EQUALITY IMPACT ASSESSMENT

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

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity for those with 'protected characteristics' and those without them
- Fostering good relations between those with 'protected characteristics' and those without them.

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

Stage 1 – Screening

Please complete the equalities screening form. If screening identifies that your proposal is likely to impact on protect characteristics, please proceed to stage 2 and complete a full Equality Impact Assessment (EqIA).

Stage 2 – Full Equality Impact Assessment

An EqIA provides evidence for meeting the Council's commitment to equality and the responsibilities under the Public Sector Equality Duty.

When an EqIA has been undertaken, it should be submitted as an attachment/appendix to the final decision making report. This is so the decision maker (e.g. Cabinet, Committee, senior leader) can use the EqIA to help inform their final decision. The EqIA once submitted will become a public document, published alongside the minutes and record of the decision.

Please read the Council's Equality Impact Assessment Guidance before beginning the EqIA process.

1. Responsibility for the Equality Impact Assessment	
Name of proposal	North Central London (NCL) sub-regional procurement of sexual health services including Genito-Urinary Medicine (GUM) and Contraception and Sexual Health services (CaSH).
Service area	Public health
Officer completing assessment	Sarah Hart
Equalities/ HR Advisor	Paul Green
Cabinet meeting date (if applicable)	31 March 2017
Director/Assistant Director	Jeanelle de Gruchy

2. Summary of the proposal

Please outline in no more than 3 paragraphs

- *The proposal which is being assessed*
- *The key stakeholders who may be affected by the policy or proposal*
- *The decision-making route being taken*

Proposal is in relation to - North Central London (NCL) sub-regional procurement of sexual health services including Genito-Urinary Medicine (GUM) and Contraception and Sexual Health services (CaSH). London councils are working together within 4 sub regions to re-procure services. The North Central London (NCL) sub regional procurement brings together Haringey, Camden, Islington, Barnet, Hackney and City plus Enfield into one networked system of sexual and reproductive health services. For complex sexual and reproductive health issues the intention is to have a contract for Haringey, Camden, Islington and Barnet, one for Hackney and City and one for Enfield. Sites for complex care services will be consolidated and located in Camden, Islington, Hackney and Enfield. Simple care for Haringey residents will be offered in a whole range of local services, plus a new London online service. Haringey resident can also use any GUM clinic in England with the Council being recharged for that activity.

Key stake holder affected – Residents can access a GUM service free of charge anywhere in the country. The majority of Haringey residents who use a GUM service do so outside of Haringey (68%) 19% going to Archway in Islington, 10% Mortimer Market and 2.8% Margaret Pyke in Camden. Since 2013 there has been a rise in GUM attendances (annually around 3.5%) there has been a drop of 6% of attendances at the Haringey St Ann's service.

In terms of where to access a service resident using contraception services in Haringey will continue to get a service in Haringey, but in a different venue.

Those using services in Camden and Islington for STI and reproductive health services will not be affected, but could choose to use a Haringey or online service. Adult residents using the St Ann's building for complex sexual health will relocate to Camden (Mortimer market WC1E 6JB), Islington (Archway N19 5SE) where many Haringey residents already receive a service. We are anticipating residents will also use new Enfield services (Town clinic EN2 6AE and Alexandra Pringle N18 1QX). All of these services have good transport links to Haringey. The majority of residents will be able to use services provided online and by the pharmacy programme. Young people will also have access to the new Central North West London (CNWL) sexual and reproductive health service. Women wanting long acting reversible contraception (LARC) will still be able to use a GP or the new CNWL Haringey service. In addition this provision will also be available through the new NCL reproductive health service.

Table below show patient flows for non contraception services 2015/16

Clinic	Attendance	Affected
Haringey St Anne's	6795 (complex and non complex)	yes
Haringey Hornsey	1298 (non complex)	Still receive a service in Haringey
Haringey Lordship Lane	1291 (non complex)	Still receive a service in Haringey
Tynmouth road	1223(non complex)	Still receive a service in Haringey
Islington (Archway)	4708 (complex and non complex)	No
Camden (Mortimer Market)	1742 (complex and non complex)	No
Camden (Margret Pike)	873 (reproductive health)	No

Decision – Cabinet agreed in December 2015 to delegate authority to the Leader of the Council

3. What data will you use to inform your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis. Please include any gaps and how you will address these

This could include, for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national. For restructures, please complete the restructure EqIA which is available on the HR pages.

