GUMCADv2[1])

h) Sexual and Reproductive Health Activity Dataset (SRHAD) the HIV and AIDS Reporting Section (HARS) in Public Health England

i) Office for national statistics quarterly data on teenage pregnancy http://www.ons.gov.uk/ons/rel/vsob1/quart-conc-to-women-und-18/index.html

[1] PHE Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) Guidance to Clinic Staff and Technical guidance and specification for data extract can be found: http://www.hpa.org.uk/gumcad

Section 3: Officer Assessment

Use this table to record your views on potential impact on Protected Characteristics. As the activity and the assessment develop your views may change – record them here.
It is important to be searching and honest about this – many Council activities are planned to be of positive benefit to identified target groups but can often have the potential for inadvertent effects on other groups.

1. Separate functions for HIV prevention and sexual health promotion will no longer be commissioned this will be a core part of the services, specialist sexual Health Services will no longer be specifically required to work in schools

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
Age	**P**	N	NA	H	M	**L**	nil	Positive: RESH (Relationships education and sexual health) Co-Ordinator will still be available to offer promotion of advice in schools Negative: there will not be specific delivery from specialist sexual health services in school, but there will still be some advice and support available from the RESH co-ordinator
Race	**P**	N	NA	H	M	**L**	nil	Positive: Making services more accessible in the community rather than schools may have an impact on groups with traditionally lower schools attendance such as Gypsy, Romany and Traveller groups. The more anonymous nature of a community setting may also be beneficial for these groups
Sex	**P**	**N**	NA	H	M	**L**	nil	Positive: The anonymity that a community setting would be provide would have a positive impact on both sexes who would be less embarrassed than in the current school setting. Negative: Young males and females who would have learned about sexual health promotion in Schools will no longer be able to do so in the same setting thorough a specialist sexual

								health service.
Sexual Orientation	**P**	**N**	NA	H	M	**L**	nil	Positive: Men who have sex with men and gay men may feel more comfortable to be able to access to sexual health promotion in a wider range of community settings because of improved anonymity and choice. Negative: For those who do not access services there may be a negative impact of sexual health promotion being within service particularity for those at greater risk of transmitting STIs which includes men who have sex with men. The provider will engage proactively with high risk groups which includes men who have sex with men.
Pregnancy or maternity	P	**N**	NA	H	M	**L**	Nil	Negative: Reduced capacity available in Schools to provide pregnancy advice for teenage mothers.

General comments: Currently school access is only provided in two settings, moving to a wider community based provision is likely to have a positive impact on all of the service users. There is no impact on disability, gender reassignment and religion. No targeted promotions aimed at protected characteristics will negatively impact those who have language difficulties or are unfamiliar with assessing health services.

2. Community contraceptive Service will offer C-Card condom distribution, Long Acting Reversible Contraception (LARC's) and Emergency Hormonal Contraception (EOHC/ EHC)

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
Age	**P**	**N**	NA	H	M	**L**	nil	Positive: People aged over 16, who do not currently benefit from targeted promotion in schools and youth settings will now be able to access these services. Negative: Young people may be less likely to have access to C-Card in Schools; however, distribution is

								available in community settings. Positive: More community accessible venues will be available for young people to encourage them to attend which give greater anonymity.
Sex	P	**N**	NA	H	M	**L**	nil	Negative: Females of reproductive age between the ages of 15 and 49 who use contraception or become pregnant are more likely to be affected by any change, because more females do access contraceptive services. The service will be advertised across the Borough therefore impact will be minimum.
Disability (summary of detail on next page)	**P**	N	NA	H	M	**L**	nil	Positive: More community accessible venues will be available with greater transport links, providing the ability to use multiple venues.
Pregnancy or maternity	**P**	N	NA	H	M	**L**	nil	Sustained access is a criteria for the new service so the will be no impact to this group. Teenage pregnancy “hotspots” will be targeted for service engagement.

Positive: Community venues are more accessible to the wider population and gives the option inform about different the variety of contraception methods. (operating hours and days)

This has always been a generic community contraceptive service and therefore people religion or beliefs and sexual orientation have always been taken into account and will continue to be. Therefore, impact would be minimum, if any.

3. Possibility of two separate providers

The possibly of two separate providers will not have any direct impacts on any of the protected characteristics groups, a consequence however, could be people may have to access services in a different location depending on which provider is providing which aspect of the service.

4. Charging for training
There is no impact in terms of the cost, as the charging is aimed at professionals providing the service not patients. However, there would be an impact to the patient, if less expertise available to deliver sexual health and contraceptive services. The following groups are disproportionately affected by sexual health problems and therefore any change to a sexual health service which will have a greater impact on these groups- men who have sex with men and young people.

