Equality, Quality and Inequality impact Assessment (EQIA)

Nottingham and Nottinghamshire Integrated Care Board

Adult Services

Proposal / Project Title	Sexual Violence Support Hub and Therapy Service – Nottinghamshire Sexual Violence Support Services		
Project / Commissioning Lead	REDACTED		
Senior Responsible Commissioning Lead	REDACTED		
Quality Directorate Lead			
Patient Engagement Lead			
EQIA Completed By (inc. date)			
EQIA Updated By (inc. date)			

Overall Impact of Project To be agreed at Review Meeting	**Quality** Impact	**Health Inequalities** Impact	**Equality** Impact	**Aggregated** Impact

Options for Overall Impact:

Positive	Neutral	Negative	Undetermined
4	3	2	1

Any Impact Area that is assessed as having a 'Negative' or 'Undetermined' Impact, this should automatically be considered for further exploration, evidence gathering and assessment.

Aggregated Outcome:

Positive		Neutral			Negative			Undetermined	
12	11↘	10↗	9	8↘	7↗	6	5↘	4↗	3
Generally, scores of 9 to 12 should be considered for approval [except where any of the Impact Areas are assessed as 'Negative' or 'Undetermined']				**Generally, scores of 6 to 8 will require further exploration and consideration**			**Generally, scores of 3 to 5 will not be considered for approval, and further evidence and assessment will be required**		

When public sector organisations undertake any work involving changes that will impact service users there is a duty to consider the impacts of that change / project. The aim of such an impact assessment is not to eliminate risk, but for both project leads and organisations to be fully informed of any risks and impacts before deciding to proceed with a change / project. This Equality and Quality Impact Assessment (EQIA) template has been developed to bring together equality and quality impact considerations into a single assessment process. It should be completed whenever there is a change to a service / pathway that is directly commissioned by the ICB, an ICB Quality Innovation Productivity and Prevention (QIPP) scheme and any new ICB business or project where it is appropriate to assess the impact of the proposed piece of work.

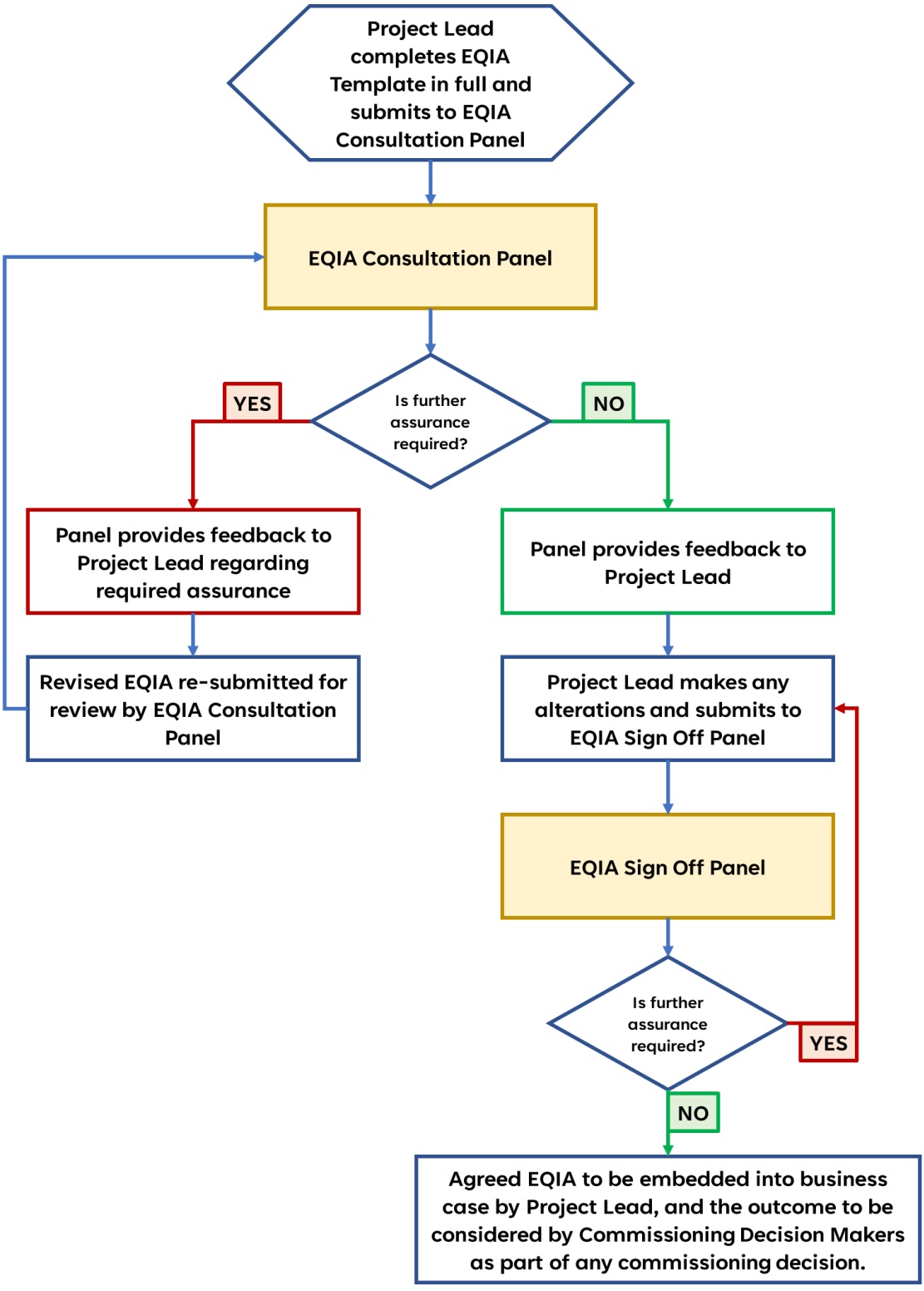
To support understanding and completion of the EQIA, please refer to the ICB's EQIA Standard Operating Procedure and EQIA Process Flowchart.

