Equality Impact Assessment

Project or Service Template

Name of the proposal, project or service
Reconciling Policy, Performance and Resources (RPPR) 2018/19: **Proposed savings to HIV Support Services in East Sussex**

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Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (see below for "protected characteristics"

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When

members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.

- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) Proposal or name of the project or service.

The HIV Support Service, commissioned by Adult Social Care in 2014, is designed to support and enable adults with HIV to improve their self-management skills and live more independently in their chosen community. It is provided in addition to clinical support, outside of the primary care or acute setting. Key service elements include:

- Assessment of need
- One-to-one and group-based support to newly diagnosed people, with emphasis on understanding treatment options and treatment adherence
- Positive Self-Management Programme courses

The HIV Support Service is delivered by the Terence Higgins Trust (THT).

In October 2017, the service reported that it had supported approximately 80 HIV+ adults in the previous quarter (July to September 2017). This had reduced to 50 by January 2018. The service reported in April 2018 that it was currently supporting 21 people.

The contract is due to expire in March 2019. The contract value is £48,000 and it is proposed that the service is not re-commissioned.

b) What is the main purpose or aims of proposal, project or service?

The proposal is to direct current and potential clients to other forms of support, eg. benefits advice, housing, employment, education, and immigration support to manage their condition, and to use the remaining 9 months of the contract to establish self-management networks, enabling support should the proposal to reduce the investment by the total amount be taken forward.

c) Manager(s) and section or service responsible for completing the assessment

Angela Yphantides, Strategic Commissioner, Adult Social Care

2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Adults with an HIV+ diagnosis, and their family and friends, including those who have a caring and/or parenting role.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

Commissioners will continue to work with HIV+ adults and THT to support adults to transition to wider services that support people with long-term conditions, and those who need support with benefits, advocacy, employment and immigration services.

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

Terence Higgins Trust (service provider)

East Sussex Public Health

HIV treatment and care and specialised sexual health service provider - East Sussex Healthcare Trust

NHSE HIV specialised treatment and care service lead and provider

Local voluntary sector service providers

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

The Health and Social Care Act (2012) sets out NHS and Local Authority responsibilities for HIV prevention, testing and treatment.

There are no statutory requirements for HIV support services of the kind currently provided under this Agreement.

The Adult Social Care ring fence for HIV funding was removed in 2014.

2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.

HIV+ adults can access the service by direct referral to THT or can be referred by any local service provider.

HIV+ adults can currently access Health and Social Care Connect (HSCC) to find out about wider services and support available to them.

2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.

Referrals can currently be made to THT by phone or email.

HSCC can be accessed by phone on 0345 60 80 191, 8AM to 8 PM, 7 days a week including bank holidays, or by text on 07797 878 111 or Minicom on 18001034560.

2.8 How, when and where is your proposal, project or service provided? Please explain fully.

The service is provided to adults who live in East Sussex with an HIV+ diagnosis. See 2.1 above.

The remaining 9 months on the contract would be used to ensure all existing clients knew how to access support in future, and working through THT as the service provider, to develop longer-term self-management solutions to combat discrimination and isolation.

Adults with new HIV+ diagnoses could be directed to wider community services support by the HIV Sexual Health service provider.

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
x	Service User Data	x	Contract/Supplier Monitoring Data
x	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
x	Service User Surveys	x	Research Findings
X	Census Data	x	East Sussex Demographics
X	Previous Equality Impact Assessments	x	National Reports
	Other organisations Equality Impact Assessments		Any other evidence?

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

No complaints have been received.

3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Consultation with adults with HIV and their supporters

Ten week consultation period from 19 April to 28 May 2018

Consultation with wider commissioners of HIV services

In 2017, Public Health, working on behalf of NHS England, commissioned Specialised HIV treatment and care services across East Sussex. The current specification[1] describes the aims and objectives of the commissioned out patients service as follows:

Aim

The aim of Specialised HIV Services for Adults (Outpatient and Inpatient Services) is to provide specialist assessment and ongoing management of HIV and associated conditions, in order to support patients to stay well (reduced mortality and morbidity) and to reduce the risk of onward

[1] https://www.england.nhs.uk/wp-content/uploads/2013/06/b06-spec-hiv-serv.pdf

transmission of HIV. The service aims to ensure that the outcomes, wellbeing and quality of life of adults with HIV are maximised.

