

Equality Analysis (EA) Guidance Notes

Please see Appendix A below. Please also ensure that the EA be completed in Plain English, as it is likely to become a public document once signed-off. Ensure that all acronyms have been clearly defined in full before use. For further information or assistance on completing the EA, please contact the CCG's **Membership, Engagement and Equalities Team on 0207 525 7888 or email SOUCCG.southwark-ccg@nhs.net**

Name of strategy/policy/service	HIV Care and Support Services
Lead Director/Head of Service	Ali Young
Author	Fraser Serle, Interim Commissioning Officer
Reviewed by	Harjinder Bahra, equality and human rights manager Southwark CCG
Date equality analysis completed	5 July 2016
Date equality analysis sign off	

Section 1: Executive summary, sign-off process, capturing, monitoring and reviewing the EA action log

1.1	Summary of the Strategy/Policy/Service
	Provide an Summary of the Strategy/Policy/Service that is the subject of the EA
	<p>The proposed changes are based on the 2012 LSL HIV Care and Support Review undertaken by Lambeth, Southwark and Lewisham PCTs and Councils. The review included extensive stakeholder consultation, including that with service users. This review recommended that mainstream or non-specialist HIV services would be better placed able to offer care and support services to people with living with HIV (PLWH) and that this might be desirable to avoid service duplication and to work towards de-stigmatising HIV as a long term condition. In addition, it would improve access to local services.</p> <p>The LSL Sexual Health Strategy, 2014-17, committed to delivering on the recommendations of the review. The Lambeth public health commissioning team have led on implementing the Review in stages, consisting of:</p> <ul style="list-style-type: none"> • Procuring a new LSL-wide peer support and mentoring service which adopts an evidence-based expert patient model and aligns with the local NHS strategy for long-term medical conditions. The new service was procured in 2015 and is delivered by a partnership of local community and voluntary sector organisations • Restructure the CASCAID mental health service delivered by South London and Maudsley NHS Trust (SLaM) – this was completed in 2015 • Restructure advice and advocacy, counselling and assessment/signposting services – creating new pathways into non-specialist HIV services in line with the recommendations of the Review. This document outlines the equalities impact of that proposed restructure which would involve reducing the number of HIV specialist services commissioned for people living with HIV (PLWH) from five to two.
1.2	What does the Strategy/Policy/Service provide?
	<p>The new pathways to access advice and advocacy, counselling and assessment/signposting services for all PLWH will be alongside the general population of Southwark, these services already work with PLWH:</p>

- IAPT for counselling: IAPT is a counselling service provided by SLAM. It is for any Southwark residents regardless of HIV status who is:
 - Feeling down, low or depressed
 - Feeling stressed or anxious
 - Finding it hard to control worrying
 - Anxious in social situations
 - Experiencing low mood or anxiety in pregnancy or the first year after birth
 - Experiencing panic attacks
 - Experiencing flash backs of traumatic events
 - Caught up in excessive washing or checking
 - Experiencing anxiety, stress and low mood linked to a long-term medical condition

People can self-refer online, see their GP who will refer them or self-refer on the telephone.
<https://slam-iapt.nhs.uk/lambeth/welcome-to-lambeth-talking-therapies-service/>

Counselling is provided at multiple sites across the borough which will mean there are more sites at which people can be seen. Being part of the integrated counselling service should facilitate referral into more specialist counselling and mental health support should a service user require it.

Southwark Citizens Advice and Southwark Local Support Team for advice and advocacy: The principal advice offer is through the local specialist advice services. This is offered over the phone, online or face-to-face. If the advice issue cannot be resolved straight away, an appointment is made with an advice agency for a more in-depth discussion or casework. These services are to deal with advice needs relating to benefits, housing and money/debt. In other cases (e.g. immigration, employment, consumer advice) people will be referred to other local or national organisations by the providers.

Sign Posting – The Peer Support service provided by Metro will be the new route for newly diagnosed patients to access support services. Peer support is available to patients at all HIV clinics in Lambeth, Southwark and Lewisham.

The two remaining services will be

- Family Support provided by PPC Metro. This typically complements input from children's social care who are also usually involved, often for child protection concerns. They also provide support to adolescents transitioning to adult services. Currently no alternatives that exist within the borough to meet this group of PLWH's needs.
- Peer Support and Mentoring provided by Metro through a consortium of HIV service providers. It has a strong evidence base of being effective and is **recommended by the British HIV Association (BHIVA) as a support service for PLWH**. The new peer service also deliver on key aspects of those services under review, namely assessment and signposting for newly diagnosed people and one to one support via peer mentoring.

The drivers for making changes to the HIV care and support services are to improve service effectiveness and better manage the service within a reducing financial envelope. In 2013 BHIVA published revised standards of care to inform and support commissioning of services across the system and provide a benchmark for the quality of care:

"In the three decades since the identification of HIV, progress in treatment and care has been enormous, with substantial improvements in both clinical outcomes and the lives of people living with HIV. Treatment outcomes for people with HIV in the UK are amongst the best in the world, which, despite current financial pressures, must be sustained and enhanced as new structures emerge within an evolving NHS." Standard 2

"People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities." Standard 9

Dealing with HIV must increasingly come into the mainstream. Mainstream services can now better meet the needs of people living with HIV than when the HIV-specific services for counselling and advice & advocacy were set up. The UK HIV stigma index identifies that only 27% of PLWH who participated in this research reported using HIV-specific services. For London, this is reported as 34% people, predominantly used most in the first year after diagnosis <http://stigmaindexuk.org/reports/2016/London.pdf> (p.9, section 6).

