

Equality Impact Assessment Form (Page 1 of 2)

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Title of EIA/ DDM: Nottingham Terence Higgins Trust Service

Name of Author: Marie Cann-Livingstone

Department: Children and Adults

Directors: Alison Challenger and Helen Jones

Service Area: Public Health and Adult Social Care

Strategic Budget: Yes - Public Health and Adult Social Care

Author (assigned to Covalent) : Marie Cann-Livingstone

Brief description of proposal / policy / service being assessed:

The Terence Higgins Trust has been providing HIV testing and support services to protected groups in Nottingham for the last five years. It is proposed that the Terence Higgins Trust (THT) contract is renewed for a year from April 2018 until March 2018 to allow time to carry out a full service review and procure a new service.

In 2016-17 the value of the contract with THT was £93 500 (£50 483 from public health and £43 013 from Adult Social Care) dropping to £85 500 in 2017-18 following the negotiation of an in-year £8000 saving from the Adult Social Care element at the request of the Director for Adult Social Services. The new value of the service for 2017-18 will be £77 000 as agreed with THT and Executive Board agreement. Following engagement meetings with THT on 12 February 2018 and 7 March 2018 regarding the budget reduction, THT have proposed the following reductions across the commissioned service:

- Percentage of clients receiving care packages that are reviewed quarterly (reduction from 90% to 75%).
- Response rate to client survey (reduction from 45% return to 30%).
- Positive response from those returning client survey (reduction from 85% to 75%).
- Number of volunteers recruited and trained (a reduction from 10 per annum to eight per annum).
- Provision of HIV training to professionals (a reduction from three sessions per year to two).
- Existing clients to be supported (a reduction from 12 to 10 per quarter).
- Support sessions delivered for people living with HIV in Nottingham (a reduction from 80 to 70).
- Outreach sessions carried out in areas of highest HIV prevalence with 'at-risk' groups to raise awareness, promote testing and provide point of care testing (a reduction from 11 sessions to 10 sessions per quarter).
- Point of care tests (a reduction from 220 to 190 per annum).

Under the provisions of the Health and Social Care Act (2012), Nottingham City Council (NCC) has a statutory responsibility to improve the health and wellbeing of citizens and reduce health inequalities. As part of this duty, the City Council commissions a variety of sexual health services, one of which is the Holistic HIV Service awarded to THT following an open tender process; the current contract ended on 31 March 2018, however, THT continue to provide the service. The current service specification includes measures to address health inequalities through engaging with groups disproportionately affected by HIV and AIDS, particularly Black men and women as well as men who have sex with men (MSM). The service engages effectively with target populations, providing a range of professional services that offer excellent value for money, consistently over-performing on key performance indicators. A snapshot of the services provided during 2016-17 includes:

- 340 Point of Care tests, for which the positivity rate was 2% (as compared to the positivity rate of 1.5% for the Preventix HIV home sampling service and 0.2% for Nottingham University Hospitals Trust Integrated Sexual Health Services). Early diagnosis prevents the costs associated with the complications of late diagnosis and the subsequent intense social care support needed due to increased complications and more costly treatment. A Point of Care Test carried out by THT involves counselling and support before and after the actual test as other issues may arise even if the test is negative. THT do not offer outreach tests due to the ethics involved with instant results. In the year 2016 to 2017, the service delivered:
- 597 one-to-one support sessions for people living with HIV in Nottingham.
- Support for 53 active volunteers, of whom 35 were Black Caribbean or Black African.
- 95 outreach sessions in areas of the highest HIV prevalence with identified 'at risk' groups.
- 179 referrals to a sexual health clinic.
- Eight HIV training sessions for groups of professionals.

The purpose of the Equality Impact Assessment is to assess the impact of the 10% reduction, to the value of the service, on equity of access and outcomes for citizens with protected characteristics.

In 2015 there were 656 people living with HIV in Nottingham as compared to 563 in 2011 and 425 in 2007. Of the 656 people living with HIV, 350 were male and 310 were female (both rounded up to the nearest five). HIV prevalence is not equally distributed across the population and a greater burden is borne by certain Black African and Black Caribbean groups and men who have sex with men (MSM).

In 2015, the prevalence for HIV in England was 2.3 per 1000 population aged 15-59 years whereas in Nottingham the rate was slightly higher at 2.9. Table 1 illustrates the population of those living with HIV broken down by ethnicity and exposure group in Nottingham in 2011 and 2015. It shows that Black African and Black Caribbean groups suffer the greatest health inequality as almost 60% of cases are from within these groups yet the Black population only makes up around 7.3% of the total population in Nottingham.