Objectives

The service will deliver this aim by:

- Providing high quality treatment and care services to adults with HIV which are responsive to local prevalence, and which facilitate and promote retention in care.
- Ensuring adults with HIV are central to decisions about the management of their condition, reflected in their care plan and including relevant support to promote self-management.
- Providing prompt assessment and management of adults diagnosed with HIV through outpatient services and inpatient services.
- Delivering services by a Multidisciplinary Team (MDT) under the direction of a qualified consultant physician, including through formalised networked arrangements to balance quality of care, productivity and access. MDT arrangements also include working across specialities.
- Ensuring timely initiation and effective ongoing management of ARV treatment that enables patients to achieve and maintain undetectable levels of virus. This to be done through provision of treatment, adherence, including support.
- Case management appropriate to the clinical and holistic needs of the patient.
- Providing onward referral (via GPs as appropriate) to meet the wider clinical and holistic care needs of adults with HIV.
- Agreeing pathways which define responsibility for meeting non HIV needs of patients and identify shared care. These will include but not be confined to: primary care, sexual health, social services, family services, psychological support, community and third sector services, drugs & alcohol services and maternity services. Particular attention needs to be paid to simplifying pathways for vulnerable groups such as prisoners, migrants and those with learning disabilities.
- Supporting adults with HIV to minimise risk of transmission of HIV to others. The service will provide (under a sexual health specification) or refer to services for partner notification and HIV testing of sexual partners and family members at risk of HIV infection.
- Supporting the appropriate management of pregnant women with HIV, including ARV initiation to prevent mother to child transmission (see Service Specification B6b).
- With consent of patients, ensuring effective communication and shared care arrangements with other services for the benefit of patients.

The contract includes provision of specialist HIV Nurses (including community specialist HIV nurses).

Research on the prevalence of and projections for HIV

Since the service was commissioned in 2014, the following developments have been noted:

- Nationally new HIV diagnoses have steadily declined from 7,900 in 2005 to 5,164 in 2016. In 2016 there were 1,122 fewer cases than those reported in 2015 (6,286). A reduction in new diagnoses of 18% was recorded in only one year.
- Effective and early treatment of HIV means that the overall number of people living longer with HIV is increasing, and there have been rapid increases in the number of older people living for long periods with HIV alongside co-morbidities; with life spans of those treated early estimated to be no different from main population norms.
- Nationally, many services are adapting to integrate health and social care of HIV as a long-term condition. Research by the National Aids Trust found that 8.4% of English local authorities terminated all expenditure on HIV support services in 2016/17 and a further 43.8% reduced spending between 2015/16-16/17[2].
- NICE HIV guidance does not include any recommended pathway for care and support.
- Effective medication management and adherence remains the focus of the NHSE commissioned treatment and care services, however it is also a local priority and a number of existing ESBT/C4Y programmes, as well as community organisations, will continue to provide integrated support and technology-based solutions. HIV-awareness raising will be provided to services which may start to specifically support people living with HIV (PWHIV), e.g. Recovery College, CABs, Telecare, and particularly care homes[3], to promote awareness and reassurance of the of no personal staff risk when working with those who are HIV positive and on treatment.
- The 2017 NHS England contract is anticipated to mitigate against adherence, patient new diagnosis support and HIV related ongoing health impacts as a result of the HIV Support not being re-commissioned.

A specialist nurse who works in the East Sussex HIV treatment and care outpatients service (provided by East Sussex Healthcare NHS Trusts (ESHT)) has been consulted in the proposal.

Locally, THT have been working with HIV+ adults to support them to access wider support services to manage their condition. 21 adults are reported to access the HIV Support Service. They will continue to be supported by THT to access wider services until the contract ends in March 2019 to better manage their condition.

3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

[2] HIV Support Services – The state of the nations, National Aids Trust (2017) accessed from http://www.nat.org.uk/sites/default/files/publications/NAT-HIV-Support-Services-The-state-of-the-nations-2017-EXEC-SUMMARY.pdf

[3] The future of HIV services in England: Shaping the response to changing needs, The Kings Fund (April 2017)

During the ten week consultation period from 19 April to 28 May 2018, clients who have used the service over the past two years, and approximately 200 HIV positive patients have been contacted as part of the consultation with a view to better understanding the impact the proposal could have on their lives.