The three separate HIV services that would no longer be provided are:

- Advice & Advocacy provided by Terrence Higgins Trust (THT). Southwark residents living with HIV who use this service would access the appropriate borough based mainstream advice and advocacy services, such as Southwark Local Support Team Lambeth.
- Counselling provided by THT. Southwark residents living with HIV who wish to access counselling would use Southwark Talking Therapies Service, which is part of the Improving Access to Psychological Therapies service (IAPT).
- First Point provided by Metro. The expectation is that the HIV treatment centres where this service operates would undertake the appropriate sign posting and referral of their patients who needed support with their HIV diagnosis, they would utilise the peer support programme that will be provided by Metro to facilitate this.

1.3 Who are the service users?

People Living with HIV (PLWHIV)

1.4 With the current service, is there any inequality in access and or outcomes across the protected characteristics?

In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates.

Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%)

1.5 What does the Strategy/Policy/Service aim to change, and what would an equitable Strategy/Policy/Service look like?

The new pathways to access advice and advocacy, counselling and assessment/signposting services for all PLWH will be in line with those that all other people with long term medical conditions have access to thus ensuring equity for all the population of Southwark.

These will be:

Peer support and mentoring service, which will assess all people newly diagnosed with HIV and will signposts on to the range of appropriate services, including peer support and mentoring.

- IAPT for counselling: IAPT is a counselling service provided by SLaM. It is for any Southwark residents regardless of HIV status who is:
 - Feeling down, low or depressed
 - Feeling stressed or anxious
 - Finding it hard to control worrying
 - Anxious in social situations
 - Experiencing low mood or anxiety in pregnancy or the first year after birth
 - Experiencing panic attacks
 - Experiencing flash backs of traumatic events
 - Caught up in excessive washing or checking
 - Experiencing anxiety, stress and low mood linked to a long-term medical condition

PLWH will be signposted into IAPT by the peer support service or can self-refer online, or see their GP who will refer them or self-refer on the telephone, see

<https://slam-iapt.nhs.uk/lambeth/welcome-to-lambeth-talking-therapies-service/>

Counselling is provided at multiple sites across the borough which will mean there are more sites at which people can be seen. Being part of the integrated counselling service will facilitate smoother referral into specialist mental health support should a service user require it.

Southwark Local Support Team will provide advice and advocacy for PLWH in line with other Southwark residents with long-term conditions. If the advice issue cannot be resolved straight away, an appointment is made with an advice agency for a more in-depth

discussion or casework.

Southwark Local Support Team Services will provide immediate support on benefits, housing and money/debt advice. If specialist legal advice is required for PLWH (immigration, employment,) PLWH will be referred to other local or national specialist organisations, in line with the policy for all Southwark residents with long term conditions.

The two remaining HIV specific services will be:

- Family Support provided by PPC Metro. This typically complements input from children’s social care who are also usually involved, often for child protection concerns. They also provide support to adolescents transitioning to adult services. Currently no alternatives that exist within the borough to meet this group of PLWH’s needs.
- Peer Support and Mentoring provided by Metro through a consortium of HIV service providers. It has a strong evidence base of being effective and is recommended by the British HIV Association (BHIVA) as a support service for PLWH. The new peer service also deliver on key aspects of those services under review, namely assessment and signposting for newly diagnosed people and one to one support via peer mentoring

The drivers for making changes to the HIV care and support services are to improve service effectiveness and better manage the service within a reducing financial envelope. In 2013 BHIVA published revised standards of care to inform and support commissioning of services across the system and provide a benchmark for the quality of care:

“In the three decades since the identification of HIV, progress in treatment and care has been enormous, with substantial improvements in both clinical outcomes and the lives of people living with HIV. Treatment outcomes for people with HIV in the UK are amongst the best in the world, which, despite current financial pressures, must be sustained and enhanced as new structures emerge within an evolving NHS.” Standard 2

“People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities.” Standard 9

Mainstream services can now better meet the needs of people living with HIV than when the HIV-specific services for counselling and advice & advocacy were set up. The UK HIV stigma index identifies that only 27% of PLWH who participated in this research reported use of HIV-specific services. For London, this is reported as 34% people, predominantly used most in the first year after diagnosis <http://stigmaindexuk.org/reports/2016/London.pdf> (p.9, section 6).

1.6 Who needs the Strategy/Policy/Service? (please how needs vary by protected characteristics)
 People Living with HIV in Southwark. At present PLWH in Southwark are predominantly gay men and people of black African origin.