The EQIA is designed to:

- Assess the impact of proposed changes in line with the ICB's duty to reduce health inequalities in access to health services and in health outcomes
- Assess the impact of proposed changes to services in line with the ICB's duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any direct or indirect discrimination or negative effect on equality for service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g., carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process to enable the escalation of any risks and prevent equality and quality risks from being considered in isolation
- Support in determining whether a project can proceed, proceed with identified action, or not be progressed

EQIAs are 'live' documents, and as such, are required to be revisited at key stages of project development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

Process for EQIA Agreement



Section 1: Quality Assessment

Overall Impact on: Quality **Select one option**	**Positive ☒**	**Neutral ☐**	**Negative ☐**	**Undetermined ☐**

Description of Project Provide a clear narrative around the proposal, project, service change or commissioning change. This should include any relevant documents or documentations, and links to relevant information. Some headings have already been included to help guide your completion of this section.	**Background and Overview to Project** The service is jointly commissioned by the ICB, the City and County Councils and the Office of the Police and Crime Commissioner (OPCC) who are also the lead commissioner of the service. The ICB are undertaking the EQIA on behalf of the co-commissioners due to the organisations expertise in managing quality and health inequalities. The service commenced in 2021 and was designed to provide equitable access to therapeutic support for survivors of sexual violence and assault across the ICS as the services available had varied across the patch. The service provides an integrated hub and therapy service for survivors of sexual violence and assault, including survivors of childhood sexual assault (CSA). The hub acts as a gateway to other services that can support the needs of survivors as well as providing specialist therapy. NHSE guidance recommends the commissioning of specialist counselling services for survivors of sexual violence and assault, as they are likely to have complex needs requiring specialist knowledge and support. The service is delivered by a specialist sexual violence support provider who work in a trauma-informed way, and as a specialist provider complements rather than duplicates the work of statutory mental health services. **Current Provision (in relation to the proposed change)** During 2022/23 the service received 1569 calls in to the hub, of which 1160 (74%) are directly from survivors. The other calls are from police or other professionals or family members/friends. The therapy service supported 462 individuals in total during 2022/23 (both closed and ongoing cases) with 295 individuals starting therapy during the year (167 receiving ongoing therapy from 2021/22) and approximately 120 individuals in the service at any one time.	**4**

	The service is operating in a climate of increased awareness of sexual abuse and assault which contributes to a constant level of demand, which, coupled with increasing levels of complexity of survivors requiring therapy, means that there is a considerable waiting list for therapy. The service has demonstrated that it achieves good outcomes for survivors, and the provider is working with commissioners to look at how the waiting list can be managed safely without having a negative impact on outcomes. **Proposed Change** Approval is being sought to enact the option to extend the contract for Sexual Violence Hub and Therapy service provided by Nottinghamshire Sexual Violence Support Services (NSVSS) for two years to 31st December 2025. The two year extension period will ensure continuation of specialist mental health support for people who have experienced sexual violence. During the extension period, the OPCC are intending to conduct a sexual violence and assault needs assessment (with the support of NHS England), which will take into account the changed landscape of services and demand to inform commissioning decisions for sexual violence and assault support services beyond 2025.	

Identified Areas Affected

Include the geographical area, local authority area, Primary Care Network, Place and any other information relevant to the areas, neighbourhoods and communities impacted by the proposed changes.

Maps and images can be used to show areas impacted if easier than explaining through words.

Also include a breakdown of the population of the area/s affected, including by: sex, disability, sexual orientation, homelessness, gypsy, Roma and traveller, carers and any other relevant areas.