A consultation meeting was held on 22 May with 7 HIV positive clients in attendance, and 2 HIV nurses. Key feedback from the meeting included:

- **Social isolation and lack of specialist knowledge** – ending this service could have a significant impact on some people living with HIV who may not have the networks and connections to be able to effectively manage their condition without the support of Terence Higgins Trust.

- **Stigma** – although the mainstream perceptions around HIV are shifting, the significance of stigma and risk of prejudice is very real and many people who live with HIV have not disclosed their status to close friends and family, which has an additional impact on their social isolation and resilience (see point above).

- **Access to services** – a combination of lack of HIV awareness in other services and the way that referrals are set up (for example other services, such as foodbanks, as well as GPs) may cause additional issues for people who need to access non-HIV specific services and the quality of support that they receive. There could be a negative impact should the service end in March 2019.

A total of 41 comments or queries were received from people about the HIV Service prior to and during the consultation period.

Key messages:

- People and organisations disagree with, or are unhappy about, the proposal to stop funding the service

- Both argue that there is still a need for this service and are concerned on the impact of people who need this support.

- Organisations point out that the cutting the service would create inequality of support across Sussex.

- Both say that the service plays an important role in counteracting the stigma and lack of understanding from general services that people still experience.

- The majority of clients are from marginalised groups and need support to access traditional services.

- Specialist services are needed to ensure people get the support they need and don’t reach crisis.

- People will become increasingly isolated and lose access to support groups they value.
- Reducing services that promote and support self-management could result in increased hospital admissions and increased costs to the local health economy.
- People said that the service should keep some of its funding and the long term effects of cutting funding must be considered.
- Organisations suggested looking at joint resourcing for the service with other authorities and health services.

Sample quotes:

"People will receive support from non-specialist agencies, which still have to be paid for but the outcomes are likely to be less satisfactory."

"This would have a huge impact on me because I will be not encouraged to go out, this charity had many options for me to go out and meet friends to interact with."

"I am speaking on behalf of a lot of the ethnic minorities - we get double isolated. Already society looks at you differently and then you have this as well. You need to work and provide a life for yourself again. I'm not sure whether that specialist service can be reproduced."

HIV in the UK

Nationally, there has been a long term trend for a decline in the overall number of new diagnoses due in main to a fall in the number of new diagnoses in black Africans who have acquired HIV abroad. The UK is one of the first European countries to report a decline in HIV diagnosis in 2016

Increased testing (nationally a 12% increase in England), early diagnosis and prompt/ maintained anti HIV treatment has reduced HIV mortality. Late HIV diagnosis is linked to poor health outcomes requiring increased health and social care input, however East Sussex continues to hold one of the lowest late diagnosis rate in the South East. For the majority, but not all, HIV is a chronic condition which if treated early and the treatment is maintained, requires little in the way of direct HIV-specific social and health related input.

HIV in East Sussex

East Sussex has an overall lower prevalence (1.7) than the England prevalence of HIV (2.3).

However, it is worth noting that due to stigma and complications around diagnosis, these estimates may underplay the real picture of HIV in East Sussex as people are unwilling to disclose their status or seek diagnosis unless symptoms are observed.

Three areas do have a prevalence of >2 per 1,000 population:

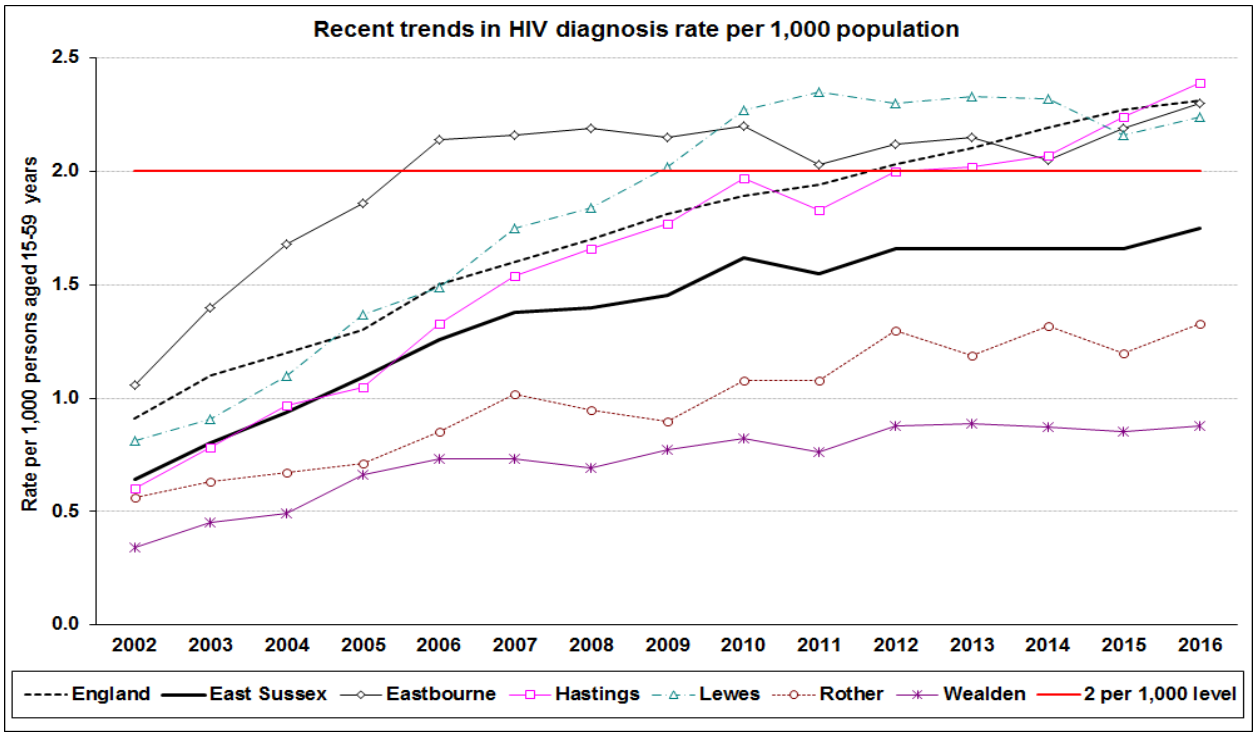
- Eastbourne borough (2.19),
- Lewes and the Havens district (2.17), and

- Hastings borough (2.26), but this matches the national average.

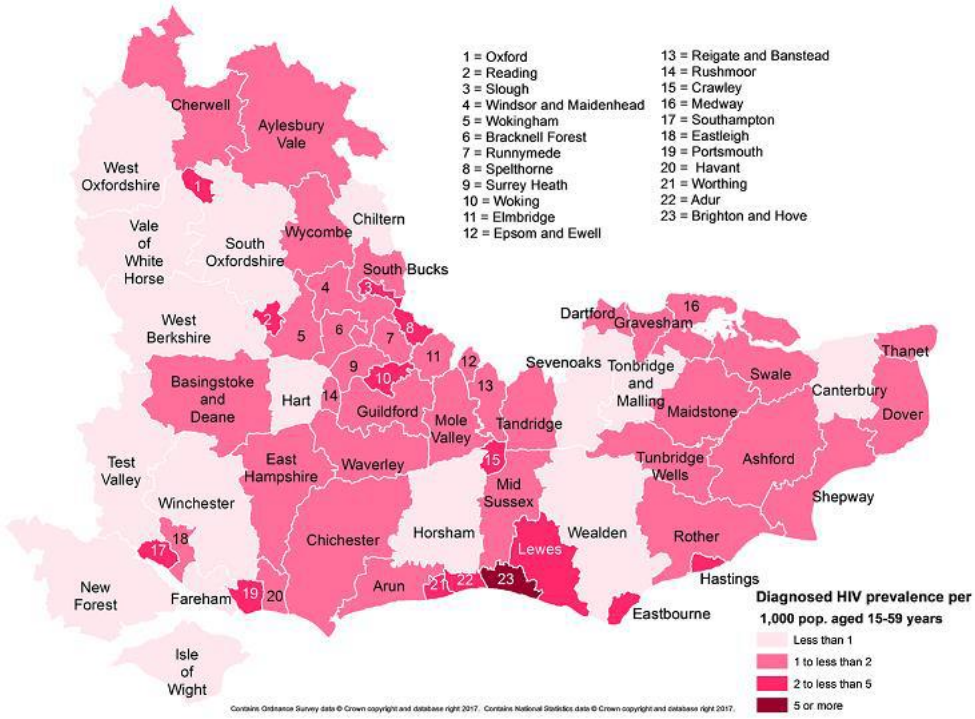
Over 2/1000 is considered to be a high prevalence of HIV as per the national NICE HIV testing guidance (2016).