1.7 EA Sign-Off Process
Describe the process how this EA has/will be Signed-Off
 (1) Feedback by the equality and human rights steering group (EHRSG)
 (2) Feedback (if any) and signing off by the Quality and Safety Sub-committee (QSSC), to which the EHRSG reports

1.8 Capturing, Monitoring and Reviewing the EA Action Log
Describe arrangements for capturing, monitoring and reviewing any identified Equality and Human Rights gaps/risks in relation to this Strategy/Policy/Service

Section 2: Engagement, involvement and consultation

2.1 Engagement and Involvement	
A	<p>Describe how community engagement and involvement were undertaken in respect of this strategy/policy/service?</p> <p>The key stakeholders are PLWH who live in Lambeth, Southwark or Lewisham (LSL) use the services affect by these changes and the providers of these services - THT, Metro and PPC.</p> <p>Extensive stakeholder and service user consultation was undertaken for the 2012 review to inform the direction of travel for HIV care and support service provision in LSL. Meetings were held with the providers of these services early in the calendar year to give them an indication desire to continue to implement the findings of the 2012 review and the impact the budget savings will have on wider service provision. Consultation with service users was organised with each of the affected provider services. This took the form of drop in sessions and a focus group, additionally service users who were unable to attend an event were invited to complete a questionnaire online or submit a paper copy. In addition to copies of the questionnaire were made available to the HIV treatment centres in LSL for their patients.</p> <p>The engagement programme was to inform service users of the current financial context and the proposed changes and gauge an understanding of their use of the current HIV care and support services, their use of mainstream services and what might considerations would need to be in place to enable them to consider using mainstream services. It would give a clear service user 'voice' in any recommendations which are put forward.</p>
B	<p>What were the outcomes, and how have they informed this strategy/policy/service?</p> <p>An additional public consultation encompassing all the proposed strategic changes to public health services was undertaken. This included an online survey, public consultation events and consultation with Local care Networks, GP Networks and Providers. This consultation included a focus on the proposed HIV Care and Support Changes. The results of the online survey with the public were that 48% of respondents supported the proposed changes, 37% opposed the changes and 16% neither opposed nor supported. (To 25th May 2016).</p> <p>In addition, an engagement and HIV service user involvement exercise has been undertaken across Lambeth, Southwark and Lewisham with service users and providers of the current services. This consultation ends on 28th June.</p>
C	<p>Describe any engagement and involvement gaps/risks identified, and how they have been addressed?</p> <p>There has been some feedback to the consultation raising concerns about the quality and ability of the non-HIV services to work with PLWH. These concerns had not previously been raised with the commissioners by HIV advocacy services even though these non-HIV services have been providing</p>

services to PLWH for many years. Therefore until now no remedial work or investigation into the issues raised has taken place. Now that they have it is possible for the HIV commissioner to address these issues with the relevant mainstream services commissioners. The local non-HIV services have reported to the commissioners that their current client group includes people living with HIV, and they deal with the full range of social welfare law needs that they present with. Work will take place with the non-HIV services, the local HIV treatments centres and HIV support services as one way to reassure people who may be concerned about using a non-HIV service.

2.2 Formal Consultation (if appropriate)

A Describe how 'formal' community consultation was undertaken in respect of this strategy/policy/service?

There was a formal consultation as part of the 2012 service review.

Two large scale stakeholder mapping events took place along with two smaller meetings completed by LSL Commissioners with Lambeth and Southwark Local Authority leads to map eligibility criteria, referral mechanisms and service usage for PLWHIV including pathways for clients with No Recourse to Public Funds (NRPF).

The purpose of all the stakeholder mapping events was to use a process mapping approach to understand the current pattern of service delivery including:

- How services map across to needs
- The relationship between HIV-specialist and mainstream services
- Access and referral routes into services and eligibility criteria
- Gaps, unmet need and any duplication
- Situation for people with no recourse to public funds
- Routes out of services
- Ideas about how services could be organised and delivered in a better way.

The events were as follows:

Date	Focus	
14.7.2011	Lewisham Local Authority/ NHS services	Led by Ruth Hutt, Consultant in Public Health. Attended by 18 staff from Lewisham social care, CASCAID, CNS, Alexis clinic, joint commissioning team and 1 service user from Lewisham in a 3 hour meeting to map client