Table 1 - Number of people living with diagnosed HIV by ethnicity and exposure group in Nottingham: 2011 and 2015

		Number of people living with HIV in 2011	% of total number living with HIV in 2011	Number living with HIV in 2015	% of total number living with HIV in 2015	% increase in numbers between 2011 and 2015
Ethnicity	White	175	30.2%	205	30.6%	15%
	Black African	345	59.5%	365	54.5%	5%
	Black Caribbean	30	5.2%	35	5.2%	14%
	Other	25	4.3%	55	8.2%	55%
	Not known	5	0.9%	10	1.5%	100%
Exposure -	Sex between men	125	21.7%	165	24.8%	24%

probable route of infection	Sex between men and women	400	69.6%	435	65.4%	92%
	Injecting drug use	25	4.3%	20	3.0%	- 20%
	Other / not known	25	4.3%	45	6.8%	44%
Total	Actual total	563		656		14%

Source: HIV and AIDS Reporting System (HARS)

During the year 2016 to 2017, 50% of citizens using the THT service were from the Black African and Black Caribbean population and 36% were White British, this is broadly reflective of the population living with HIV in Nottingham in 2015.

Specifically, the service reduction may possibly impact on citizens with protected characteristics in the following ways with potential mitigations being described in the table below:

- THT currently supports 53 volunteers of whom 35 are Black African or Black Caribbean. During 2018-19, THT will recruit and train two less volunteers.
- The Terence Higgins Trust work with a refugees and asylum seekers with HIV and many citizens attending for a point of care test will often go on to attend a group session.
- A greater burden of HIV infection is borne by Black African and Black Caribbean men and women as almost 60% of cases in Nottingham are from this group despite only making up 7.3% of the total population in Nottingham (HIV and AIDS Reporting System). The reduction in outreach sessions from 11 to 10 may have an effect on number of people diagnosed early.
- THT provided eight sessions for men, attended by 46 men over the course of the year 2017-18.
- Men may be affected by a) the reduction in the number of support sessions from 80 to 70 b) a reduction from 12 to 10 clients supported per quarter c) the reduction in outreach sessions from 11 to 10.
- THT provided 22 support sessions for women, attended by 47 women over the course of the year 2017-18. The reduction in support sessions and outreach sessions could have a negative impact on women.
- Many of the women spoken to within the consultation had not told their families that they were HIV positive, for these women continued access to treatment is very important to reduce onward transmission.
- The service provided 12 sessions for gay, bisexual and Men who Have Sex with Men (MSM) with a total of five attendees over the year. Nationally, the new rate of new diagnoses among Men who have Sex with Men (MSM) is higher than those within the heterosexual population. In 2012 a national rate of 47 per 1000 MSM was recorded among men living with the infection, equivalent to 41 000 MSM nationally.

Information used to analyse the effects on equality:

The Joint Strategic Needs assessment chapter on [Sexual Health and HIV \(2014\)](#) was used to analyse potential effects on equality. The chapter recommends that commissioners:

- Increase access to HIV testing by targeting vulnerable populations to reduce late diagnosis. Although anybody can become infected with HIV, local trends suggest that some groups have a higher proportion living with HIV such as Black African men and women (many of whom are migrants) and gay and bisexual men as well as men who have sex with men (MSM).
- Ensure commissioning arrangements support effective HIV prevention and screening services.
- Local Authority Commissioners will need to work with NHS England local area teams to ensure effective and coordinated HIV treatment

and care.

- Ensure systems are in place to deliver effective monitoring of HIV resources and available data within Nottingham City.
- Increase the role of Primary Care including general practice in HIV Testing, therefore increasing both the skills and the role of GPs and nurses particularly in high prevalence areas.
- Increase Point of Care Testing (POCT); also known as rapid antibody tests, defined as medical testing at or near the site of patient care and allows screening to be taken outside the hospital environment.
- Explore and quantify the health needs for HIV counselling services and clarify the level of support required.
- Ensure data is available to inform service development and commissioning.

Since the JSNA chapter was written, and services commissioned, the gap in the percentage of late diagnoses between the Nottingham average and the England average has reduced and the rate of late diagnoses are now below the England average (35.9% as compared to the England average of 40.1%). [Public Health England \(2017\) Nottingham Sexual and Reproductive Health Profile](#)

Citizen engagement

A 2017 focus group with a women’s support group at THT (of whom the majority of participants were Black African) found that:

- The group thought that the group was the only women’s support group in Nottingham and said that they had tried attending other support group, including a mixed gender one, but they did not feel comfortable in those settings.
- The women said that they had received financial support, medical advice, housing advice and support, benefit assistance (in completing forms), emotional wellbeing support and explained that staff had accompanied them to court and had also assisted with immigration issues.
- Members of the group said that the group was the only place where they felt that it was safe for them to share that they had HIV. For most of them, even their families were not aware that they were HIV positive.
- The women said that the group had given them hope and without it, they would have experienced isolation and mental illness.

Current service specification, service reporting and performance information used within this EIA is correct as of 25 April 2018.