The current national prevalence is over 2.3/1000 head of population.

HIV diagnosis rates in East Sussex 2002-2016:



HIV prevalence by district and borough in the South East of England



Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Using ONS 2016 population data, it is estimated that there are 922 people in East Sussex with HIV.[4] However, as noted in section 3, it is widely accepted that due to the complication of symptoms presenting and stigma attached to HIV, the real number of people living with HIV may be significantly higher.

Of these,

- **564** are estimated to be between 15 and 64 (321,999 / 1,000 x 1.75), and
- **209** are 65+ (119,763 / 1,000 x 1.75).

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

As the effective treatment of HIV means that the overall number of people living longer with HIV is increasing, and there have been rapid increases in the number of older people living for long periods with HIV alongside non HIV co-morbidities.

Around one-third of people living with HIV in England are now aged 50+. HIV mortality is now similar to the national norm.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

No, as service alternatives are available to adults aged 18+.

d) What is the proposal, project or service's impact on different ages/age groups?

The proposal to end the current service from March 2019 may have a negative impact on older people, due to increased use of care services. As the population of people with HIV ages, it will be important that local services understand the needs of older people with HIV and are able to support them.

e) What actions are to/or will be taken to avoid any negative impact or to better advance equality?

THT are developing tools to support residential care homes to raise awareness of the needs of people with HIV and how to support them. HIV awareness training has been provided to some care homes in the county already.

[4] (East Sussex population in 2016 of 526,671 / 1,000 x 1.75).

f) Provide details of the mitigation.

An action plan is being developed – which includes awareness-raising of HIV needs and how best to support people - and would be implemented by the contract end date.

g) How will any mitigation measures be monitored?

Through quarterly performance meetings until the end of the contract.

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Using ESiF 2011 data, it is estimated that there are 76 adults aged between 16 and 64 in East Sussex with HIV in addition to long term health problem and disability.[5]

b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposal, project or service?

With the rise in long term conditions such as diabetes and heart disease, there are an increasing number and range of medications management programmes available for people with long term conditions in East Sussex. People who currently access THT will be supported to access these services.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

There is a risk that disabled people/people with a LTC and HIV could face additional discrimination due to their HIV status, and likelihood of additional anxiety for people is a contributing factor.

d) What is the proposal, project or service's impact on people who have a disability?

On balance, there will be a neutral impact due to national and local developments which have introduced more integrated services, although there are acknowledged risks around the multiple discrimination of people with disabilities who are HIV positive due to stigma.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Targeted HIV awareness-raising around the needs of people with HIV and how best to support them, including particular awareness of stigma and social isolation, and support to people with HIV to better access wider services, and to develop support networks.

f) Provide details of any mitigation.

An action plan is being developed and will be implemented by the contract end date.

g) How will any mitigation measures be monitored?

Through quarterly performance meetings until the end of the contract.

[5] (East Sussex population of adults with a LTC/disability 43,632 / 1,000 x 1.75).

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Using ESiF 2011 data, it is estimated that there are 37 Black And Minority Ethnic (BAME) adults living in East Sussex with HIV. [6]

However, as stated in sections 2 and 3 – it is possible that there are undiagnosed people living with HIV, or people who have not disclosed their diagnosis. This is due to stigma and perception of HIV and AIDS, which is also common in BAME communities.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The National Aids Trust estimated in 2015 that Black African men and women living in the UK made up 31% of all people accessing HIV care.