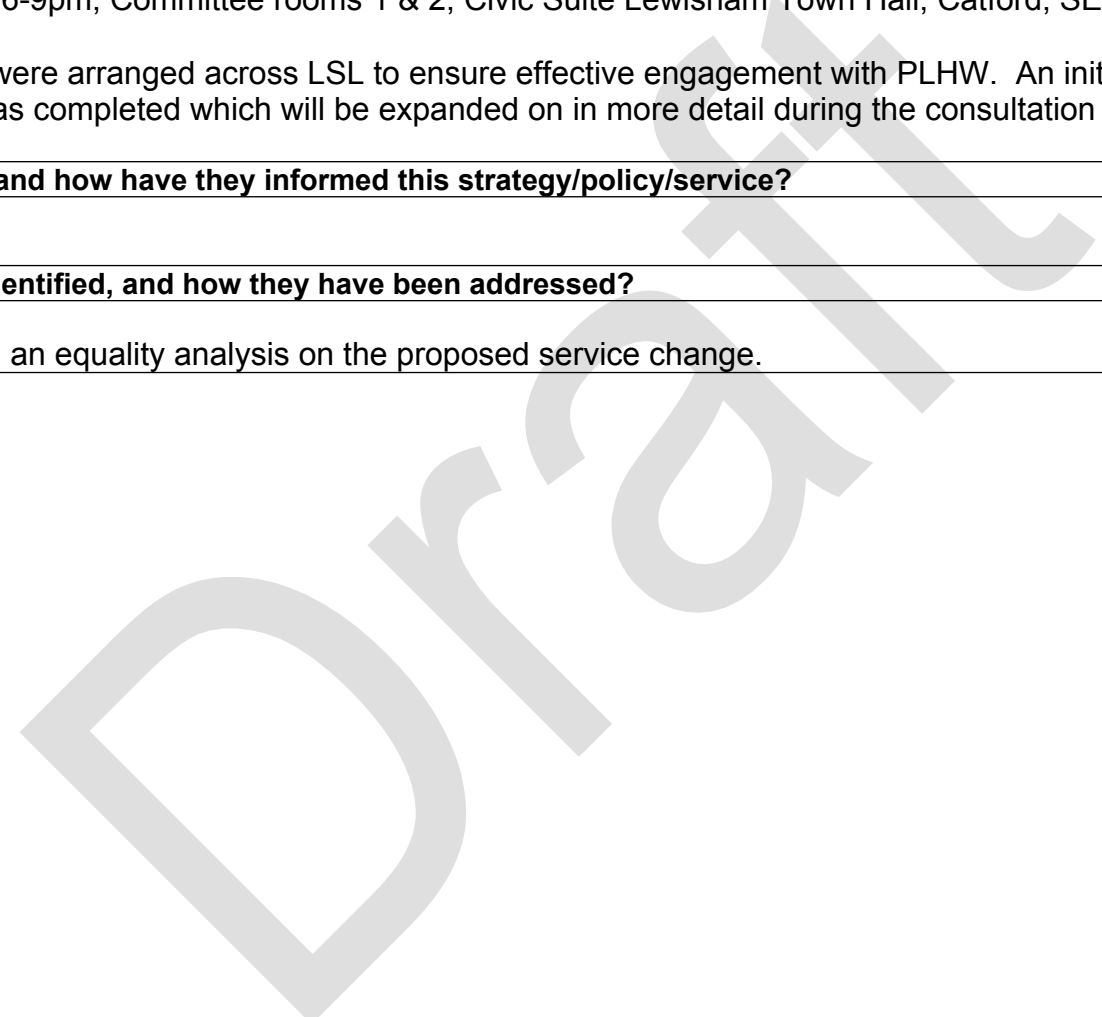
		pathways into Social Care including Non Recourse to Public Funds (NRPF). Also outlined current generic, specialist HIV and voluntary sector support currently used by PLHIV.
19.7.2011	PCT / LA funded provider portfolio	Led by LSL Sexual Health & HIV Commissioners. Attended by 68 people including service users. Attended by LSL statutory and third sector service providers.
4.8.2011	LB Southwark Social Care Portfolio and Services	Led by Sexual Health & HIV Commissioning Team with Southwark Physical Disabilities Team Attended by 1 Senior Commissioning Manager for Children’s Services; 1 Commissioning Support Officer and 1 Team Leader for the Physical Disabilities Team.
8.9.2011	LB Lambeth Social Care Portfolio & Services	Attended by the Team Manager and a Specialist Practitioner for Physical Disabilities in Lambeth and the Team Manager for the NRPF Team

The process for Continuing Care was managed in a discreet meeting with the Lambeth lead Commissioner who was able to clarify the process for Lambeth and Southwark, although the process for Lewisham is still to be clarified.

Consultation Process: The service model and commissioning intentions were open for three months public consultation from the 7th November 2011 until 6th February 2012. A list of consultation questions can be found in the report which stakeholders are invited to comment on. As part of the consultation process six public events targeted at stakeholders, patients and public were held across LSL on the following dates:

- 9th December 2011, 9.30am-12.30pm, Guys Hospital, Robens Suite, 29th Floor, Tower Wing, SE1 9RT
- 12th December 2011, 2-5pm, Assembly Rooms, Lambeth Town Hall, Brixton Hill, SW2 1RW
- 13th December 2011, 9.30am-12.30pm, Committee rooms 1 & 2, Civic Suite Lewisham Town Hall, Catford, SE6 4RU
- 5th January 2012, 6-9pm, , Guys Hospital, Robens Suite, 29th Floor, Tower Wing, SE1 9RT
- 9th January 2012, 6-9pm, Assembly Rooms, Lambeth Town Hall, Brixton Hill, SW2 1RW

	<ul style="list-style-type: none"> 10th January 2012, 6-9pm, Committee rooms 1 & 2, Civic Suite Lewisham Town Hall, Catford, SE6 4RU <p>In addition, focus groups were arranged across LSL to ensure effective engagement with PLHW. An initial Equality & Equity Impact Assessment Screening was completed which will be expanded on in more detail during the consultation phase.</p>
B	What were the outcomes, and how have they informed this strategy/policy/service?
	See above
C	Describe any gaps/risks identified, and how they have been addressed?
	Each CCG has conducted an equality analysis on the proposed service change.