Geographical Information

Complete the table below with the area or areas affected by the proposals:

Local Authority Area (City or County)	The service covers the whole ICS area.
District Council Area (if County)	
Place-based Partnership Area or Areas Affected	
Primary Care Network or Networks Affected	
Neighborhood or Neighborhoods Affected	
Any other relevant geographical information:	Of the 296 individuals who started therapy in 2022/23 the breakdown by geographic location is as follows:

Ashfield	22
Bassetlaw	25
Broxtowe	28
Gedling	26
Mansfield	21
Newark and Sherwood	21
Rushcliffe	18
Nottingham City	134
No fixed abode	1

Breakdown of Population

Patient group	Amount within Service Catchment Area	Percentage of Total Population within Catchment Area
Carers		

4

Registered Disabled	Of the 296 individuals who commenced therapy in 22/23 155 survivors stated that they have a disability	
Alcohol and Drug Use	There were 5 referrals into the hub from substance misuse services in 2022/23. The Provider does not currently collect data relating to drug and alcohol use of survivors so this is likely to be a higher number. The lead commissioner has indicated that this data could be collected moving forwards if there is a need.	
Other (state): Domestic Abuse	There were 30 referrals in to the hub from domestic abuse support services in 2022/23 As above – the Provider does not currently collect this data for the contract but this could be collected moving forwards.	

Breakdown of Population by...

All figures are from 2022/23 and relates to survivor accessing the Therapy service as the hub does not collect demographic data on all callers.

Age:

Starting SV counselling/therapy this quarter by Age (at referral point)	Q1	Q2	Q3	Q4
16-17	0	0	1	0
18-24	21	19	14	12
25-34	9	8	8	12
35-44	9	8	4	4
45-54	4	2	4	1
55-64	0	2	0	0
65-74	0	0	0	0
75+	0	0	0	0
Unknown/Not Specified	0	0	0	0
Total	43	39	31	29

Disability:

Starting SV counselling/therapy this quarter by Disability	Q1	Q2	Q3	Q4
Disability	22	21	16	14
No Disability	21	18	13	15
Unknown/Not Specified	0	0	2	0
Total (Should equal figures on row 5)	43	39	31	29

Physical & mobility disability	1	0	0	2
Mental health disability	8	8	6	8
Learning or intellectual disability	0	0	1	0
Visual Disability	0	0	0	0
Hearing Disability	0	0	2	0
Multiple disabilities	13	13	7	4

Race:

Starting SV counselling/therapy this quarter by Ethnicity	Q1	Q2	Q3	Q4
White English/Welsh/Scottish/Northern Irish/British	32	33	26	23
White Irish	0	0	0	0
White Gypsy or Irish Traveller	0	1	0	0
White Other	1	1	1	2
Mixed White and Black Caribbean	3	2	0	0
Mixed White and Asian	1	0	0	0
Mixed Other	0	1	2	0
Asian Indian	1	0	1	0
Asian Pakistani	1	0	0	1
Asian Chinese	0	0	0	1
Asian British	1	1	0	0
Asian Other	0	0	1	0
Black African	1	0	0	0
Black Caribbean	0	0	0	1
Black British	0	0	0	1
Other Ethnic Group	1	0	0	0
Unknown/Not Specified	1	0	0	0

Sex:

Starting SV counselling/therapy this quarter by Gender	Q1	Q2	Q3	Q4
Male	1	2	1	2
Female	41	36	29	27
Trans/Non Binary/Other	1	1	1	0

Sexual Orientation:

Starting SV counselling/therapy this quarter by Sexual orientation	Q1	Q2	Q3	Q4
Heterosexual/Straight	32	30	21	20
Lesbian/Gay	1	1	1	2
Bisexual	7	6	7	6
Other	1	1	2	1

Other Area Information

Evidence

If you've been unable to find evidence to support the proposal, please provide a detail analysis of what you've based this project on.

For example, activity data, population data, patient experience, clinical opinion, etc.

Care Quality Commission Latest Review and Ratings

Complete the below table for services and or providers that are registered with and regulated by CQC:

	Safe	Effective	Caring	Responsive	Well-led	Overall
[service]						
[provider]						

The service is not subject to CQC regulation however the provider is a member of Rape Crisis England and Wales and have been awarded the National Service Standards Kite Mark for the service, which follows a rigorous standards assessment of the organization and ensures that services are consistently delivered to a high standard. The provider is also a member of the British Association of Counselling and Psychotherapy (BACP) the counsellors are all BACP registered and works in accordance with BACP's Ethical Framework for Good Practice.

4

Key Quality Areas

Include all relevant documents.

