



Haringey Council

Equality Impact Assessment

Name of Project	Tender of the community support service	Cabinet meeting date If applicable	
Service area responsible	Public Health		
Name of completing officer	Akeem Ogunyemi	Date EqIA created	22/03/2016
Approved by Director	Jeanelle de Gruchy	Date of approval	17/11/2016

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 Council's commitment to equality; please visit the Council's website.

Stage 1 – Names of those involved in preparing the EqIA	
1. Project Lead - Akeem Ogunyemi	5.
2. Equalities / HR	6.
3. Legal Advisor (where necessary)	7.
4. Trade union	8.

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

The proposal is to retender the community sexual health service with minimal redesign as the service was redesigned in 2014/15. The service is currently run by Embrace UK, who are a registered Charity that aims to relieve poverty amongst disadvantaged groups including refugees, asylum seekers and migrants through the provision of information advice and guidance on welfare benefits, housing, immigration, education and training, health related issues such as HIV/AIDS and mental health.

The current service is community based and targeted at all residents of Haringey (within appropriate age groups). It has a particular focus on Black African/Caribbean communities which continue to experience high prevalence of sexually transmitted infections (STIs) and the highest percentage of late HIV diagnosis amongst at risk groups which is the most important predictor of HIV-related morbidity and short-term mortality.

Within the current community based programme the following services are offered;

Safer Sex Awareness - comprising of; Chlamydia/Gonorrhoea testing for adults (25 years plus years & Adults) and as part of value added provision, testing for vulnerable young people (15-25 years) who are NEET and Condom Distribution services (Pan London under 25 years scheme and Haringey specific adult scheme).

Primary Prevention Programme – Rapid HIV Point of Care Testing (PoCT) to increase awareness and encourage residents to test for HIV, thereby reducing the time from infection to diagnosis, specifically within communities and groups where undiagnosed HIV and late diagnosis remains high, notably in Black Africans communities.

Living Well With HIV - providing, socio-emotional support, information, advice and guidance and referral pathways to service users diagnosed with HIV.

Newly Diagnosed Pregnant Women - Specifically ante-natal care tailored to the needs of HIV positive pregnant women. The service supports women around disclosure to partners when appropriate, support during birth and also post natal support. Additionally, the service offers advice and referral to wider services, treatment adherence support; advice on safer sex and negotiating safer sex with new sexual partners; volunteering opportunities such as peer mentoring.

Service Engagement – 2015/16

- In 2015/16 the service engaged with a total of 15,707 people with more than half from BME backgrounds
- Of the total people engaged with, 5,457 took up a service on offer.
- 3,550 (65.1%) who took up a services were BME .
- 65% of people who received a service were between the ages of 25-44 years old.
- More men took up a service than women
- Over 50,000 condoms, femidoms and lubricants and nearly 5,000 promotional materials providing information about STIs including HIV were distributed.

The largest ethnic minority group engaged with was the Black African community followed by African Caribbean, Asian,, Latin American and Eastern European respectively.

Following the procurement process, Embrace UK is recommended as the preferred bidder. The successful provider is already well embedded within the local community having provided various health and wellbeing provision for groups and communities in Haringey who are deemed high risk, vulnerable and marginalised within society for over 20 years.

The incumbent service provider, Embrace UK has delivered against the existing service specification whilst also successfully evolving to adapt to new service demands & expectations as directed by the commissioner. For example, from November 2014 the service was remodelled to offer HIV Point of Care and Chlamydia/Gonorrhoea testing alongside its established provision of sexual health promotion and awareness raising within the Black African Community as part of a pilot project to ascertain the viability of community based testing.

Following the successful implementation of the pilot, for the 2015-16 financial year, a formalised target was integrated into the service specification for HIV Point of Care Testing (PoCT), Chlamydia/Gonorrhoea screening and Condom distribution for young people under the age of 25 years as part of the Pan London C-card scheme and the Haringey specific adult condom scheme for Haringey residents.

For performance against each of the KPI's, Embrace UK either met or exceeded the service targets, and for 2016-17 targets ,the provider is on course to exceed the KPI's.

Additionally as part of the service user survey, the feedback from service users on their experience of accessing services via Embrace was very positive, indicating that the provider is well placed to continue to support key groups within Haringey who find it challenging to access mainstream services.

This Equality Impact Assessment looks to understand the profile of STI prevalence and access to community sexual health services among those that share different protected characteristics. It assesses the impact of recommissioning Embrace UK to provide these services.