Section 3: Human Rights (Human Rights Act 1998)

3.1 Human Rights	
A	Describe how this strategy/policy/service protects or enhances Human Rights?
	The service strategy ensures PLWH have access to a range of services, in line with all other people living with long term conditions in Southwark, that ensure they can live the life they choose (empowerment) and are treated fairly and with dignity.
B	Describe any identified Human Rights gaps/risks, and how they have been addressed?
	There are no identified Human Rights gaps/risks

Section 4: Equality – The Nine Protected Characteristics (Equality Act 2010) and other Groups/Communities

4.1	Age Equality and Health Inequalities
A	Describe how this strategy/policy/service supports Age Equality?
	<p>The age of the cohort for PLWH is now older, nationally of those people accessing HIV care, just less than half (48%) are aged 45 years or older, and 16% are 55 or older. Within current service provision nearly half the advice and advocacy service users are in the 45-54 age range. This strategy continues to ensure that people of all ages, including older people, have access to the care and support services they need in line with all other Southwark residents with long term conditions.</p>
B	Describe any identified Age Equality gaps, and how they have been addressed
	<p>Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status. Southwark Local Support Team routinely provides services to vulnerable groups, such as those with disabilities or long term conditions, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by different age groups in relation to being HIV positive. Additionally Age UK Lewisham and Southwark provides a range of welfare and other services for residents aged 55 plus, Southwark CCG will work with AUKLS to ensure that they are HIV aware and welcoming for PLWH.</p> <p>Equally, NHS funded counselling services are widely available as part of the Government’s IAPT programme, provided in Southwark by SLaM and Maudsley NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for “High Intensity” workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are “HIV competent”. This will include looking at issues around aging and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops.</p> <p>The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer support and mentoring programme provides people the opportunity to be supported by similar to themselves. The mentoring programme offers 1 to 1 support for PLWH provided by a peer mentor.</p> <p>The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral, but potentially positive in the long term.</p>

C	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Age
	Local non-HIV specialist services have indicated that they currently provide services for PLWH and are able to provide services for PLWH who formally accessed specialist HIV services in the borough, and that they already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions.

4.2	Disability Equality (Physical and Mental) and Health Inequalities
A	Describe how this strategy/policy/service supports Disability Equality?
	<p>There is limited data and research available on the needs of people with learning disabilities or physical disabilities.</p> <p>There are approximately 36,600 people in Southwark with a disability, 17.5% of the adult population, the number of people living with HIV who are also disabled and/or have a mental health problem in Lambeth is unknown. The success of anti-HIV treatments results in people with HIV being able to live long and healthy lives, although small numbers, especially those diagnosed late, will become ill and may become disabled.</p> <p>In addition, PLWH are thus now more likely to acquire other long term medical conditions along with the general population due to ageing. This strategy aims to ensure that there is equity of provision between PLWH and other people with long term conditions and PLWH who may experience multiple long term medical conditions.</p>
B	Describe any identified Disability Equality gaps, and how they have been addressed?
	<p>The new service pathways ensure PLWH have access to IAPT as a first-line counselling option, thus taking advantage of planned additional investment in IAPT. In addition this has the potential to be beneficial for PLWH as these services are integrated into the mental health pathway in the borough. There is stigma associated with HIV therefore work is being undertaken with the non-specialist services to ensure they promote that they provide an HIV-appropriate service to PLWH.</p> <p>Mental ill-health itself has a high level of stigma therefore the mental health service providers are used to working with stigma and disclosure.</p> <p>The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral, but potentially positive in the long term.</p>

C	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Disability
	<p>Local non-HIV specialist services have indicated that they currently provide services for PLWH and people who are disabled and are able to provide services for PLWH who are disabled formally accessed specialist HIV services in the borough. , They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IAPT also provides services to people who are disabled and PLWH.</p> <p>The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions and other residents who are disabled. Mental ill-health itself has a high level of stigma therefore the mental health service providers are used to with working with stigma and disclosure.</p>

4.3	Gender Reassignment Equality and Health Inequalities
A	Describe how this strategy/policy/service supports Gender Reassignment Equality?
	<p>Although there is a lack of evidence, the little that is available indicates that trans people experience health inequalities (e.g. Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care April 2012 National Center for Transgender Equality), including sexual health inequalities which may include higher rates of HIV, and difficulties accessing services and relevant information. It has been estimated that there are 20 transgender people per 100,000 population, meaning that there are approximately 50-60 transgender people in Southwark.</p> <p>Service providers are required collect data on gender identify, at present the numbers of service users identifying as transgender are very low.</p>
B	Describe any identified Gender Reassignment Equality gaps, and how they have been addressed?
	<p>There is a lack of data regarding these services and gender reassignment. In the future data will be gathered and analysed to identify gaps.</p> <p>The CCG is assured that the equality impact is neutral.</p>
C	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Gender Reassignment
	<p>Service providers are required collect data on gender identify, at present the numbers of service users identifying as transgender are very low. In the future data will be further analysed to identify any health inequalities gaps.</p>

Healthwatch Southwark has been undertaking a needs assessment / review of experiences of the trans population of Southwark. Commissioners will review the findings from this to see how it can inform the future provision of services.