- **Patient safety**
- **Clinical effectiveness**
- **Patient experience**

You might find the EQIA Assessment Check List helpful in answering this section:

Quality Impact Guidance 2023.docx

Duty of Quality

The quality of care provided will not change as a result of this proposal, however the continuation of the service will impact upon patient outcomes. The service provides support to adult survivors of sexual assault or abuse in Nottingham and Nottinghamshire. Rape, sexual assault, and abuse are traumatic and violate a person's sense of autonomy and control over their body. Experiencing such trauma can lead to fear, confusion, dissociation, and feelings of shame, self-blame, and may impact on an individual's mental health and psychological wellbeing throughout life. Survivors of sexual assault and abuse experience increased risk of depression, suicidal behaviour, post-traumatic stress disorder, complex post-traumatic stress disorder and dissociative disorders (such as dissociative identity disorder). The service provides specialist trauma-informed support for survivors (as per NHSE guidance) many of whom have complex needs requiring specialist support, and the service has demonstrated that it achieves good outcomes with survivors.

Patient Safety

The service has a positive impact upon patient safety; the hub undertakes risk and need assessment and will refer/signpost survivors into other services as required such as Independent Sexual Violence Advocate (ISVA), specialist domestic abuse, substance misuse etc. Each survivor has a holistic clinical assessment which identified trauma related mental health needs including psychological, behavioural and psycho-social symptoms. Immediate support is provided including safeguarding and risk assessments, and following assessment panel survivors are allocated to the most appropriate short and long term interventions to meet their needs which can include the Creating Safety group course whilst they are waiting for therapy. Risk

assessments are dynamic throughout the survivors involvement with the service to ensure their ongoing safety. The support provided by the service reduces the survivors level of psychological distress, which empowers survivors to take control of their lives meaning they may be less likely to engage in self-harming or destructive behaviours and more likely to make healthy lifestyle choices.

Patient Experience

The service provides specialist trauma-informed support to survivors of sexual violence and assault, many of whom have complex needs which will be impacting upon their mental and physical health. Access to the hub will support survivors to access therapy and other support services as required and ultimately supported them to regain control of their lives and lower their levels of psychological distress. The service achieves a high level of positive outcomes with survivors and receives positive feedback, however there is a long waiting time for the service which survivors have fed back is an area for improvement. The following feedback was received by the service and reported to commissioners in a quarterly return:

'I wish I had access to this counselling straight away rather than waiting 18 months+. There have been some bad habits and engrained thought processes that have been compounded by carrying the trauma on my own for so long. I paid for therapy whilst on the waiting list which was upwards of £1500 altogether but I did not find this as effective as the work with a specialist in this area.'

Clinical Effectiveness

The service uses validated tools to report on outcomes, : Clinical Outcomes in Routine Evaluation (CORE10 – widely used in NHS clinical services) measured at the beginning, during and end of therapy. A quarterly audit from 2022/23 found:

Core 10 score and category	**Number**		**%**	
	Before	**After**	**Before**	**After**
Less than 10 – non clinical	0	14	0	37
11 – 14- mild psychological distress	7	8	18	21
15-19 moderate psychological distress	9	10	24	26

20-24 moderate-severe psychological distress	10	2	26	5
25 + severe psychological distress	12	4	32	11

During 2022/23 the service supported at least 80% of survivors accessing therapy to improve their CORE-10 score by case closure. This lowered their level of psychological distress by 1 or 2 bands and demonstrates positive outcomes for survivors.

The service delivers an evidence based tiered approach to counselling, flexing sessions between 20 and 30 depending on need in line with trauma-informed practice. This approach achieves a high level of positive outcomes. The service has found that the majority of survivors have required sessions at the higher range (over 40 weeks), which has impacted waiting lists. The service also offers pre-trial therapy to survivors who are pursuing a case through the criminal justice system. This means that therapy has to be offered around court dates, which are still suffering a backlog and disruptions from the impact of the Covid-19 pandemic. This is a factor beyond the control of the service or commissioners which has an impact upon flow through the service. All commissioners are actively working with the service to understand and manage the current waiting times, and are currently working through how the service offer could be varied depending upon the needs of survivors to reduce waiting times without compromising on survivor safety or outcomes.

Update following Quality Review:
Survivors on the waiting list are made aware that waiting times are up to two years. This is due to waiting times changing depending upon the numbers requiring PTT as pre-trial therapy is prioritised.

Survivors are offered support from the point of contact:

- Helpline
- Drop-in session with a therapist online or telephone
- Hub Assessment with a support worker
- Management of any immediate risks/safeguarding
- Onward referrals
- Access to resources

- Clinical Assessment with a therapist

From point of joining the Waiting List:

- Helpline
- Drop-in session with a therapist online or telephone
- Management of any emerging risks/safeguarding
- Onward referrals
- Access to resources
- Creating Safety and Mindfulness Courses in groups online and face-face
- Regular check in calls

We also have post-therapy groups running online and face-face-called beyond survival.

