Haringey Council

Equality Impact Assessment

Name of Project	Level 2	**Cabinet meeting date** ***If applicable***	24 January 2017
Service area responsible	Public Health		
Name of completing officer	Grace Hinde	**Date EqIA created**	26/05/2016
Approved by Director / Assistant Director	Susan Otiti	**Date of approval**	12 January 2017

The Equality Act 2010 places a '**General Duty'** on all public bodies to have '**due regard'** to:

- **Eliminating discrimination, harassment and victimisation**
- **Advancing equality of opportunity**
- **Fostering good relations**

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a '**Specific Duty'** to publish information about people affected by our policies and practices.

All assessments must be published on the Haringey equalities web pages. All Cabinet papers MUST include a link to the web page where this assessment will be published.

This Equality Impact Assessment provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above, for more information about the Councils commitment to equality; please visit the Council's website.

Stage 1 – Names of those involved in preparing the EqIA	
i. Project Lead Grace Hinde	5.
ii. Equalities / HR Ben Ritchie	6.
iii. Legal Advisor (where necessary)	7.
iv. Trade union	8.

Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups

Equality impact assessments (EIAs) are our chosen way for working out the effect our policies, practices or activities (the word activity will be used throughout this form as an umbrella term) might have on different groups before we reach any decisions or take action. They are an important service improvement tool, making sure that our services are as effective as they can be for everyone Haringey serves. They also help to prevent us from taking action that might have outcomes we did not intend.

A. Description of the proposal - This document is assessing the impact the proposed level 2 sexual health service for young people and provision of LARC in Haringey will have on residents who are defined as having protective characteristic under the Equality 2010 Act and identifies any possible inequalities identified and an action plan to address or narrow them.

This Level 2 model will be commissioned by Haringey local authority and be provided for the sexual health needs of young people in the borough (<25 years old) and as an open access provision of LARC for all women in Haringey. In addition to this service, Haringey will be commissioning a GUM and CaSH service along with other local authorities in the North East Sub-region, as part of the London Sexual Health Services Transformation Programme (LSHTP). However, due the burden of sexual ill health in the borough amongst certain groups, Haringey understands the need for more localised provision of services; particularly for young people who may be limited in their ability to travel to the sub-regional service. This has led to further development of commissioned community services in the borough provided by community organisations and pharmacies and the aforementioned level 2 sexual health service.

The proposed elements of the level 2 services will consist of:

1. ***Provision of Integrated Genito-Urinary Medicine (GUM) and Contraception and Sexual Health Services (CaSH) to under 25s***

2. ***Provision of Long Acting Reversible Contraception (LARC) to all women in the borough through an open access service***

B. Relevance of the proposal to the general equality duties and protected groups – this section explores who is at risk of an STI with a focus on those with protective characteristics

i. **In terms of STIs** - Haringey has high levels of STI's - 4389 new STI were diagnosed in Haringey residents in 2014, which is a rate of 1666.4 per 100,000 (compared to 797.2 per 100,000 in England) it ranks Haringey 12th in England. Whilst this is a vast improvement on the previous ranking of 4th the rising diagnoses of STIs on a national and local level, shows that there is a continued need for sexual health services. Haringey is ranked 10th highest for rates of Gonorrhoea, there were 112 HIV diagnosis, 5th highest in London, 42% of HIV diagnosis were diagnosed at a late stage which has a negative impact on treatment outcomes, 31% MSM and 59% heterosexual residents were diagnosed late. Haringey is below the 2,300 detection rate standard for Chlamydia. In 2014, 34% of STI diagnoses in Haringey were amongst young people.

ii. **In terms of unwanted pregnancies**- Since 2012 the abortion rates in Haringey have declined significantly, however, they remain higher than both England and London averages. In 2014 total abortion rate per 1,000 female population in Haringey was 22.3 amongst 15-44 year olds, higher than England's rate of 16.5. In 2015 abortion was highest in the 20-24 age group at 42.6 per 1,000, with 18-19 years following at 41.6 per 1,000. Whilst rates of repeat abortions have declined from 40% (in 2014) to 39% (in 2015), this is not substantial decrease and improvements are needed to reduce

this number further.