4.4	Marriage (Heterosexual) and Civil Partnership/Marriage (Same Sex) Equality and Health Inequalities
A	Describe how this strategy/policy/service supports Marriage and Civil Partnership/Marriage Equality
	There is a lack of evidence on the relationship between marriage and civil partnership and HIV. No data is collected in by the providers on marriage and civil partnership and future research e.g. service reviews, can capture information on service use and the characteristic.
B	Describe any identified Marriage and Civil Partnership/Marriage Equality gaps, and how they have been addressed
	No gaps have been identified. The CCG is assured that the equality impact is neutral.
C	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Marriage and Civil Partnership/Marriage
	Service providers are required collect data on marriage and civil partnership. In the future data will be further analysed to identify any health inequalities gaps.

4.5	Pregnancy and Maternity Equality and Health Inequalities
A	Describe how this strategy/policy/service supports Pregnancy and Maternity Equality
	The numbers of children born with HIV are reducing due to medical advances. However there are still issues for women living with HIV around childbirth and disclosure. A small number of family access HIV Care and Support services in Southwark but many are vulnerable erg have no recourse to public funds. Therefore, the Family Support provided by PPC Metro will be maintained. This service typically complements input from children’s social care who are also usually involved, often for child protection concerns. The service also provides support to adolescents transitioning to adult services. The service is used predominantly by women of African and Caribbean origin.

B	Describe any identified Pregnancy and Maternity Equality gaps, and how they have been addressed
	<p>The Family Support provided by PPC Metro will be maintained because there are no alternative non-specialist services that exist within the borough to meet this group of PLWH's needs.</p> <p>The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral, but potentially positive in the long term.</p>
C	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Pregnancy and Maternity
	<p>The Family Support provided by PPC Metro will ensure that families can continue to access HIV care and support which cannot be provided elsewhere.</p>

4.6	Race Equality (Colour, Nationality, Citizenship, Ethnic Origins, National Origins and Caste) and Health Inequalities
A	Describe how this strategy/policy/service supports Race Equality
	<p>In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates.</p> <p>Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%).</p> <p>Evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy Section 3.1 and from research, (e.g. African Health and Sex Survey, 2013-14, Sigma Research, LSHTP, A Review of research Among Black African Communities Affected by HIV in the UK and Europe, Medical Research Council) also indicates that these health inequalities are driving factors including:</p> <ul style="list-style-type: none"> • Late Diagnosis of HIV • Difficulties in accessing services, including HIV testing services • Difficulties in accessing information about HIV and HIV prevention • Deprivation and immigration status • HIV stigma

	<p>This strategy continues to ensure that people of all ethnicities have access to the care and support services they need in line with all other Southwark residents with long term conditions. The current HIV prevention programme is targeted at population groups and communities at risk of HIV transmission. There are no plans to change this.</p>
B	<p>Describe any identified Race Equality gaps, and how they have been addressed?</p>
	<p>Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status and race. Southwark Local Support Team routinely provides services to BAME populations, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by different ethnic groups in relation to being HIV positive.</p> <p>Equally, NHS funded counselling services are widely available as part of the Government’s IAPT programme, provided in Southwark by SLaM NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for “High Intensity” workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are “HIV competent”. This will include looking at issues around race and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops. IAPT currently provides services for Southwark’s BAME populations, including PLWH.</p> <p>The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer support and mentoring programme provides people the opportunity to be supported by someone from a similar ethnic background should they wish. There is a specific peer support group for people of African origin.</p> <p>The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral.</p>
C	<p>Describe how this strategy/policy/service works towards reducing health inequalities in relation to Race</p>
	<p>Local non-HIV specialist services have indicated that they currently provide services for PLWH from BAME populations and are able to provide services for PLWH from BAME populations who formally accessed specialist HIV services in the borough. They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IAPT also provides services to people who from BAME populations and PLWH.</p>

The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions who are from BAME populations in Southwark.

4.7 Religion or Belief Equality and Health Inequalities	
A	Describe how this strategy/policy/service supports Religion or Belief Equality
	<p>There is limited evidence on the relationship between religion and belief and HIV. However, evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy indicates that:</p> <ul style="list-style-type: none"> - The role faith leaders play is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community - Involving local faith organisations e.g. churches and mosques is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community.
B	Describe any identified Religion or Belief Equality gaps, and how they have been addressed
	<p>Although no gaps have been identified, it is recognised that ethnicity, nationality, cultural and faith practices are inevitably linked, particularly given Southwark's diverse communities. As has been recognised, for many communities the church, mosque or temple is 'home' away from home. Indeed, Southwark has the largest black majority churches in the country. Therefore, in addition, to providing access to Peer Support Programme, counselling services in more places and integrated mainstream non-HIV services, working with faith organisations on sexual health promotion and HIV prevention work might potentially have better health and wellbeing outcomes for PLWH in the long term.</p> <p>The CCG is assured that the equality impact is neutral, but potentially positive in the long term.</p>
C	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Religion or Belief
	All services involved in the new pathway will be required to deliver services that are equitable whatever the religion or belief of the client.