THT report that approximately 50% of clients who currently access the support service are BAME. The consultation meeting held on 22 May gave insight into the experience of HIV positive BAME adults who live in East Sussex.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Due to the higher prevalence of people from BAME background having HIV, there is a risk that the impact of the proposals will be greater for people from BAME backgrounds.

d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?

If the proposals were to go ahead, there is a significant risk of a negative impact on HIV positive BAME people in East Sussex. An attendee at the consultation session on 22 May said: "*In mainstream society there is no problem, but all of a sudden you get a diagnosis, which puts you in a different world. You have a cultural background which says that you are an outcast. You have to decide whether to tell your family."*

For BAME people, having an HIV diagnosis risks social isolation and being cut off from local and wider support networks such as family and friends, which may be an additional negative impact as it reduces the options for effective self-management and access to specialist knowledge. Sone service users reported that some people from some African countries can have a less nuanced understanding of HIV and assume that HIV is the same as AIDS. The stigma that people with a diagnosis are forced to face cannot be underestimated.

[6] (East Sussex BAME population in 2011 (21,249 / 1,000 x 1.75).

These experiences are reinforced by national research, including the 'People living with HIV Stigma survey (2015)[7], which states that:

• One in five BAME people had never disclosed their status to anyone; twice as many compared to white British or Irish participants (21% vs. 12%, p<0.05).

• A fifth (18%) of BAME people felt that they had no or low levels of support when disclosing to their sexual partner, family, friends, or co-workers/employers vs. 10% of white British or Irish participants(p<0.001).

• Over half of BAME participants (55%) had experienced some form of discriminatory treatment in the last 12 months in social, family or workplace settings), (compared to 62% for white British or Irish participants). Most felt this was mainly due to their HIV status (rather than other factors), although this varied by setting (Figure 2).

• 40% of BAME participants reported being treated differently to other patients in healthcare settings in the last 12 months compared to 29% of white British or Irish people (p<0.001); A third (34%) of BAME participants had avoided healthcare in the last year compared to a quarter (25%, 244/967) of white British or Irish participants.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Targeted HIV awareness raising with service providers which will include specifically how best to support people with HIV who are from BAME backgrounds, and support to promote networking and peer support for HIV positive people in East Sussex.

f) Provide details of any mitigation.

An action plan is being developed and will be implemented by the contract end date.

g) How will any mitigation measures be monitored?

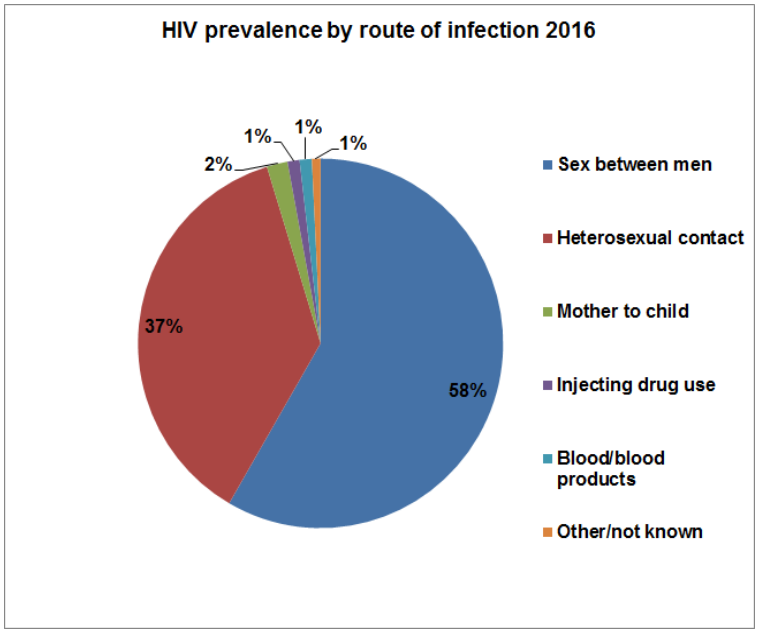
Through quarterly performance meetings until the end of the contract.

[7] http://www.stigmaindexuk.org/posters/2016/bame-poster.pdf

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

a) How is this protected characteristic target group reflected in the County/District/Borough?