Of residents using GUM services, 67.2% choose to use do so outside of Haringey. In comparison 64.9% of residents using contraception services choose to use a local service. Despite high usage of out of borough GUM services amongst residents, it is acknowledged that travelling to the Sub-Regional sexual health service (combining services Camden, Islington, Barnet and Haringey boroughs) will be much harder for young people and might result in them not accessing needed services and support. Looking at the recent figures for GUM attendances in Haringey, the 13-24 year old age group use the local services more than any other age group and therefore highlights the need for a local sexual and reproductive health service for the under 25s.

In terms of contraception services, residents are more likely to use services within the borough therefore the proposed level 2 service will incorporate LARC provision. As many female residents access LARC methods through Haringey GUM services, the decommissioning of the current service in Haringey, will provide a gap in provision as we understand that women prefer to access contraception locally and therefore may not be willing to travel to the new sub regional service. In addition, GP providers will be unable to absorb the levels of LARC fitted by the decommissioned provider and patients may prefer not to use a primary care service for their contraception needs. Therefore in order to meet current demand for the method plus increase uptake, there needs to be a local sexual health provision of LARC to complement that provided by GPs. Given that LARC is the most effective form of contraception and the high rates of unwanted pregnancies in the borough, it is important to offer women a choice as to where they can access the method. The level 2 service will provide non-LARC methods to under 25s; given the difficulties they can face accessing services due to travel and also their reluctance to visit a family GP for contraception. However, over 25s will continue to access their GP for non-LARC provision, as this is contracted to GPs to provide and not usually prescribed by GUM apart from in exceptional circumstances.

Currently GUM and CaSH provision in Haringey comprises of the main St Ann's site, with satellite clinics in 3 locations in the borough, provided by the Whittington Heath NHS Trust. The table below illustrates the age distribution of those attending this service. Young people 13-24 years are the main uses of the satellite clinics in the borough, followed by women aged 25-34 years. The proposed service is designed to serve these two particular populations- young people and women in the borough. Looking at attendances at the current service, 62% is for female reproductive health and this service will aim to complement GP provision of contraception with an open access LARC service. Currently all women registered with a GP in Haringey can use the Open Access service, meaning they are able to obtain contraceptive provision from any GP in the area, meaning that opening hours and appointment availability does not restrict access to contraception.

	Age Group								
Clinic	**<13**	**13-14**	**15-19**	**20-24**	**25-34**	**35-44**	**45-64**	**>64**	**Grand Total**
Lordship Lane	**1**	**5**	**278**	**612**	**699**	**239**	**118**	**3**	**1955**
Female	1	4	191	443	494	184	80	0	1397

Male	0	1	87	169	205	55	38	3	558
Tynemouth Road	**0**	**5**	**293**	**565**	**550**	**227**	**71**	**0**	**1711**
Female	0	4	252	402	418	179	48	0	1303
Male	0	1	41	163	132	48	23	0	408
Hornsey Central	**0**	**4**	**381**	**598**	**492**	**196**	**75**	**2**	**1748**
Female	0	4	307	431	354	154	51	1	1302
Male	0	0	74	167	138	42	24	1	446
St Ann's	**1**	**52**	**1472**	**3677**	**6097**	**3086**	**2228**	**198**	**16811**
Female	1	46	1122	2449	3177	1456	838	29	9118
Male	0	6	350	1228	2920	1630	1390	169	7693
Total	**2**	**66**	**2424**	**5452**	**7838**	**3748**	**2492**	**203**	**22225**

Figure 1 data from Whittington GUM services

Young people:

- STIs- Young people carry the burden of STI diagnoses in Haringey, with 34% of new STI in GUM services were in young people aged 15-25 years (compared to 46% in England). Girls are at higher risk, especially around age of 20-24 years' who accounted for 63% (57,558/91,901) of Chlamydia diagnoses, 55% (8,722/15,814) of gonorrhoea, and 42% (12,223/29,240) of genital herpes. The Chlamydia detection rate in Haringey per 100.000 15-25 year olds in Haringey was 2174.8 (compared to 2012 per 1000,000 in England) young people are more likely to become re-infected with STI's 16.5% of 15-19 year old females and 15% of15-19 year old males presenting to GUM. All young people need to have the knowledge and ability to seek help and guidance. Activities should promote and enable access to appropriate contraception screening for STI (especially Chlamydia via the National Chlamydia Screening Programme) and condom use. In terms of use of services of the 40% using the local service GUM service 3037 13% were under 25 years (figure 1)

- Teenage Pregnancies- Teenage Pregnancies- whilst these have fallen they remain challenging with Haringey. Pregnancies among 16 to 19 year olds accounted for 7.5% of the total number of pregnancies, but 21.2% of the total number that were unplanned. In 2015 there were 100 teenage conceptions, of which 62% ended in abortion.

Women

Although women aged 15-44 make up just 20% of the population of England they experience the greatest burden of poor reproductive health. This includes unplanned pregnancy, which is associated with poor maternal and child outcomes. In 201415,615 residents attended SRH,18% were men most attended for regular contraceptive care and sexual health advice

- Unplanned pregnancy – the highest numbers of unplanned pregnancies occur in the 20-34 year age group. Unplanned pregnancies can end in abortion or a maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children.
- Abortions – the total number of abortions in Haringey was 1,458 rates 1,000 15-44 was 22.3 compared to England at 16.5. Abortion was highest in the 20-24 age group at 42.6 per 1,000. Of those under 25 having an abortion, 27% had had a previous abortion whilst in England this was 29%. In those aged over 25years this was 46.6% compared to England at 45%

- Contraception – LARC is the most effective and cost efficient method of contraception. The rate of LARC prescribed in sexual and reproductive health services per 1,000women aged 15-44 years was 48.6 for Haringey, 33.0 for London and 31.5 for England. LARC prescribing by GPs has been falling. Figure 2 below shows GPs would need to substantially increase levels to reach the England rate.

Based on Haringey's 2014 GP prescribed LARC performance and 2-14 resident populations aged between 15-44 years Haringey GPs would need to provide the following in order to match the England and London rates:

- **2123** LARC to match the England rate
- **1058** LARC to match the London rate

Year	Area Name	Rate per 1000	Number of LARC prescribed by GP	Resident Female Population (aged 15-44)
2014	London	16.12	32440	2012730
2014	Haringey	15.07	989	65635
2014	England	32.34	343855	10631532

Figure 2 LARC performance Haringey

By having the proposed service as the main provider of LARC, we can work towards increasing the numbers of women accessing LARC and by doing so decrease the levels of unplanned pregnancies and abortions, thus improving wellbeing of women in Haringey. GPs in Haringey would not
Distribution of New STIs and Deprivation Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from GUM clinics show a strong positive correlation between rates of new STIs and the index of multiple deprivations across England. The relationship between STIs and SED is probably influenced by a range of factors such as the provision of and access to health services, education, health awareness, health-care seeking behavior

and sexual behavior. Figure 3 shows that new diagnoses of STIs in Haringey are concentrated in the east of the borough which suffers from higher rates of social deprivation.