Protected group	Service users	Staff
Sex	Haringey Joint strategic needs assessment (JSNA) http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna Haringey local authority HIV, sexual and reproductive health epidemiology report (LASER 2013 and 2015) London Sexual health transformation programme Case for Change	
Gender Reassignment		
Age		
Disability		
Race & Ethnicity		
Sexual Orientation		
Religion or Belief (or No Belief)		
Pregnancy & Maternity		
Marriage and Civil Partnership		

Outline the key findings of your data analysis. Which groups are disproportionately affected by the proposal? How does this compare with the impact on wider service users and/or the borough's demographic profile? Have any inequalities been identified? *Explain how you will overcome this within the proposal.* *Further information on how to do data analysis can be found in the guidance.*		

Sex - 4540 new STIs were diagnosed in Haringey residents in 2015 (2751 in males and 1785 in females), a rate of 1696.9 per 100,000 residents (males 2051.6 and females 1337.5). These numbers are indicative of all resident activity and not just those using the Haringey clinic. The majority of these diagnoses were chlamydia 1645, then gonorrhoea 770, syphilis 115 and HIV 75. The figures demonstrate that males are much more likely to be diagnosed with STIs.

Young people - Haringey has the **12th** highest rates of new STIs (excluding chlamydia diagnosis in 15-24 year olds in England). In general, those in Haringey aged between 15 and 24 years experience higher rates of STIs; with 31% new STIs diagnoses made in GUM being in young people. Young people are also more likely to become re-infected with STIs. Chlamydia is the most common STI in young people; the detection rate per 100,000 in Haringey was 2176 compared to 1,887 per 100,000 in England. Women and girls are at higher risk, especially those aged 20-24 years' who account for 63% (57,558 of total 91,901) of chlamydia diagnoses, 55% (8,722/15,814) of gonorrhoea, and 42% (12,223/29,240) of genital herpes.

Unplanned pregnancy – the highest numbers of unplanned pregnancy occur in the 20-34 year age group. Unplanned pregnancies can end in abortion or a maternity. Whilst many unplanned pregnancies that continue will become wanted; unplanned pregnancies can cause financial, housing and relationship pressures and impacts on existing children.

Teenage pregnancy - rates of teenage conceptions in Haringey have fallen, but remain challenging. Haringey is ranked 18th across London in 2013 (92 conceptions).

Abortions – the total number of abortions in Haringey was 1,458 in 2014; making the rate per 1,000 women aged 15-44 years 22.3 compared to England's rate of 16.5. Locally 27% women under 25 years had had a previous abortion while in England this was 29%. For women over 25 years this was 46.6% compared to England's 45%

The rate of long acting reversible contraception (LARC) prescribed in sexual and reproductive health services per 1,000 women aged 15-44 years was 48.6 for Haringey, 33.0 for London and 31.5 for England. Whereas the rate per 1000 women prescribed LARC in primary care was 22.6 compared to 52.7 in England.

Men who have sex with men (MSM) – In 2015 2211 gay and 173 bisexual men resident in Haringey accessed testing at a GUM clinic. Of this number 206 gay men and 132 bi men used the Haringey service. In 2014, 44% of sexually transmitted infections (STIs) diagnosis were in MSM; there is no census data regarding what the percentage of the

population of Haringey that are MSM. Rates of STI diagnoses have been increasing since 2013 amongst MSM in Haringey reflecting the trend across London. There has been a sharp rise in syphilis (46% increase) and gonorrhoea (32% increase). Data is not available locally, but in England 70% of gonorrhoea cases and 88% syphilis cases were in MSM. An increasing proportion of STIs are diagnosed among MSM living with HIV, who have four times the population rate of acute bacterial STIs compared with MSM who are HIV negative or undiagnosed. Unfortunately due to small numbers it is not possible to present a break-down of new HIV diagnoses in Haringey by route of transmission. In England in 2015, 48% of new HIV diagnoses were in MSM. In London there is growing concern that an increase in sexual risk behaviour due to sexualised drug use (chemsex) and social networking apps for finding casual partners may lead to further increased transmission of STIs. It is also likely that more MSM are now regularly testing for STIs.