Using ESiF 2011 data, it is estimated that there are 367 men aged between 15 and 64 living in East Sussex with HIV. [8] The 2016 Public Health England (PHE) breakdown of East Sussex HIV positive individuals living in East Sussex suggests a larger number of men of differing sexual orientations (as noted in sexual orientation).



There is limited data available on the transgender population in East Sussex.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

PHE report that at least 58% of the existing population in 2016 is male but with significant female number, therefore all genders will be affected.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Due to the higher prevalence of men, there is a risk that the impact will be greater for men. Transgender people may be at greater risk of socio-economic or cultural disadvantage and could therefore be impacted to a greater extent than the general population. However, there is limited evidence about the number or experience of this group in East Sussex.

[8] (East Sussex population by gender in 2011 (210,000 / 1,000 x 1.75), and 406 women (231,761 / 1,000 x 1.75).

d) What is the proposal, project or service's impact on different genders?

As described above, the proposal is likely to affect men slightly more than women based on statistics available, but there is a neutral impact as the existing service is open to anyone with a diagnosis.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Targeted HIV awareness raising to reduce stigma to both men and women, and will include transgender people.

f) Provide details of any mitigation.

An action plan is being developed and will be implemented by the contract end date.

g) How will any mitigation measures be monitored?

Through quarterly performance meetings until the end of the contract.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

Using ESiF 2011 data, it is estimated that there are 3 adults in civil partnerships living in East Sussex with HIV. [9]

However, as stated in sections 2 and 3 – it is possible that there are undiagnosed married people or people in civil-partnerships living with HIV, or people who have not disclosed their diagnosis. This is due to stigma and perception of HIV and AIDS.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

As the population of people living with HIV who are in civil partnerships or marriage ages, there will be a higher number people with HIV who develop additional care needs, which may place additional burdens on their partner

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

The data suggests that a very low number of people may be affected. There is thought to be a neutral impact.

d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?

There may be an additional impact on people living with HIV who are married or in a civil partnership, as the person with HIV may not feel able to tell their partner/husband/wife of their diagnosis. Additionally, as with anyone with care needs who is living longer, partners who may take a caring role may feel an additional impact.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

An action plan is being developed and will be implemented by the contract end date.

f) Provide details of any mitigation.

[9] (East Sussex population by marital status in 2011 (1,471 / 1,000 x 1.75.

Targeted HIV awareness raising to reduce stigma to both men and women, and will include transgender people.

An action plan is being developed and will be implemented by the contract end date.

g) How will any mitigation measures be monitored?

Through quarterly performance meetings until the end of the contract.

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

Pregnancy and maternity in those who are HIV positive is managed between the standard maternity services working with the specialist HIV treatment and care services. However, no data could be identified on prevalence amongst expectant and current mothers.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

No data could be identified on prevalence amongst expectant and current mothers.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

The data suggests that a very low number of people may be affected. There is thought to be a neutral impact.

d) What is the proposal, project or service's impact on pregnant women and women within the first 26 weeks of maternity leave?

This is thought to be neutral.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Targeted HIV awareness training.

f) Provide details of the mitigation

An action plan is being developed and will be implemented by the contract end date.

g) How will any mitigation measures be monitored?

Through quarterly performance meetings until the end of the contract.

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

There is not thought to be any specific impact, although it is worth noting that adults from BAME communities where religion and belief is a central figure to their culture may find that there are significant stigmas and risks of social isolation associated with being HIV positive. This is covered in section 4.3.

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Using ESiF 2011 data, it is estimated that there are 65 lesbian, gay or bisexual adults living in East Sussex with HIV. [10] However, as stated previously, that estimate may be lower than the real figures owing to stigmas around disclosing status, and complexity in diagnosis.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

As the lesbian, gay and bisexual population in East Sussex ages, there will be a higher number people with HIV who develop additional non-HIV care needs. The chart shown at 4.4 shows a higher rate of men who identify as Gay who are HIV+.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

The data suggests that a very low number of people may be affected.

d) What is the proposal, project or service's impact on people who are married or same sex couples who have celebrated a civil partnership?

Although the numbers are very low, there is a risk of a perceived negative impact on LGB people living in East Sussex with HIV.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Targeted HIV awareness raising. Commissioned services are expected to have equality and diversity training in place for all staff.

f) Provide details of any mitigation.