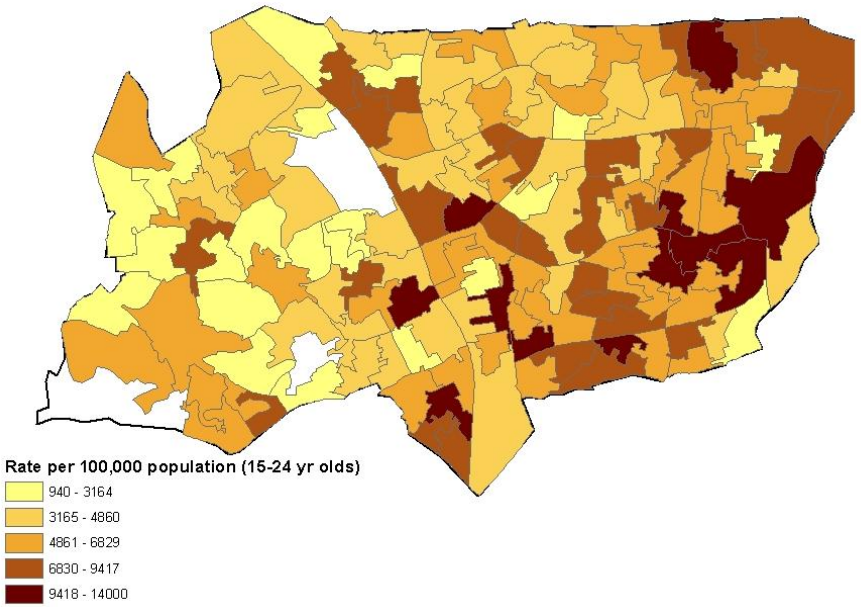

Figure 3: rates of new STIs in 15-24 year olds in Haringey by LSOA, 2014

Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.	
Data Source (include link where published)	**What does this data include?**
NA	

Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment This section to be completed where there is a change to the service provided	
Data Source (include link where published)	**What does this data include?**
JSNA	Prevalence of sexual health infections, contains information broken down by Age, gender, ethnicity, for the Borough
London sexual health transformation programme business case	Data analysis showing the case for change Focus group and survey responses Awaiting results of focus group with MSM and BME service uses
Haringey Local Authority HIV, sexual and reproductive health epidemiology report 2014v (LASER)	Local data on sexual and reproductive health
Haringey Sexual Health Services: User Feedback Report	A waiting room survey completed by Healthwatch Haringey

Stage 5a – Considering the above information, what impact will this proposal have on the following groups in terms of impact on residents and service delivery: Positive and negative impacts identified will need to form part of your action plan.				
	Positive	**Negative**	**Details**	**None – why?**
Sex	The majority of Haringey's male residents accessing a sexual health service use one located outside the borough. The service redesign will mean that they will continue to be able to do so through the sub-regional service. Women will have increased access to contraceptive care through the LARC service. Women will continue to access free emergency contraception from the pharmacies and user dependant methods from their GP. Data tells us that young men are less likely to access sexual health services, but more likely to access pharmacies for free condoms than young women. Therefore by having a specialist	The major users of CaSH are women and the majority of visits are within Haringey and any change in provision will have most impact on them. We will need to support women to access user dependent methods through their GP and LARC from either the new service or their GP. Haringey has a dedicated project for female sex workers which has recently been integrated into the main GUM provider, this allows testing in indoor premises and an STI clinic within the project drop in, the plan is to integrate this service into a sub region and this will need to be carefully managed to ensure those using the service remain engaged	Number of young women getting tested were over double that of young women (young women=5,248 ,young men= 2,225), whereas young men were twice as likely to register for c-card in Haringey in 2014 (young men= 1,151 and young women= 587) The rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care was 15.1 for Haringey, 16.1 for London and 32.3 per 1,000 women in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 48.6 for Haringey, 33.0 for London and 31.5 for England.	

	young people service that combines both free condoms and SRH services, it is hoped that this will increase young women accessing condoms and young men accessing testing.			
Gender Reassignment	Young transgender service users will be able to get advice and support through the new service. Staff will be aware of signposting opportunities to specialist services for this group.	While it is estimated that the number of Tran's people in England is relatively low, it is a group that often has particular health needs and that can face discrimination. Young people in particular, may find it a barrier to accessing services, therefore it is important that the new service is inclusive of young people who identify as trans.	Little data available on the number of young people going through gender reassignment.	
Age	There are clear inequalities in the sexual health of younger people. It has been shown that they have relatively high rates of unintended pregnancies and sexually transmitted diseases (STIs) with the	There is data to suggest that the incidence of STIs in older people in increasing although current numbers remain low. This service is targeted at young people's sexual health; therefore, it	34% of STI diagnosis in Haringey was young people 15-24 (compared to 55% in England)	