Non-Clinical / Operational Impact (including Workforce and workers Health and Wellbeing)

The service has had issues with recruitment and retention of staff, which is an issue across the sector. As at October 2023 the service was carrying 1 vacancy a WTE Therapists. All therapists are BACP registered and accredited and all new staff undergo a comprehensive induction programme. All team members access management and clinical supervision to support them in their roles, and there is an annual mandatory training package completed for all staff which includes safeguarding and GDPR for all roles. The service offers a comprehensive package of wellbeing support and are given their birthday as an extra day of leave.

Digital Technology Assessment Criteria (DTAC)

For all proposals that include a digital element, a DTAC should be considered and completed where required. More information on DTAC is available here: https://transform.england.nhs.uk/key-tools-and-info/digital-technology-assessment-criteria-dtac/.

The DTAC template is here and should be completed and embedded back into the EQIA:

DTAC_version_1.0_FI
NAL_updated_16.04.c

	Other Evidence and Quality Information A quality visit to the hub was undertaken by a member of the ICB Quality Team back in 2021 and found it to be a good service.	

Positive Impact	Neutral Impact	Negative Impact	Undetermined Impact	**Quality** Impact Score Total	12
12 to 11	10 to 8	7 to 5	4 to 3		

Section 2: Health Inequalities Assessment (Adult 18 years plus)

Identify the impact of the project on health inequalities in terms of both outcomes and access for service users. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which people are born, grow, live, work and age. These conditions influence opportunities for good health, and how patients think, feel and act, and can shape a patient's mental health, physical health, and wellbeing.
Click here to view the Adult's CORE20 PLUS 5 Framework.

Overall Impact on: Health Inequalities **Select one option**	**Positive** ☐	**Neutral** ☒	**Negative** ☐	**Undetermined** ☐

		Impact Score
CORE20 and PLUS Provide additional evidence and narrative about the positive, negative and neutral impacts of the proposal on the key clinical areas of health inequalities. Also include other health inequality groups too. For example: the homeless,	**When completing this section include:** • **Details of the specific under-served people/groups that will benefit from the project (i.e., where health inequalities are likely to reduce)** • **Details of the specific people/groups for which health inequalities are likely to increase and any proposed mitigations i.e., digital pathways to increase inclusion vs the impact on health inequalities** • **Details of any differential impact between ICS populations.** The service provides support to adult survivors of sexual abuse or assault, many of whom will have experienced abuse as children, including children who were in the care of the local authority, and will experience high levels of health inequality and a mistrust of/reluctance to access mainstream services. Experiences of trauma can lead to increased risk of depression, suicidal behaviour, post-traumatic stress disorder, complex post-traumatic stress disorder, dissociative disorders, self-harming or destructive behaviours eg. Alcohol or substance misuse. The service provides specialist sexual violence support to survivors and facilitates access to other specialist support	4

those with additions (including alcohol, drugs, and gambling), people experiencing socioeconomic distress, and those in digital poverty.	and mental health services as required. The Plus populations of the Core20Plus5 approach are populations, not specifically covered in the 'Core 20' areas of deprivation who may need additional support from system partners in order to have an equitable chance of having the best health and care outcomes, this will include people who have experienced childhood sexual abuse/assault. Ask question in the panel re the granularity of data in the future?	

For the policy, process, strategy or service change, and its implementation, please answer the following questions against the Key Clinical Areas of Health Inequalities, as per the CORE20 PLUS 5 model:	What are **the actual, expected or potential positive impacts** of the proposal on this key clinical area of health inequalities?	What are **the actual, expected or potential negative impacts** of the proposal on this key clinical area of health inequalities?	What **actions have been taken** to address the actual, expected or potential **negative impacts** of the policy, process, strategy or service change on this key clinical area of health inequalities?	What, if any**, additional actions should be considered** to ensure the policy, process, strategy or service change is as positively impactful as possible? Include the **name** and **contact details** of the person responsible for the actions.	**Impact Score**
Maternity Care Continuity for 75% of BME communities, and those from the most deprived groups	The proposals will have no specific positive impact on maternity care	The proposals will have no specific negative impact on maternity care	N/A	N/A	3
Severe Mental Illness Ensuring annual health checks for 60% of people living with a SMI	The proposals will have a potentially positive impact on ensuring annual health checks for people living with an SMI. The service	The proposals will have no specific negative impact on SMI	N/A	N/A	4

	supports survivors with complex trauma to lower their levels of psychological distress and take better care of their health and wellbeing.				
Chronic Respiratory Disease Focus on COPD, and uptake of COVID, flu and pneumonia vaccinations	The proposals will have no specific impact on CRD	The proposals will have no specific impact on CRD	N/A	N/A	3
Early Cancer Diagnosis 75% of cases diagnosed at stage 1 or 2 by 2028	The proposals will have no specific impact on early cancer diagnosis	The proposals will have no specific impact on early cancer diagnosis	N/A	N/A	3
Hypertension Case-finding To minimise the risk of myocardial infarction and stroke	The proposals will have no specific impact on hypertension case-finding	The proposals will have no specific impact on hypertension case finding	N/A	N/A	3
Smoking Cessation This is an overarching contributing factor to all the above health inequality areas	The proposals will have no specific impact on smoking cessation.	The proposals will have no specific impact on smoking cessation.	N/A	N/A	3