Haringey is ranked **13th** highest for the rate of gonorrhea**,** which is a marker of high levels of risky sexual activity. The rate of gonorrhea diagnoses per 100,000 in Haringey was 279.1 (compared to 63.3 per 100,000 in England). Both young people and men who have sex with men (MSM) have a higher rate.

There has been a long-term trend for an increase in the number of new HIV diagnoses in MSM, in the context of increased HIV testing, although this has plateaued in recent years. In 2015, 63% of all new HIV diagnoses in London residents were in MSM (compared with 63% in 2014 and 41% in 2006). Of the MSM newly diagnosed with HIV, 71% were white and 40% were UK born.

Haringey has a high level of late diagnosis of HIV in comparison to London. In Haringey, between 2013 and 2015, 39.9% of HIV diagnoses were made at a late stage of infection compared to 33.5% for London and 40.3% in England. By sexual orientation, this represents 30.2% of men who have sex with men (MSM) and 55.6% of heterosexuals were diagnosed late.

Black and ethnic minority (BME) – According to the 2011 Census, Haringey has a BME population of **100,583** (ONS, 2011). This equated to 39.5% of the total population.
In 2015 the majority of STIs were in white residents (55%) 21% black or black British, 3% Asian or Asian British, 7.3% mixed, 6.6% other ethnic groups. Of people living in Haringey with HIV 43% were white, 36% Black African, 7.3% Black Caribbean.

Heterosexual contact was the second largest exposure route for new diagnoses of HIV in London residents in 2015 (32%). Of this number, 42% were amongst African-born persons (compared with 74% in 2006) and 35% in those born in UK. Black Africans represented 23% of all newly diagnosed London residents in 2015 (compared to 23% in 2014 and 42% in 2006). A small proportion of new diagnoses in 2015 were in black Caribbean's (4%).

In relation to late diagnosis of HIV within London by ethnic group, Black Africans were more likely to be diagnosed late than the White population (53% and 25% respectively).

4. a) How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?

Please outline which groups you may target and how you will have targeted them

Further information on consultation is contained within accompanying EqIA guidance

1. **London Sexual Health Transformation Project workshop:**
   A soft marketing questionnaire was sent out to all Genitourinary Medicine (GUM) providers. A GUM provider's workshop was held in Central London on 14th May 2015 with attendance of nearly all the NHS Trusts.
2. **Patient Waiting Room Survey:**
   A 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 20th April and 8th May 2015 the LSHTP undertook the paper and online survey for service users in the GUM clinics, receiving a total of 1,437 responses across all clinics.
   Of particular note, out of the 1,437 returns, only 15 people completed the survey online and the preference for paper copy submissions were overwhelming.
   Generally people are less likely to follow up surveys online after their appointment.
3. **Haringey waiting room survey –** although most residents using a GUM service leave Haringey to do so, 32% stay in Haringey. To capture the unique needs of these residents public health commissioned Public Voice to conduct a paper based survey. A total of 174 participants from five Haringey clinics took part in the survey. Public Voice also worked with Wise Thoughts to get surveys completed by LGBT residents, Wise Thoughts is the local art initiatives delivering services to help address social justice issues and needs of Lesbian, Gay, Bisexual and Transgender (LGBT) and Black, Asian & Minority Ethnic (BAME) communities

4. b) Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics

Explain how will the consultation's findings will shape and inform your proposal and the decision making process, and any modifications made?

London Sexual Health Transformation Project workshop: Integration of GUM and SRH is better for patients but is not supported by current commissioning or payment arrangements.