	exception of HIV. The new specification is specifically for this age group. The highest numbers of unwanted pregnancies are in women aged 20-34; therefore the new service will allow increased access to effective LARC methods for this age group. Women will be able to benefit from flexible opening hours, which will enable them to access the service around childcare and work responsibilities. Convenient opening hours that fit in around education will ensure that the service is accessible to young people. An online booking system, will likely appeal to younger audiences who are more technology savvy. Older groups that are unable to access the new service will be continue to be able to use the pharmacy services, in addition to the new sub regional	is important that older groups do not miss out on vital services. .		

	service.			
Disability	Young people will be able to access a disability-friendly service through the new proposed service. A range of booking options will be available to cater for young people and women wanting to access the service, including online and via telephone. Promotional material will need to take into consideration learning disabilities, and be written in a way that is easily understood.	There appears to be limited data and research available on the needs of people living with learning or physical disabilities.		

Race & Ethnicity	Haringey commissions an outreach services to deliver services to BME communities. By adopting a new sexual health model and making subsequent savings, it allows public health to continue to fund this service. The new service will be able to signpost those aged over 25 to either pharmacy services or the sub region for sexual health service. Those aged under 25 will have a new young people friendly service. Women will be able to use the open access LARC service regardless of age, which will contribute towards lowering the number of unwanted pregnancies amongst this age group.	The majority of those people attending GUM services in Haringey are from BME groups. With the new service being aimed at young people and women for LARC, there will be some gaps in service provision for this group.	Haringey continues to have a specialist BME service outside of this contract 39% of females attending the GUM service in Haringey were white and 37% black or black British, 7% mixed and 12% other ethnic groups, 2% Asian Of males attending the GUM service in Haringey were 38% were black or black British, 34% white, 18% other ethnic group, 4% mixed and 4% Asian	
Sexual Orientation	14% of those using the	The 14% using Haringey	More likely to have an STI,	

	local service in Haringey are MSM, suggesting that most MSM Haringey residents use services outside of Haringey. Therefore this group will be able to take advantage of the new sub-regional service. Young people regardless of sexual orientation would be able to access the new service. However, it may be deemed more suitable for them due to their specific sexual health need for them to access the sub-regional service, but they can be supported by the new service to do so.	services would be affected by any changes in local provision if aged 25 and over.	advised to test more regularly, more likely to use an out of area service, pilot studies show good uptake of this group for home sampling. Of males attending the GUM service in Haringey 86% were heterosexual Of females attending the GUM service in Haringey 98% were heterosexual. This demonstrates that those who identify as a sexual orientation other heterosexual are accessing services outside Haringey, so can continue to do so through the new sub-regional service.	
Religion or Belief (or No Belief)	It has been specified that the sexual health services should allow people to make informed decisions about their own sexual health and these decisions may or may not be influenced by their religion or beliefs, the specification intends	Sexual health services should allow people to make informed decisions about their own sexual health and these decisions may or may not be influenced by their religion or beliefs and the specification for the service will ensure the	Haringey will continue to work with faith leaders through its BME community based sexual health service	

	to ensure the service respect peoples religious beliefs. It may be required that the service produces extra or specific information or “tool kits” if there is a relatively high prevalence of a particular religion using services serve and where this would be useful.	service respect peoples religious beliefs. It may be required that the service produces extra or specific information or “tool kits” if there is a relatively high prevalence of a particular religion using services serve and where this would be useful.		
Pregnancy & Maternity	There is a need for maternity services to work closely with services offering contraception, especially LARC. The new service will allow referral pathways to be established between them and maternity services. The increased provision of LARC in Haringey will mean women are able to access contraception more easily.	None identified.	.	
Marriage and Civil Partnership	At present there is a lack of data on any specific sexual health needs of people who are married or in a civil partnership; however, we don’t anticipate any negative	We expect this impact on this group to be neutral.		

	impact on this group from this procurement.			