4.8	Sex Equality and Health Inequalities
A	Describe how this strategy/policy/service supports Sex Equality
	<p>In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates.</p> <p>Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%).</p> <p>HIV disproportionately affects men. In 2014-15 two thirds of service users of the THT services and three quarters of First Point were men. This strategy continues to ensure that people of all sexes have access to the care and support services they need in line with all other Southwark residents with long term conditions.</p>
B	Describe any identified Sex Equality gaps, and how they have been addressed?
	<p>Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status and sex. Southwark Local Support Team routinely provides services to all residents, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by different sex in relation to being HIV positive.</p> <p>Equally, NHS funded counselling services are widely available as part of the Government’s IAPT programme, provided in Southwark by SLaM NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for “High Intensity” workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are “HIV competent”. This will include looking at issues around sex and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops. IAPT currently provides services for all Southwark residents, including PLWH.</p> <p>The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer</p>

	<p>support and mentoring programme provides people the opportunity to be supported by someone of the same gender should they wish. The current HIV prevention programme is targeted at population groups and communities at risk of HIV transmission. There are no plans to change this.</p> <p>The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral.</p>
C	<p>Describe how this strategy/policy/service works towards reducing health inequalities in relation to Sex</p> <p>Local non-HIV specialist services have indicated that they currently provide services for PLWH of all genders from Southwark and are able to provide services for PLWH from who formally accessed specialist HIV services in the borough. , They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IPAT also provides services to people of all genders and PLWH.</p> <p>The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions irrespective of gender in Southwark.</p>

4.9	Sexual Orientation Equality and Health Inequalities
A	<p>Describe how this strategy/policy/service supports Sexual Orientation Equality</p> <p>In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates.</p> <p>Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%).</p> <p>HIV disproportionately affects gay men. In 2014-15 almost half of thirds of service users of the THT services and First Point were gay men. This strategy continues to ensure that people of all sexual orientations have access to the care and support services they need in line with all other Southwark residents with long term conditions.</p>

B	Describe any identified Sexual Orientation Equality gaps, and how they have been addressed
	<p>Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status and sexual orientation. Southwark Local Support Team routinely provides services to all residents including LGBTQI residents, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by LGBTQI people in relation to being HIV positive.</p> <p>Equally, NHS funded counselling services are widely available as part of the Government's IAPT programme, provided in Southwark by SLaM NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for "High Intensity" workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are "HIV competent". This will include looking at issues around sexual orientation and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops. IAPT currently provides services for Southwark residents who are LGBTQI, including PLWH.</p> <p>The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer support and mentoring programme provides people the opportunity to be supported by someone of the same sexual orientation should they wish. The current HIV prevention programme is targeted at population groups and communities at risk of HIV transmission. There are no plans to change this.</p> <p>The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral.</p>
C	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Sexual Orientation
	<p>Local non-HIV specialist services have indicated that they currently provide services for LGBTQI PLWH from Southwark and are able to provide services for LGBTQI PLWH from who formally accessed specialist HIV services in the borough. , They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IAPT also provides services to LGBTQI people and PLWH.</p> <p>The introduction of this strategy ensures equity of service delivery between LGBTQI PLWH and all other residents with long term conditions irrespective of sexual orientation in Southwark.</p>

4.10 Asylum Seekers and Refugees Health Inequalities

A	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Asylum Seekers and Refugees
	<p>The non-specialist counselling and advice services in Southwark already work extensively with asylum seekers and refugees. This strategy ensures that there is equity between PLWH who are asylum seekers and refugees and all other asylum seekers and refugees. In addition, the family support service delivered by PPC Metro is staying in place and will provide a service to asylum seekers and refugees including those families with no recourse to public fund.</p> <p>The CCG is assured that the equality impact is neutral.</p>

4.11 Gypsies and Travellers Health Inequalities	
A	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Gypsies and Travellers
	<p>The non-specialist counselling and advice services in Southwark already work with gypsies and travellers. This strategy ensures that there is equity between PLWH who are gypsies and travellers and all other gypsies and travellers.</p> <p>The CCG is assured that the equality impact is neutral.</p>

4.12 Carers Health Inequalities	
A	Describe how this strategy/policy/service works towards reducing health inequalities in relation to Carers
	<p>The non-specialist counselling and advice services in Southwark already work with carers of people with long terms conditions. This strategy ensures that there is equity between carers who are PLWH or who are caring for PLWH and all other people with long term conditions.</p> <p>The CCG is assured that the equality impact is neutral.</p>

4.13 Socio-economically Deprived Groups Health Inequalities	
A	Describe how this strategy/policy/service works towards reducing health inequalities in relation to socio-economically deprived groups
	<p>There is evidence that some PLWH experience poverty and social hardship – (National Aids Trust and Terence Higgins Trust 2010). There is also</p>

some evidence that impact of the welfare reforms may have a negative impact on some PLWH – (Impact of the Welfare Reforms 2014 Counterpoint Policy Alliance).

Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by PLWH in relation to being HIV positive. Thus PLWH who are experiencing social deprivation and wish to access hep related to welfare benefits/debt advice will be able to do so from the Southwark Local Support Team.

In addition, the peer support service will be able to signpost people to access hardship funds.

The CCG is assured that the equality impact is neutral.

Section 5: Further Actions, Monitoring and Sign-Off

5.1	Further Actions
	Describe what further actions (if any) in respect of this EA need to be taken
	<p>There are gaps in:</p> <ul style="list-style-type: none"> • Sexual health and transgender • Language • Religion and belief • Marriage and Civil Partnership <p>There is a lack of evidence and research in these areas in relation to sexual health. Transformed services will have the ability to monitor in relation to transgender and language needs. Services are provided to all irrespective of religion and belief and marriage and civil partnership.</p> <p>All services commissioned by Southwark CCG need to comply with equalities legislation, therefore discussions can take place with the relevant commissioners to ensure that they are abiding by their equalities duties.</p>
5.2	Monitoring
	Describe arrangements for capturing, monitoring and reviewing any identified gaps/risks in relation to this Strategy/Policy/Service
5.3	Sign-Off
	Lead Director/Head of Service Ali Young, Head of Pathway Commissioning, Southwark CCG
	Contact Details E: ali.young@nhs.net

	T: 07717 306352
Sign-Off Date	5 July 2016

Draft

Appendix A

About the Equality, Human Rights and Health Inequalities Analysis (EA) Template

The EA template replaces the previous Equality Impact Assessment (EIA). The rationale is to focus on the quality of the analysis, and how it is used in decision-making and less on the production of a document (which often becomes an end itself). Any equality, human rights and health inequalities gaps/risks identified from the analysis will need to be mitigated against with pragmatic, but proportionate 'reasonable adjustments'

Which Strategy/Policy/Service needs to have an EA, and when should it be done?

All strategies, policies, new services, commissioning intentions, service redesign and service decommissioning need to conduct an EA. Best Practice is to conduct an EA at the start of the process or as soon as practicable thus ensuring that 'mitigation' and 'reasonable adjustments' on identified risks/gaps in relation to Equality and Human Rights can be made 'on the go' as the Strategy/Policy/Service and commissioning intentions develop.

The context of the EA and our commitment to Southwark people

Human rights and equality are inexorably linked to the quality of healthcare, patient outcomes and health inequalities. Therefore, we are committed to an inclusive NHS that provides equal access to quality and compassionate care for all Southwark people. In this respect, our commissioning intentions are based on the human rights principles of **Fairness, Respect, Equality, Dignity and Autonomy (the FREDA Principles)**. Human rights can be seen as the overall umbrella of cradle to grave rights and freedoms enjoyed by every citizen in the UK, for example, a right to life and a right not to be treated in an inhuman or degrading way. Equality sits below focusing on preventing unlawful discrimination and promoting fairness and diversity on the basis of staff and patients' nine 'protected characteristics' as defined by the Equality Act 2010, which are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership/Marriage
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex

- Sexual Orientation

We also know that some groups and communities may have differential experience in accessing health services, and that socioeconomic determinants can exacerbate health inequalities. In this respect, protecting or enhancing human rights and promoting equality and inclusion are integral to our core business and reflected throughout everything that we do.

Statutory equality and human rights duties and pledges

The key statutory equality duties and pledges are contained in the Human Rights Act 1998, the Equality Act 2010 and the NHS Constitution (which brings together a number of 'Rights', 'Pledges' and 'Responsibilities' for staff and patients alike all in one place). In addition, public bodies (including the NHS) must pay '**due regard**' to the Public Sector Equality Duty (PSED) to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share protected characteristic and people who do not share it: and
- Foster good relations between people who share a protected characteristic and people who do not share it.

These are sometimes referred to as the three aims or arms of the general equality duty. In order to advance equality this involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Due regard in this context means evaluating the positive and negative impact of **strategies, policies, new services, commissioning intentions, service redesign and service decommissioning** in relation of the nine protected characteristics, and where possible make 'reasonable adjustments' to mitigate any actual or perceived equality gaps/risks.

Statutory health inequalities duty

Avoidable health inequalities are – by definition - unfair and socially unjust. A person's chance of enjoying good health and a longer life is influenced by the social and economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life. Addressing such avoidable inequalities and moving towards a fairer distribution of good health therefore requires a life course approach and action to be taken across the whole of society. The NHS Five year Forward View sets out the need to address the health and wellbeing gap, preventing any further widening of, and working towards a reduction, in health inequalities. The Health and Social Care Act 2012 introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs, These duties took effect from 1 April 2013 requiring the CCGs to take whole local population approach to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (health-related services can be any services which impact on health, including those outside health and social care)
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities

Due regard in this context means evaluating the impact of **strategies, policies, new services, commissioning intentions, service redesign and service decommissioning** in relation of health inequalities (whether they reduce or exacerbate them). Where possible make 'reasonable adjustments' to address the health and wellbeing gap, prevent any further widening of, and work towards a reduction, in health inequalities