- Providers want to be able to influence commissioning and get to a position where there is stability in contracts
- The importance of protecting open access and improving public health outcomes
- London has some world class services and significant innovation and capability in the system
- Working together to build a sustainable system for sexual health is a shared objective

London Patient Waiting Room Survey:

- 69% were using a service near where they worked or studied
- 64% had travelled there by tube
- 64% had a travelling time of under 30 minutes
- 76% would try home testing

Haringey survey at St Ann's

- The highest proportion of participants found out about the service they were using through family/friends, this was important for young people. All 18 participants from sex workers clinic found out about the service this way.
- A higher proportion of 25-34 year old participants (40%) were making their first visit to a sexual health service in Haringey than any other group.
- A higher proportion of 25-34 year olds participants were visiting for the first time in three years (38%) and also visited 11 times or more (15%) than any other age groups.
- 47% of participants under 24 would consider ordering sexual health kits online,
- 53% of participants in the 25-34 age group would consider ordering sexual health kits online, compared to 36% of the 35+ age group.The same proportion of participants from the <24 and 35+ age groups would not consider ordering sexual health kits online (38%).
- 36% of participants attended the clinics for contraception; this was highest for women and young people.
- More than half (53%) of participants would consider using a GP as an alternative to sexual health services. It's important to note that 72% of participants from sex workers programme indicated that they would not consider using another service.
- When asked what other services they would consider, 18% of participants said they would consider online services. 20% of participants considered it important to be able to book appointments online when choosing a service. However, when specifically asked whether they would consider using online services to order sexual health testing kits, 44% of participants stated that they would. Barriers to using online services included privacy concerns, preference for contact with a professional, preference for face to face contact, reliability concerns, no permanent address, and lack of internet use and misunderstandings of the service.
- Proximity to home was most frequently considered an important factor when choosing a sexual health service (68%), followed by suitable opening hours (52%). Proximity to work/study was considered least frequently (19%) followed by the choice of male/female staff (20%).
- 10% of participants wanted a separate sexual health and contraception services, compared to 59% who wanted an integrated service. 26% had no preference to an integrated or separate service.
- 42% of participants from mixed/multiple ethnic backgrounds attended the clinic for a check-up without having symptoms, whilst 29% from white ethnic backgrounds visited for this reason.
- 47% of participants from mixed/multiple ethnic backgrounds attended the clinic for contraception compared to 25% from 'Any other ethnic group'.
- Only 11% of participants from a Black/African/Caribbean/Black British background would consider the use of an online service**.**
- A higher proportion of participants from the mixed/multiple ethnic groups group wanted separate services than any other group (26%).

- GP was the most frequently considered alternative to sexual health services highlighted by participants across all ethnic groups. This was followed by pharmacies.

5. What is the likely impact of the proposal on groups of service users and/or staff that share the protected characteristics?

Please explain the likely differential impact on each of the 9 equality strands, whether positive or negative. Where it is anticipated there will be no impact from the proposal, please outline the evidence that supports this conclusion.

Further information on assessing impact on different groups is contained within accompanying EqIA guidance

Sex Men have more sexually transmitted infections (STIs) than women. Men without symptoms will be offered increased access to on line services and community services. They will benefit from the roll out of free condoms. Males over 25 years with complex STIs like gonorrhea and syphilis will have to access treatment in GUM clinic outside of Haringey. All of the clinics are well located near to public transport.

Women may want a choice between a reproductive health service and an integrated service (both STI testing and reproductive health) in the Haringey survey 10% of respondents wanted a separate service. The NCL contract has a dedicated female only reproductive health service. Take up of long acting reversible contraception (LARC) in Haringey is high. More women are currently using sexual health services than GPs. For this reason in addition to the NCL service Haringey has commissioned Central North West London NHS Trust (CNWL) to run a new female reproductive health service and issued a new LARC contract to GPs for those who would like to use a GP. Women currently go to GUM clinics for emergency hormonal contraception (EHC), the free pharmacy services will offer a walk in EHC service.