Stage 5b – For your employees and considering the above information, what impact will this proposal have on the following groups: Positive and negative impacts identified will need to form part of your action plan.				
	Positive	**Negative**	**Details**	**None – why?**
Sex				
Gender Reassignment				
Age				
Disability				
Race & Ethnicity				
Sexual Orientation				
Religion or Belief (or No Belief)				
Pregnancy & Maternity				
Marriage and Civil Partnership				

Stage 6 - Initial Impact analysis	Actions to mitigate, advance equality or fill gaps in information
1. For all groups with protective characteristics the EQIA has identified gaps in data collection 2. Sex - males and females use the services in different ways for different purposes. Women will benefit from the new service as it will increase access to LARC methods. Young women in particular will benefit from the integrated GUM and SRH service, offering a 'one-stop shop' model. Young men will be encouraged to test through the new service, enabling them to access free condoms at the same time. 3. Gender reassignment – literature suggests that this group is open to discrimination. 4. Age –Young people need to have access to local sexual and reproductive services, as they are less likely to leave the borough in order to access these. The proposed service will ensure that young people have a local provision suitable to their needs.	1. Gender reassignment – EQIA needed at a London level. The new service needs to be inclusive for young people going through gender reassignment, with specialist training offered to staff. 2. Age – young people and women should be involved in the co-designing of the new service prior to implementation. 3. Disability – publication materials and service location should ensure that they are user friendly for women and young people with disabilities. 4. Race and ethnicity – Haringey will continue to offer community testing for BME residents and will use its expertise to feed into the marketing of on line home sampling. 5. Sexual orientation - robust pathways should be implemented to ensure that young people who need specialist services are catered

5. Disability – people can suffer from a range of disabilities and more information is needed on how sexual health services can be made more accessible to these groups. 6. Race and ethnicity – the new service will be inclusive to all BME groups, alongside the existing community outreach provider. 7. Sexual orientation – Haringey's MSM are predominately using services outside of Haringey. However, younger MSM may choose to access the new young people's service and should be supported in doing so and where necessary referred to the sub regional service. 8. Religion and belief – data is not currently collected. 9. Marriage – no impact	for, 6. Religion - Haringey will continue to provide an outreach provision to faith groups through the BME outreach service.

Stage 7 - Consultation and follow up data from actions set above	
Data Source (include link where published)	**What does this data include?**
1. Patient Waiting Room Survey: Further to the brief survey questionnaire was developed by the LSHTP team and service users were asked to complete paper copies in waiting rooms in GUM/integrated services. In addition, posters and leaflets were given out and displayed in reception areas to encourage users to complete the survey online. Between 20 April and 8 May 2015 the LSHTP undertook the paper and online survey for service users in the following GUM (Genitourinary Medicine) clinics, receiving a total of 1,437 responses across all clinics. The 12 clinics approached to participate represented both inner and outer London boroughs and a range of sexual health service provision. Of particular note, out of the 1,437 returns, only 15 people completed the survey online - preference for paper copy submissions were	

overwhelming. **2. User Feedback Report:** As an addition to the LSHTP survey that was completed in 2015, Haringey commissioners wanted to gather more data from the users of the local GUM services, regarding their views and opinions of the sexual health services on offer in Haringey. The information gathered supported the proposed service design, highlighting that those choosing to remain in the borough were young people and women wanting to access contraception.	

Stage 8 - Final impact analysis

The analysis of the data and completion of this document suggests that there is unlikely to be any negative impact to any of the protective groups, and there will be a positive impact on those protective groups that are relevant to this project.

Robust pathways will be needed to support previous users of the decommissioned St Ann's service to access the new sub-regional service.

Stage 9 - Equality Impact Assessment Review Log

Review approved by Director / Assistant Director		Date of review	
Review approved by Director	Jeanelle de Gruchy	Date of review	12 January 2017

Stage 10 – Publication
Ensure the completed EqIA is published in accordance with the Council's policy.