Positive Impact	Neutral Impact	Negative Impact	Undetermined Impact	**Health Inequalities** Impact Score Total	23
28 to 25	24 to 18	17 to 11	10 to 7		

Section 3: Equality Impact Assessment

Overall Impact on: **Equality, Inclusion and Human Rights** **Select one option**	**Positive ☒ Neutral ☐** **Negative ☐ Undetermined ☐**

EIA Responsible Person Include name, job role and email address. This is usually the Project Lead	REDACTED
EIA Group Include the name and position of all members of the EIA Group.	1.
Wider Consultation Undertaken State who, outside of the project team, has been consulted around the EIA.	1.
Summary of Evidence Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	1.

For more information and guidance on how to complete this section, please refer to this document:	What are **the actual, expected or potential positive impacts** of the policy, process, strategy or service change?	What are the **actual, expected or potential negative impacts** of the policy, process, strategy or service change?	What **actions have been taken** to address the actual or potential **positive and negative impacts** of the policy, process, strategy or service change?	What, if any**, additional actions should be considered** to ensure the policy, process, strategy or service change is as inclusive as possible? Include the **name and contact details** of the person responsible for the actions.	**Impact Score**
Age	The service supports survivors aged 18+ however has strong links with the provision for children and young people locally and will support survivors to access that provision.			There is no impact identified. The service works with adult survivors of sexual violence and assault and there are separate services commissioned for children and young people.	3
Disability[1] (Including: mental, physical, learning, intellectual and neurodivergent)	The protected characteristic of disability covers mental illnesses which have a substantial or adverse long term effect on a person's ability to carry out normal day-today activities. Survivors of sexual violence have experienced trauma				4

	and will often have mental ill health as a result. The service is part of a pathway of sexual violence support services and was commissioned to improve/increase access to mental health care for sexual violence survivors. The service works in partnership with NHT to facilitate access to secondary mental health care for survivors. There is one single point of access (the hub) and the therapy service is delivered flexibly from locations across Nottinghamshire and is accessible to all the County's population. Deaf survivors who are British Sign Language (BSL) users are able to access the service via a BSL interpreter.				

Gender[2] (Including: trans, nonbinary and gender reassignment)	Continuing the service provision will likely have a positive impact upon survivors who are transgender or nonbinary. The service ethos is that there is 'no typical survivor' and that no matter how a person identifies they are equally likely to experience sexual violence or abuse, or may have experienced abuse as a result of their gender identity, and recognises that there may be additional fears around accessing support. The therapy service supports transgender and nonbinary survivors and responds to survivors in their self-defined gender using their preferred pronoun.				4
Marriage and Civil Partnership	The service also offers support to partners and family members of survivors.			There is no evidence of a particular positive or negative impact upon marriage and civil partnership	3

Pregnancy and Maternity Status	The service supports survivors who are pregnant/have given birth as a result of sexual violence and will refer/signpost to pregnancy testing and support services as necessary.				4
Race[3]	Continuation of the service will have a likely positive impact in terms of race. There are complexities of sexual violence and abuse in BAMER communities and barriers to accessing support. The staff receive regular training on the additional needs of survivors from BAMER communities, and staff are trained to recognise and respond to incidents of/potential incidents of Female Genital Mutilation. The language line service is available to people calling the telephone line, and information about the service is available via their website in the nine most commonly spoken				4

	languages, and can be translated into other languages on request. Interpreters are available to facilitate access to counselling.				
Religion and Belief[4]	The continuation of the service has a potentially positive impact, the service is equipped to support survivors from particular religions who may be stigmatised as a result of their experiences of sexual violence. Specific referral pathway in place with Nottingham Muslim Women's Network.				4
Sex[5]	This will be available to both male and female survivors of sexual violence. Survivors are offered a choice of a male or female counsellor depending upon their preference. Counselling space within women's centre – this gives survivors access to broader support services.				4

Sexual Orientation[6]	The service supports people who have experienced sexual violence within same sex relationships or have experienced abuse because of their sexual orientation. The service ethos is that there is 'no typical survivor' and that no matter how a person identifies they are equally likely to experience sexual violence or abuse, or may have experienced abuse as a result of their sexuality, and recognises that there may be additional fears around accessing support.				4
Human Rights[7]	The service could be seen to have a positive impact upon human rights, specifically the right to life as it supports the health and wellbeing of survivors as it supports them to lower their levels of psychological distress and regain control of their lives. The support provided by the service contributes towards the Human Rights				4