	Could particularly benefit X	May adversely impact X	How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn’t possible)
People from different ethnic groups.	<input type="checkbox"/>	x	Citizens	Citizens
Men	<input type="checkbox"/>	x	Overall impact	Overall impact
Women	<input type="checkbox"/>	x	THT carry out outreach with citizens	Great care has been taken to ensure

Trans	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people.	<input type="checkbox"/>	x
Older	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). Mental health <i>Please underline the group(s) /issue more adversely affected or which benefits.</i>	<input type="checkbox"/>	<input type="checkbox"/>

who may not otherwise access HIV services including those who are vulnerable and statistically more at risk. Outreach takes place through their website, Skype counselling, various social media sites and within saunas and clubs. The THT service also delivers information sessions for citizens to enable them to understand their rights as part of the Equality Act 2010.

Decommissioning the service could put extra pressure on social care, mental health services and result in the problems and costs associated with late diagnoses. Every late diagnosis means extra costs to the NHS and to social care due to increased complications and costly treatment. Therefore, it has been agreed to reduce the service by 10% rather than decommission. Generic, potential impacts on citizens include:

- a) For those receiving care packages, the percentage of those reviewed will be reduced from 90% to 75%.
- b) Less citizen satisfaction as THT will not chase client surveys as much and will be happy with a positive response rate of 75% (down from 85%).
- c) Less volunteers will be recruited and trained each year (from 10 to 8).
- d) A reduction in the number of training sessions for professionals (from three to

that no protected group will be disproportionately affected over another with the proposed service cuts. The service has tried to minimise the negative impacts through empowering volunteers to provide peer support. If this did not happen then the impacts would be worse. **All mitigating actions below will be in place from 1 April 2018.** The mitigating actions are:

- a) Staff and volunteers are aware that reviews will be less frequent so will be more vigilant to ensuring that citizens are happy with their care initially and at subsequent meetings. The frequency of reviews will be needs-led with the most vulnerable citizens receiving more care package reviews.
- b) Creating a target of lower levels of customer satisfaction does not necessarily mean that citizens will be less satisfied. **This will be monitored by the NCC contracts team at each of the quarterly monitoring reviews with reasons for any significant decline in citizen satisfaction to be monitored.**
- c) Although fewer volunteers will be trained, existing volunteers will be empowered, supported and trained to deliver peer support. For example,

			<p>two per year).</p> <p>e) A reduction in the number of existing clients supported each quarter (from 12 to 10).</p> <p>f) A reduction in the number of support sessions delivered for people living with HIV in Nottingham (from 80 to 70 per quarter). Again, although the number of support sessions will decrease per quarter, this will be achieved through working with citizens to become less reliant of THT services. Reliance for too long on THT is something that has been highlighted over the last few years; therefore, this budget cut has encouraged THT to think about their citizens becoming more sustainable.</p> <p>g) A reduction in the number of outreach sessions carried out per quarter (from 11 to 10).</p> <p>h) A reduction in the number of point of care tests (from 220 to 190 per annum).</p>	<p>volunteer of African origin will be trained up this year to deliver culturally appropriate peer support. The impact of this is also mitigated by the fact that THT over-performed on this indicator during 2016-17 through recruiting and training 22 volunteers during the year, many of whom will be active during 2018-19.</p> <p>This will be tracked through quarterly monitoring.</p> <p>d) Although there will be fewer training events, THT have agreed to use a larger venue for each of the two sessions therefore it is planned that there will not be a significant change in the number of people trained. This will be analysed at the quarterly monitoring review meetings.</p> <p>e) Although the number of existing clients supported will drop by two per quarter this will be a positive as THT are going to do more work with clients to reduce dependence on them. They will work with clients to help them to develop their own support networks and help them to develop strategies to self-manage their conditions.</p> <p>f) This will be analysed at the quarterly monitoring review meetings.</p>
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- g) THT will ensure that their 10 outreach sessions per quarter will target those most at-risk.
- h) The option of the free online HIV self-sampling service will be actively promoted to Black African and Black Caribbean citizens, MSM and other citizens that the service is in contact with. **This will take place from 1 January 2018** and will allow THT to carry out the point of care tests with the most vulnerable citizens.

Impact on staff

There will be no direct impact on staff as a result of the 10% budget saving.

Outcome(s) of equality impact assessment:

- No major change needed •Adjust the policy/proposal •Adverse impact but continue
- Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

The monitoring of the recommended actions in the EIA will be carried out quarterly from April 2018 as part of the contract monitoring and management.

Approved by (manager signature):



Helene Denness

The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel & email to allow citizen/stakeholder feedback on proposals.

Helene Denness email:

helene.denness@nottinghamcity.gov.uk

Date sent to equality team for publishing:

30 April 2018

Send document or link to:

equalityanddiversityteam@nottinghamcity.gov.uk

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's

<http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment>

2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user-friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross-referenced your impacts with SMART actions.



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