Section 3: Officer Assessment – continued

The Council must have due regard to disabled people's impairments when making decisions about 'activities'. This list is provided only as a starting point to assist officers with the assessment process. It is important to remember that people with similar impairments may in reality experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page. Officers should consider how the 'activity' may affect a disabled person.

Sexual Health Services are available for all individuals irrespective of disabled people's impairments and current services are provided in DDA compliant buildings under the Equalities Act 2010. Any change in premises as a result of the review will need to ensure that access remains possible. The contract holds the provider responsible for compliance with equalities legalisation and requires equitable access to all interventions.

Mobility Impairment	**P**	N	NA	H	M	**L**	nil	Positive: Community contraceptive services should be available across the Borough making the service widely accessible.
Visual impairment	P	**N**	NA	H	M	**L**	nil	Negative: There may be a slight negative impact on the layout of new literature from a new provider of the service and getting used to new clinic surroundings.
Hearing impairment	P	N	**NA**	H	M	L	**nil**	No identified impact, as all premises are suitable for use by people with hearing impairments and information can be provided in plain English, where required.
Learning Disability	P	**N**	NA	H	M	**L**	nil	Negative: Change in venue or staff may be unsettling as could be change of personnel. Information can be provided in plain English.
Mental Health	P	**N**	NA	H	M	**L**	nil	Negative: Change in venue or staff may be unsettling and/or increase levels of anxiety due to change of

								personnel.
Long Term Limiting Illness	P	N	**NA**	H	M	L	**nil**	No identified impact.
Multiple Impairments	P	**N**	NA	H	M	L	**nil**	There may be a combination of all the positive and negative impacts detailed above.

Cumulative Impacts	
The officer responsible for this EIA should seek input from the Corporate Equalities Group on the potential for this activity to combine with other recent, current or proposed activities, both Council and in the external environment, to result in more severe impacts on people with Protected Characteristics through their cumulative effects. The Corporate Equalities Group will advise on the content for this section of the EIA.	
Change activities	**Potential cumulative impacts**
There are no other change activities that I am aware of that would, in addition to these changes, have a cumulative impact on people with Protected Characteristics, therefore, this section does not apply.	

Section 4: Engagement Decision

The decision about who to engage with, and how and when to engage, is the key to effective EIA. Please see Annex 2 of the Equality Scheme for guidance on the engagement decision.

Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?	**YES**
If YES, proceed to the next section. **If NO, briefly summarise below the reasons why you have reached this conclusion.**	

If you have come to the conclusion that engagement is not required, seek ratification from the Corporate Equalities Group through your service Equalities Co-ordinator.

If engagement is not required but the officer assessment has identified changes that should be made to the activity, please complete Sections 7 and 8. If not the assessment can be signed-off at Section 9.

Any reports to decision-makers during the development of the activity, for example feasibility or options appraisal reports, should include content on the latest thinking and findings of the EIA even though, like the activity, further development of the EIA may be required before final reporting.

The findings of the officer assessment should be included in any reports to decision-makers. These may be feasibility or options appraisal reports where the activity is at an early stage of development, but it is essential that any equality findings are taken into account in formal decisions at all stages of development of the activity.

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
Yes
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
Yes
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
No, however, monitoring will be undertaken to ensure that any disadvantages that have not yet been identified are picked up and addressed at an early stage

From the above, prepare a simple plan using the template overleaf for involving and engaging with the organisations, groups and individuals likely to be affected by the activity.

There may be several stages of involvement and engagement, particularly for more complex activities. Initially it may be possible to identify and engage only with stakeholder and representative organisations for the people with Protected Characteristics who may be affected. Further development of the activity may be required before the individuals who will be affected can be identified.

The Involvement and Engagement Plan should evolve accordingly, with new engagement proposals added as they are identified.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	**Organisation, Group or Individuals**	**Date of event or activity**	**Type of activity – venue, channels, method and staffing**
May 2014	Teenage Pregnancy and Sexual Health Stakeholder Network Darlington Borough Council Children and Young People's services mapping (led by People services)	October 2013-May 2014	Public Health reviewed existing consultation and considered any recommendations relevant to sexual health. This information was gathered at events prior to the decision about any changes to this service.
May 2014	Teenage Pregnancy and Sexual Health Young People's Consultation group: Darlington Association on Disability Hurworth School Darlington School of Mathematics and Science Darlington Youth Parliament Darlo Care Crew	June-July 2014	Public Health emailed consultation questions about sexual health services via teaching staff and youth support workers. Young people completed the questionnaires electronically and in writing.
June 2014	Tees Valley Public Health Shared Service Darlington Borough Council Teams; Supporting People, Commissioners and Organisational Planning Unit	5 June 2014	Specification Harmonization event to gather expert advice on how to harmonise Public Health specifications.
August 2014	County Durham and Darlington NHS Foundation Trust: Midwifery (Teenage Parents) Community Sexual Health Services Specialist Sexual Health Services (GUM Consultant) Gay Advice Durham and Darlington Independent out of area GUM Consultant	June-July 2014	Public Health emailed questions on the proposed changes to the provider partners.