	Act – article 8 everyone has the right to respect for their private and family life, home and correspondence, this is achieved through providing a confidential service so the survivor has a safe space. Article 3 – the right not to be tortured or treated in an inhuman or degrading way. The service supports survivors of CSA and may also support victims of trafficking. The service staff are also trained to recognise and respond to incidents of/potential incidents of Female Genital Mutilation.				
Community Cohesion and **Social Inclusion**[8] (Including: personalised care)	The service is provided by a local voluntary sector organisation, which supports survivors to regain control of their lives and lower the levels of psychological distress which they experience. This in turn will impact upon the survivors willingness and ability to be able to work,				4

	make healthy lifestyle choices and form relationships.				
Safeguarding[9] (Including: adults, children, LAC and adults at risk or who lack capacity)	Safeguarding risk assessments are undertaken with all survivors accessing the therapy service and are reviewed throughout the course of treatment, with survivors supported to access specialist services as required.				4
Other Groups at Risk[10] of Stigmatisation, Discrimination or Disadvantage	The service supports people who work in the sex industry/prostitution who can experience sexual violence/rape by people posing as clients. Sex workers can be reluctant to report to the police, and violence and abuse is underreported. The service provides confidential and non-judgemental support and signposting to other support services.				4

Additional Narrative
 	
Provide additional evidence and narrative about the positive, negative, and neutral impacts of the proposal on the equality, inclusion and human rights elements detailed above.
 	
You should consider:
• Three elements of Quality (safety, experience and effectiveness)
• Intersectionality
• Impact of COVID-19
• Access to Services
  ○ Physical
  ○ Written communication
  ○ Verbal communication
• Digital Poverty
• Safeguarding
• Dignity and Respect
• Person-centred Care
	Here you should add additional detail or explanation around the positive, negative, and neutral impact of the proposals on the above protected characteristic and health inclusion groups. To address this, you should consider the barriers to accessing or using the service, including the mitigations to respond to these.
	
	The service provides a single point of access into all sexual violence support services for adult survivors of sexual violence and assault, enabling them to access both emotional and practical support. This includes pathways into other support services to support with welfare, benefits and employment issues or other specialist support as required. The service provides specialist support to survivors who have experienced trauma and have complex needs as a result. The service recognises that certain groups (eg sex workers, emerging communities) may be more vulnerable to sexual violence and assault and staff are trained to respond to the specific needs of survivors.
		4

Positive Impact	Neutral Impact	Negative Impact	Undetermined Impact	Equality Impact Score Total	54
56 to 50	49 to 36	35 to 22	21 to 14		

Section 4: Patient Public Involvement and Engagement, and Media and Community Interest

Has patient, carer, or public engagement taken place?	☐ **Yes** ☐ **Planned (provide date)** ☒ **No**	**Comments / Rational:**
Has the service been coproduced with the communities impacted?	☒ **Yes** ☐ **No**	**Comments / Rational:** Survivors were involved in the design of the service when it was commissioned in 2020.
Is the proposal likely to result in controversy due to the nature of the service, or the patients or carers affected?	☐ **Probably** (Highly Likely) ☒ **Possibly** (Likely) ☐ **Unlikely**	**Comments / Rational:** The impact of sexual violence and assault has received considerable media interest both nationally and locally in recent years. Nottinghamshire was subject to the Independent Inquiry into Childhood Sexual Abuse (IICSA) which investigated historical abuse that occurred in Nottinghamshire children's homes. The survivors who were impacted by this abuse campaigned very strongly for specialist therapy services to be available across Nottinghamshire. Controversy only if service discontinued

Has there been previous controversy around the service, or similar services, resulting in media attention or complaints?	☒ **High** ☐ **Low** ☐ **None**	**Comments / Rational:** The IICSA inquiry – see above. There was MP interest in the commissioning of the sexual violence therapy service back in 2019/20
Are you aware of any controversy (complaints or media coverage) when this proposal was introduced elsewhere?	☐ **High** ☐ **Low** ☒ **None**	**Comments / Rational:** The Nottinghamshire service is an example of good practice in commissioning of sexual violence support services.

Section 5: Data Protection Impact Assessment (DPIA)

Please review the questions below, answering YES or NO, to assess the requirements for a Data Protection Impact Assessment.

The OPCC undertake as Lead Commissioner.