Haringey Sexual Transmitted Infection (STI) Profile 2014

There is significant need for sexual health services in Haringey which should comprise of prevention and diagnostic services , with access to services and appropriate information with a recognition that need can be greater in certain communities

Key issues highlighted in the data are as follows

- **4389 new sexually transmitted infections (STIs)** were diagnosed in Haringey residents, which is a rate of 1666.4 per 100,000 (compared to 797.2 per 100,000 in England).
- Young people aged between 15 and 24 years experience the highest rates of new STIs, (especially females). In Haringey, **34%** of diagnoses of new STIs made in GUM clinics were in young people aged 15-24 years
- The Chlamydia detection rate per 100,000 young people aged 15-24 years in Haringey was 2174.8 (compared to 2012.0 per 100,000 in England).
- **41.2% of new STIs were in men who have sex with men (MSM)**¹
- **Haringey is ranked 10 highest for the rate of Gonorrhoea**, which is a marker of high levels of risky sexual activity. The rate of Gonorrhoea diagnoses per 100,000 in Haringey was 279.1 (compared to 63.3 per 100,000 in England).
- An estimated **9.% of women and 12.1% of men presenting with a new STI** at a GUM clinic during 2010 to 2014 were re-infected with a new STI within twelve months.

¹ GUM clinics only

- Among GUM clinic patients who were eligible to be tested for HIV, 72.1% were tested, compared to 68.9% in England.

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 deprivation 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 behaviour and sexual behaviour.

Ethnicity - There are a significant number of new STIs diagnosed in GUM clinics within non white ethnic residents as shown in Figure 2

Figure 2 - Number and proportion of new STIs by ethnic group (GUM diagnoses only) 2014 (PHE)

Ethnic Group	Number	%
White	2470	59.3
Black or Black British	585	14.0
Asian or Asian British	335	8.0
Mixed	245	5.9
Other ethnic groups	155	3.7
Not specified	375	9.0

HIV Diagnosis

An estimated 107,800 people were living with HIV in the UK in 2013. Men who have sex with men (MSM) and black Africans are the groups most affected by HIV infection.

It is estimated that a quarter of people to be living with HIV are unaware of their infection in the UK and remain at risk of passing it on if having sex without condoms.

Haringey's HIV diagnosis rate, at 7.1 per 1000 population is comparatively higher than London (5.9 per 1000) and significantly higher than the England rate (2.2 per 1000).

Haringey also has a high level of late diagnosis in comparison to London. In Haringey, between 2012 and 2014, 43.2% of HIV diagnoses were made at a late stage of infection compared to 37% for London and 42% in England. By sexual orientation, this represents 31.1% of men who have sex with men (MSM) and 59.8% of heterosexuals were diagnosed late.

Within London by ethnic group, Black Africans were more likely to be diagnosed late than the White population (56% and 27% respectively).

There are a broad range of factors which can be attributed to the high levels of late diagnosis amongst Black African communities. Nationally Black Africans and other minority ethnic groups in the UK are likely to perceive themselves as outsiders, hence they are likely to experience stigma. This may have knock on effects, such as avoiding mainstream sexual health services. Evidence suggests that HIV positive Black Africans in the UK are likely to conceal their HIV status and to delay/ignore potential sources of health & social support because of perceived external and internalised stigma.

Therefore, ensuring the provision of a local community based sexual health service, which improves understanding of HIV, sexual health and safer sex practice, access to HIV & STI testing and peer support for BAME Haringey residents, who are challenged to access mainstream services will continue to have a number of benefits for residents of Haringey, particularly those from high risk groups;

- Increased opportunistic STI and HIV testing
- Provision of prompt diagnosis and treatment thereby supporting the reduction in Sexually Transmitted Infections (STI)
- Contribution to early diagnosis of HIV infection which will enable better treatment outcomes, improved life expectancy and reduction in the risk of transmitting the infection to others.
- Support the reduction in teenage and unwanted pregnancy amongst vulnerable & migrant communities through the promotion of safer sex practice and access to contraceptive provision and signposting.

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
Sexual health retender review	Focus group and survey information

**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	X		<p>Black African men are a key risk group for STI & HIV. Nationally, 66% of Black African men diagnosed with HIV were at a late stage of diagnosis. The current service engaged with over 2000 Black African men with the largest age cohort within the 25-44 age group</p> <p>Peer testing</p> <p>In community settings and times that suits them was found to be important in the consultation</p> <p>Black African women are a key risk group for STI & HIV. Nationally, 61% of Black African women were diagnosed with HIV at a late stage. The current service engaged with over 1700 Black African women with</p>	

			<p>the largest age cohort within the 25-44 age group</p> <p>Peer testing</p> <p>In community settings and times that suits them was found to be important in the consultation</p>	
Gender Reassignment	X		<p>Those in transition are often very dissatisfied with main stream sexual health services, The new provider will be expected to work with community organisations/groups like Wise Thoughts which is an LGBT organisation, the provider will also develop links with more speciality charities like London Friends</p>	
Age	x		<p>Young adults are more likely to have an STI especially young women. The service will target young adults via youth and community settings. The service will promote and offer age appropriate services to young people such as the Pan-London Condom Scheme and National Chlamydia Screening Programme (NCSP) which are services for young people under 25</p>	