August 2014	Teenage Pregnancy and Sexual Health Steering Group DBC Representatives from Teenage Pregnancy; Relationships Education and Sexual Health; Learning and Skills CDDFT sexual health services Darlington College Clinic Darlington School of Mathematics and Science (also representing the Behaviour and Attendance Partnership) Denmark Street Surgery Neasham Road Surgery	2 July 2014	Consultation session with specific questions on the proposed changes to sexual health services.
August 2014	Darlington Clinical Commissioning Group (CCG) NHS England (NHSE) North East Commissioning Support (NECS) Public Health England	19 August 2014	Map the System event which brought together all commissioning organisation to discuss potential risks and gaps to the system.

Engagement to identify impacts works best in face-to-face and small group settings

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	The Involvement and Engagement Plan details the events and activities which have been undertaken as part of the consultation process.	Impacts identified in the Consultation included accessibility for young people and teenage parents. There could be an impact if current service users are not aware of changes in services. The engagement skills of any future provider were identified as crucial to ensuring young people continue to access services.
Other – Victims of sexual assault	Map the System	Referral pathways for victims of sexual assault were raised as any changes to services could have an impact on the care received by these individuals.

Engagement Findings Conclusion

The conclusion from the engagement with the various stakeholders and young people highlighted that failure to communicate succinctly with the general population including protected characteristics may have a negative impact on people accessing services, not because of the change of service itself but rather if there was a lack of publicity in advance around changing of venues. If mitigated correctly this impact would be minimum to none existent. The current and future providers will be proactive in this regard and ensure a transition plan is in place which will incorporate the above elements in the Officer Assessment to minimise confusion and disruption to current service users.

Section 6: Engagement Findings – Continued

Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
n/a
b) How will the proposal help to advance equality of opportunity?
n/a
c) How will the proposal help to foster good relations?
n/a

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
The majority of responses received during the engagement exercise were focused around the service delivery model in its current state and how they wished the future service to be. Therefore suggestions around the activity of a change in providers itself was minimal. However, suggestions given around the future service could be used and interpreted to avoid, minimise and mitigate some of the negative impacts that may arise. Service accessibility was the most relevant response. "*Services should be accessible, flexible, responsive and approachable*". These factors were seen as key to engaging young people and vulnerable people in contraceptive and sexual health services. This could be taken on board when mitigating the negative impact that could be seen from removing sexual health promotion by a specialist sexual health service from schools. If services are publicised correctly, young people should feel more empowered and less embarrassed to attend clinics in the community on their own terms.

This completes the assessment, but there will be further work to do to contribute to the reporting and implementation stages of the activity. First though, it is important to draw a line under the assessment to maintain a separation between assessment of impacts and any proposals to manage those impacts. The assessment should therefore be signed-off at this stage.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	**Name:**	Catherine Parker
	Date:	25th September 2014
	Job Title:	Public Health Portfolio Lead
Assistant Director:		
Signed 	**Name:**	Miriam Davidson
	Date:	25th September 2014
	Service:	Director of Public Health

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?	
a)	**No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation**
b)	**Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue**
c)	**Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact**
d)	**Negative impact identified - stop activity and provide an explanation why**

Section 9 – Action Plan and Performance Management

The report to decision-makers, and the decision made may require actions to be taken to avoid, minimise or mitigate the negative impacts of the activity. Option C in the table in Section 8, combined with mitigation measures that may have been highlighted during engagement and listed in Section 6 (if adopted) will require action planning to implement them.

Any actions to address equalities impacts should be listed below, with performance management review proposals, to complete the full EIA.

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
Sexual Health Services may be delivered by a different provider and may be in a different location.	Ensure that locations proposed by new providers are fit for purpose. This will be tested in the procurement process and followed up in site visits. Communicate any change in location as core part of transition plan which will be approved by commissioner. Engaging with the protected characteristics to ensure services are; accessible, flexible, responsive and approachable. Service user feedback will continue to improve and shape the service to make it user-centric. Continuous monitoring of the protected characteristics by the new provider to ensure equitable access and quality of outcomes is being achieved across the protected characteristics.	Public Health	February 2015

Performance Management	
Date of the next review of the EIA	January 2015
How often will the EIA action plan be reviewed?	Quarterly from April 2015 for the first year then annually
Who will carry out this review?	Public Health