One of the clinics targeted in the Haringey consultation was specifically for sex workers. Their feedback suggested the importance of word of mouth in recommending a service and their not wanting to use a GP or on line services. NCL service will have a dedicated sex worker project, consolidating services in Haringey, Camden and Islington. This will create additional outreach to off street and on street locations and a minimum of three specialist sex worker clinics per week, one of which will be in Haringey.

Positive	X	Negative		Neutral Impact		Unknown Impact	

2. Gender reassignment: 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 or fear of discrimination. Working across a network of sub regions within London creates the opportunity to create services designed to meet the needs of London's transgender population.

Positive	x	Negative		Neutral impact		Unknown Impact	

3. Age: the data shows that young people are at high risk of STIs, in particular chlamydia. The NCL retendering has allowed Haringey to commission CNWL to open a young people's service. The opening hours, location and culture will all be designed to meet the needs of Haringey's young people. Currently there is not a dedicated service and limited young people specific clinics.

The new NCL service will have enough capacity to offer young people the opening hours that work best for them, including evenings and Saturdays. There may even be enough demand for young people's single sex clinics.

The Haringey survey showed that 47% of respondents who were under 24 would consider ordering sexual health kits online. A London online service will become available in July and we are expanding the number of pharmacies; both offering testing kits and treatment for chlamydia. Young people will still have access to school nurse led services; safe talk nurses who work in schools and youth settings

Positive	x	Negative		Neutral impact		Unknown Impact	

4. Disability: no data regarding disability was available. Changes in the system of how residents access services may be very confusing for all residents especially those with a disability i.e. booking numbers, clinic times and locations changing. As part of mobilization, reasonable adjustments will need to be taken into account. The move to pharmacy based services will make services closer to home and there may be benefits to on line testing. All of the GUM clinics are near to transport routes.

Positive		Negative		Neutral impact		Unknown Impact	X

5. Race and ethnicity: in the Haringey survey 42% of participants from mixed/multiple ethnic backgrounds attended the clinic for a check-up without having symptoms, whilst 29% from white ethnic backgrounds visited for this reason. Only 11% of respondents would consider using an on line service. Moving to a sub-regional model will allow Haringey to have sufficient funds to continue to separately commission Embrace to provide a targeted black and minority ethnic (BME) adult service, which includes STI/HIV testing. There is also an increase in availability of testing in pharmacies including HIV.

In the Haringey survey 47% of participants from mixed/multiple ethnic backgrounds attended the clinic for contraception compared to 25% from any other ethnic group. Contraception services will continue to be delivered locally and will offer both telephone on line booking and a wider range of appointment times in order to ensure those who do not

feel comfortable using online services can access face-to-face services.

Positive	x	Negative		Neutral impact		Unknown Impact	

6. Sexual orientation men who have sex with men (MSM) have disproportionately high levels of STIs. The majority of MSM living in Haringey are choosing to access services outside of Haringey. Within the new contract Mortimer Market centre (MMC) in Camden will have a specialist role in providing services for MSM to include STI care, HIV prevention and access to human papilloma virus (HPV) vaccination as part of the NHS England pilot. As an important centre it will be part of the Proud study and will be ready for Pre-exposure prophylaxis (or **PrEP**) roll-out once details and funding are agreed. This part of the service will work closely with the HIV services co-located at MMC to address issues related to Chemsex MMC will have combined services with the Grove drug service. MMC will also offer group interventions supervised by psychologists addressing Chemsex/MSM risk reduction/SH related psychosexual issues.

The national online HIV home testing pilots and service have targeted MSM and have had good take up of both new people testing and people regularly testing.

Positive	x	Negative		Neutral impact		Unknown Impact	

7. Religion or belief (or no belief): No data was available. 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 NCL specification intends to ensure the service respect people's 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. Locally work with faith groups is ongoing via Embrace.

Positive		Negative		Neutral impact	x	Unknown Impact	

8. Pregnancy and maternity: There is a need for maternity services to work closely with services offering contraception, especially LARC and therefore there will be an opportunity for this to be specified within the contract.

Positive		Negative		Neutral impact	x	Unknown Impact	

9. 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 impact on this group from this procurement.