			years	
Disability	X		There is evidence that access to clinic based services can be poor for those with a disability – the provider will provide a proactive signposting and referral pathway which minimises barriers to accessing appropriate sexual health services for people with a disability	
Race & Ethnicity	x		There will be targeted services and outreach and provision with ethnic communities/ groups known to have higher prevalence of STIs such as the Black african communities. This will be informed and shaped by local and national sexual epidemiology data. However, the overall service provision will also be inclusive of engaging with wider groups to help reduce the incidence of ‘missed’ opportunities for residents to test.	
Sexual Orientation	x		2015 PHE London & national STI reports indicate a significant increase in STI diagnosis amongst MSM. The service will ensure proactive local engagement with residents identifying as MSM. The service will provide information and	

			signposting to appropriate services. The provider will also develop collaborative pathways with local LGBT services/groups such as Wise Thoughts & Proud Lillie Whites	
Religion or Belief (or No Belief)	x		Belief systems can influence how people want to discuss sexual health and where they want to receive treatment. The provider will be expected to take religion and belief into consideration in the planning of its services and work collaboratively with faith groups to help address stigma and barriers to accessing services.	
Pregnancy & Maternity	x		The current provider has developed a well respected service for mothers who are HIV positive, they have established links with midwives and health visitors and work successfully with the Alexander Pringle center which is one of the leading providers of HIV treatment & care in the UK.	
Marriage and Civil Partnership	x			No specific issues identified

Stage 6 - Initial Impact analysis	Actions to mitigate, advance equality or fill gaps in information
<p>The analysis of the assessment shows that those within protective characteristic groups are highly impacted on in terms of the provision of sexual health services and can potentially benefit from service redesign. The service will be open to all residents including young people under the age of 25 to ensure maximum uptake and awareness raising.</p> <p>Embrace is well placed to offer services to these groups . Embrace UK have a proven history of delivering good quality service within the community, particularly to groups who are identified as high risk, vulnerable and marginalised within communities. They also provided the cheapest quote in comparison to the other bidders whilst scoring the highest in relation to quality of service provision.</p>	<p>Monitoring and oversight The commissioner will conduct ongoing review of the effectiveness and impact of the service provision to meet the needs of high risk groups through monitoring data and further focus groups. It will be important to ensure that the following groups needs are being addressed</p> <ul style="list-style-type: none"> ▪ Men over the age of 24- at the risk of repeat STI infections ▪ Women over the age of 24- at risk of acquiring STIs, ▪ Men who have sex with men (MSM)- at risk for acquiring STI infections ▪ LGBT at risk of acquiring STI infections ▪ Working with Faith groups/communities as part of increasing awareness raising.

Stage 7 - Consultation and follow up data from actions set above	
Data Source (include link where published)	What does this data include?
<p>Introduction</p> <p>A service user engagement exercise with Haringey adult residents from BaME backgrounds took place during May & June 2016. The purpose was to establish service users views on what the successful elements and challenges were with the current community based sexual health service provision, as well as views on how services could be improved.</p> <p>The survey exercise invited a range of service users from BaME communities currently accessing the existing community outreach sexual health service, particularly service users from Black African communities which represents one of the highest risk groups for sexual ill health in the borough</p>	<p>The survey was designed to find out the following information;</p> <ul style="list-style-type: none"> • Service user views on the existing community sexual health services offered by Embrace UK • Service user experience of accessing the service • Service users experience of and issues with other sexual health services in the borough • Service users access to information for sexual health services, contraception & HIV support. <p>A total of 23 people attended the focus groups. The focus groups took place at Embrace UK's centre.</p> <p>The survey group comprised of;</p>

- A group of newly diagnosed pregnant women and mothers living with HIV (12 women).
- A mixed group of men and women from African and African Caribbean backgrounds (4 men & 7 women).

Of the total number of respondents who took part in the survey 18 provided responses to the survey questions.

Overall, the service users who took part in the survey were satisfied with the level of service on offer through the current provider and wished to see the levels of provision maintained and expanded on where feasible.

The information we have collected from the survey has been used to update the service specification for the community sexual health services contract which is being put out to tender.

The survey report will also be shared with potential providers to make sure providers have insight into the needs and expectations of services users.

Stage 8 - Final impact analysis

The impact assessment has identified groups known to have a higher risk and prevalence of certain STIs and HIV, or have poorer access to community sexual health services. The commissioned provider will be expected to design and tailor prevention and treatment to improve access to sexual health services for these high risk and disadvantaged groups.

Embrace UK, the preferred bidder, is well embedded within the local community and has exceeded performance outcomes for 2016/17. Recommissioning their services is expected to build on this performance and improvement, benefiting those groups that are of the highest risk and most vulnerable.

The commissioner will conduct ongoing review of the effectiveness and impact of the service provision to meet the needs of high risk groups through monitoring data and further focus groups.

Stage 9 - Equality Impact Assessment Review Log

Review approved by Director



Date of review

18/11/2016

Review approved by Director / Assistant Director



Date of review



Stage 10 – Publication

Ensure the completed EqIA is published in accordance with the Council's policy.