An action plan is being developed and will be implemented by the contract end date.

[10] (East Sussex LGBT population in 2011 (36,867 / 1,000 x 1.75.

g) How will any mitigation measures be monitored?

Through quarterly performance meetings until the end of the contract.

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

Carers

a) How are these groups/factors reflected in the County/District/ Borough?

- The majority of carers in East Sussex are of working age, with 26 per cent being aged over 65. The peak age for caring is 50-64 both locally and nationally
- 2,000 (3%) carers in East Sussex are aged over 85 years
- 50% of carers being supported by the Carers Centre and 55% of carers known to Adult Social Care are aged over 65.

(Source, Census 2011)

b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

THT report that 3 carers have benefited from the support service in the period October 2017 – March 2018.

c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?

Carers for people who are HIV positive may be affected as a result of the proposals going ahead, due to increased reliance on existing networks and stigma.

d) What is the proposal, project or service's impact on the factor or identified group?

There is a risk of a negative impact on carers of people with an HIV positive diagnosis, and an additional impact as a result of proposals to reduce commissioned carers services across East Sussex.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Awareness raising of the needs of people living with HIV, and their carers – including to support development of peer support and networks to access specialist support and other services.

f) Provide details of the mitigation.

An action plan is being developed and will be implemented by the contract end date.

g) How will any mitigation measures be monitored?

Through quarterly performance meetings until the end of the contract.

4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles	
A2	**Right to life (e.g. pain relief, suicide prevention)**
A3	**Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)**
A4	**Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)**
A5	**Right to liberty and security (financial abuse)**
A6 &7	**Rights to a fair trial; and no punishment without law (e.g. staff tribunals)**
A8	**Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)**
A9	**Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)**
A10	**Freedom of expression (whistle-blowing policies)**
A11	**Freedom of assembly and association (e.g. recognition of trade unions)**
A12	**Right to marry and found a family (e.g. fertility, pregnancy)**
Protocols	
P1.A1	**Protection of property (service users property/belongings)**
P1.A2	**Right to education (e.g. access to learning, accessible information)**
P1.A3	**Right to free elections (Elected Members)**

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

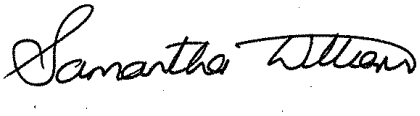
5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If the proposals are agreed, the evidence suggest that there is the risk for serious adverse impact on adults who are HIV positive in East Sussex. Mitigations include ensuring that adults who require support to manage their condition and the impact of stigma, are supported into self-management networks and to access information and advice about wider services to meet their needs and manage their conditions.
X	**B Adjust the policy/strategy** – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it *must* be removed or changed.	

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

See Action Plan

5.4 When will the amended proposal, proposal, project or service be reviewed? Regularly.

Date completed:	**28 May 2018**	**Signed by (person completing)**	**Angela Yphantides**
		Role of person completing	**RPPR Lead**
Date:	**June 2018**	**Signed by (Manager)**	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Meeting ongoing support needs	Ensure that all HIV+ adults and their carers, where appropriate, are sign-posted into wider services to support them to manage their long term condition, and wider support needs. Ensure that ESHT's Sexual Health clinics are provided with links to HSCC and local support services so that they can signpost	Angela Yphantides	By contract end date (30 March 2019)	Managed within contract resource	Quarterly monitoring returns provided by Terence Higgins Trust.

	HIV+ adults with additional support needs to these services. To use the remaining time of the extended contract with THT to undertake specific, targeted awareness raising around the needs of people living with HIV and their carers, especially in BAME and LGBT communities where risk of social isolation and withdrawal from other services is especially high. To ensure that THT deliver on the contract requirement to support HIV+ adults to develop social networks that can help them manage the stigma they face due to discrimination and lack of awareness around HIV.				

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)

		business case)			
There may be some risk to the health and wellbeing of vulnerable adults and their dependents and/or carers, however, this is expected to be mitigated by the action plan supporting HIV+ adults into wider services via HSCC	Moral and financial	Potentially	EIA	Angela Yphantides	By the contract end date in March 2019.