Positive		Negative		Neutral impact		Unknown Impact	x

10. Groups that cross two or more equality strands e.g. young black women
There are many instances where there are cross cutting equality implications, for example young women, gay and bisexual men. These have been identified as part of the data analysis above.

The data showed that men who have sex with men (MSM) and black Africans are the groups most affected by HIV infection. Testing is import in both populations because approximately thirteen percent of people estimated to be living with HIV in the UK are unaware of their infection and remain at risk of passing it on if having condomless sex. Over the last 3 years we have been reducing late diagnosis of HIV in Haringey. Avoiding late diagnosis of HIV and delays in accessing HIV treatment is important in ensuring better health outcomes for people living with the virus. We have redirected resources into outreach and pharmacy services, as we recognise that MSM, Black Africans and BME MSM face stigma and discrimination and may have fears about accessing traditional NHS services. The new NCL service provider showed strengths in both offering services to this group of residents and in its approach to partnership working with them; through appointing them as patient experts and by working alongside the voluntary sector to support them in shaping service delivery.

Outline the overall impact of the policy for the Public Sector Equality Duty:

- **Could the proposal result in any direct/indirect discrimination for any group that shares the protected characteristics?**
- **Will the proposal help to advance equality of opportunity between groups who share a protected characteristic and those who do not?**
  This includes:
  a) **Remove or minimise disadvantage suffered by persons protected under the Equality Act**
  b) **Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups**
  c) **Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low**
- **Will the proposal help to foster good relations between groups who share a**

protected characteristic and those who do not?
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 an overall positive impact on those protective groups that are relevant to this project. Where there are identified gaps in provision commissioners will need to work with the successful provider to create pathways that mitigate risks of residents not getting access to a service. However this service is part of a wider transformational change in the way services are delivered and as a result there may be unforeseen impacts on those with protective characteristics. It is therefore important that public health regularly review and monitor all new services for their impact and continue to work with Healthwatch and patient groups.

6. a) What changes if any do you plan to make to your proposal as a result of the Equality Impact Assessment?

Further information on responding to identified impacts is contained within accompanying EqIA guidance

Outcome	Y/N
No major change to the proposal: the EqIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them.	Y
Adjust the proposal: the EqIA identifies potential problems or missed opportunities. Adjust the proposal to remove barriers or better promote equality. Clearly set out below the key adjustments you plan to make to the policy. If there are any adverse impacts you cannot mitigate, please provide a compelling reason below	
Stop and remove the proposal: the proposal shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	

6 b) Summarise the specific actions you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty

Impact and which protected	Action	Lead officer	Timescale

characteristics are impacted?			
Young people and Females using the St Ann's service will need information regarding the new CNWL Haringey service and primary care	We are working with key partners to develop a communication strategy, ahead of and during the change.	Sarah Hart	April to September
Race and ethnicity residents – ensuring good access continues	Haringey will continue to offer community testing for BME residents and will use its expertise to feed into the marketing of online home sampling.	Sarah Hart	April to September
Sexual orientation - MSM who are currently using the local service will need to have information regarding which service to access in the future.	Current patient lists can be used to send text information (where consent has been given) plus organisations like the pan-London HIV programme and Wisethoughts can all help promote the change. Satisfaction surveys will be completed by the new service which will provide data on sexual orientation. This will be supported by the new provider being asked to identify a service user to act as the Haringey Service User Engagement Champion.	Sarah Hart	April to September

Please outline any areas you have identified where negative impacts will happen as a result of the proposal but it is not possible to mitigate them. Please provide a complete and honest justification on why it is not possible to mitigate them.

6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:

The service level agreement for the new service states that information related to protective characteristics is to be collected. The NCL service will be monitored by a group of commissioners made up of representatives from each local authority

7. Authorisation	
EqIA approved by ..... (Assistant Director/ Director)	Date .....

8. Publication *Please ensure the completed EqIA is published in accordance with the Council's policy.*

Please contact the Policy & Strategy Team for any feedback on the EqIA process.