	The project involves processing personal data and:	**Yes or No**
1	Evaluation or scoring?	No
2	Automated decision-making with significant effects?	No
3	Systematic monitoring?	No
4	Processing of sensitive data or data of a highly personal nature?	No
5	Processing on a large scale?	No
6	Processing of data concerning vulnerable data subjects?	No
7	Innovative technological or organisational solutions?	No
8	Processing that involves preventing data subjects from exercising a right or using a service or contract?	No
9	Using systematic and extensive profiling or automated decision-making to make significant decisions about people?	No
10	Processing special-category data or criminal-offence data on a large scale?	No

11	Systematically monitoring a publicly accessible place on a large scale?	No
12	Using innovative technology in combination with any of the criteria in the European guidelines?	No
13	Using profiling, automated decision-making or special category data to help make decisions on someone's access to a service, opportunity or benefit?	No
14	Carrying out profiling on a large scale?	No
15	Processing biometric or genetic data in combination with any of the criteria in the European guidelines?	No
16	Combining, comparing or matching data from multiple sources?	No
17	Processing personal data without providing a privacy notice directly to the individual in combination with any of the criteria in the European guidelines?	No
18	Processing personal data in a way that involves tracking individuals' online or offline location or behaviour, in combination with any of the criteria in the European guidelines?	No
19	Processing children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them?	No
20	Processing personal data that could result in a risk of physical harm in the event of a security breach?	No
21	There has been a change to the nature, scope, context or purposes of existing personal data processing?	No

If you have responded 'Yes' to any of the above questions, please contact the Information Governance Team regarding completion of a DPIA (ncccg.ig.greater-nottingham@nhs.net).

Section 6: EQIA Impact Assessment: Significant Risks and Recommendations

The Project Lead should highlight any significant risks associated with the proposals, and highlight these to the EQIA Consultation Panel, and EQIA Sign Off Panel, for consideration.

	Summary of Identified Risk	Actions to Minimise Adverse Impacts and Risks	Any other comments or recommendations from Project Lead
1			
2			
3			

Please add more lines to the above table if needed. A new row should be used for each for each Significant Risk.

Section 7: Quality Review, EQIA Consultation Panel and EQIA Sign Off Panel Outcomes and Recommendations

Quality Team Review

Date of Quality Team Review	25/08/23
Name and Title of Person doing Quality Review	REDACTED
Summary of Quality Team Recommendations	Continuation of an evident valuable service, available to the whole of the ICS population, which is positive in principle and thorough from a quality perspective. Provides evidence re intended positive outcome and support re trauma informed care. However, concern re current staffing levels and waiting lists are noted and further information required to support assurances re recovery of performance, waiting well / safety netting approach (links with other services), risk assessment and plans to incentivise / improve recruitment and retention.
Engagement Plan required?	No
Date of Feedback to Project Lead from Quality Team	25/08/23

EQIA Consultation Panel

Date of EQIA Consultation Panel	23.11.2023
Summary of EQIA Consultation Panel Recommendations	Reflect why we are doing this EQIA as a partner – wording to be formatted in relation to the commissioning partners with OPCC being the lead but the ICB are doing the EQIA reasons for to be clarified. Who is the lead commissioners for this due to the legal bar that has to be used to the point of decision making. Scoring is agreed. In terms of level of data – in general it is good to know who is accessing the services. Is there a link or if the data shows a higher prevalence with postcodes core 20 and none core 20 areas. Moving forward contract quality and what this looks like for the future. Bryony to send some information to Katy. **Quality** In the positive in age insert the age of 16+ and there is strong working relationships with young people and young peoples abuse, just for clarity. Clarification that this is also for members of the family of people who have been sexually abused and not just for those who have been abused. – somewhere in the quality/marriage, civil partnership section. Race – interpretation, what is the offering for people who do not speak English? Could this be inserted to clarify that they have access to translators in the positive column. Human Rights – degrading treatment, there is probably a link to article 8 – private life how maintains confidentiality. Article 14 which is about non-discriminatory practices, a golden thread to link through. Article 3 – prohibition of torture, there is something about the service saves from sexual abusive conditions that are inhumane i.e. sexual assault. FGM the link to sexual violence this semi-links.

	Sex workers, what about gypsy Roma travel communities, the homeless population and veterans (military veterans with PTSD), what is there to support or is there another link for veterans and/or families? Agreed to send to sign off.
Data Protection Impact Assessment (DPIA) required?	
Engagement Plan required?	
Date of Feedback to Project Lead from EQIA Consultation Panel	23.11.2023
Consultation Panel Members	REDACTED

EQIA Sign Off Panel

Date of EQIA Sign Off Panel	
Summary of EQIA Sign Off Panel Recommendations	
Date of Feedback to Project Lead from EQIA Consultation Panel	
Sign Off Panel Members	

All completed EQIAs should be submitted to: REDACTED

Additional Equality Impact Assessment Supporting Information

1. **Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).

2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010 refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."

3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010 refer to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language isn't English, and or those who have a limited understanding of written and spoken English due to English not being their first language.

4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010 refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010 refers to: A reference to a person who has a particular protected characteristic is a reference to a man or to a woman.

6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010 refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.

7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.

8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

9. **Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility." (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the 10 types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).