

Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

Outcome	People in Southampton live safe, healthy, independent lives
Code	SHIL 8 (ii)
Name or Brief Description of Proposal	Non-renewal of commissioned outreach and support services for Southampton people living with HIV.
Brief Service Profile (including number of customers)	
<p>This service has been commissioned to contribute towards improving the health, wellbeing and quality of life of people living with HIV in Southampton alongside the statutory sector provision for HIV treatment and care commissioned by NHS England. The service is provided by Positive Lives and provides emotional and practical support to individuals and families who are affected by HIV. The service helps individuals to remain in treatment and maintain their viral load under control.</p> <p>The service also provides regular ‘HIV Awareness’ courses for organisations which are well attended. The aim is to reduce discrimination, which has been found in many settings including health, education and the workplace. Participants feedback is extremely positive and shows the courses are effective.</p> <p>The service supports approximately 120 service users at any one time.</p>	
Summary of Impact and Issues	
<p>The impact of losing this service is hard to quantify, but those living with HIV do suffer high rates of stigma and other difficulties in their physical and mental health.</p> <p>Ending this contact could have onward costs for the NHS in increased</p>	

treatments as some people living with HIV will not maintain their treatment regime as effectively without the support of this service. The preventative impact of this service, in reducing the risk of onward transmission, has a powerful financial payback in addition to improving the quality of life for those living with this condition.

Additionally, in terms of wider equality impacts, not recommissioning this service would disproportionately affect Black African and Men who have sex with Men (MSM) as they currently form 37% of the clients for this service.

This service contributes to work to help reduce the onward spread of HIV by keeping those living with it stable and in treatment, working, and also helps reduce stigma associated with HIV.

Potential Positive Impacts

None

Responsible Service Manager	Kirsten Killander Service Development Officer
Date	7 March 2016, refreshed 14 October 2016
Approved by Senior Manager	Tim Davis Senior Commissioner
Date	17 October 2016

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	The decommissioning of this service would mostly affect adults between the ages of 25-65. However they also work closely with young people with HIV to smooth transition from child to adolescent health services, and with vulnerable older adults. The young people they work with would be particularly affected as they may not be able to obtain alternative support as the nearest is in London. Although some young people do currently go to London they are escorted by a volunteer from the current service provider. When support for young people was introduced as part of the service specification in 2013 all the young people said it changed their	To phase out LA funding in an announced and managed way to enable the wider system to evaluate whether alternative funding might be available. Work with NHS England specialist commissioning to identify routes

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	lives as they had never met any other young person who was HIV positive and had never had support of any kind – except clinically. Young people (with HIV) who have received support have had better life outcomes than those that lived in Southampton prior to the service starting.	for support
Disability	No specific negative impact for people with disabilities is anticipated.	Not applicable.
Gender Reassignment	No specific negative impact for people undergoing gender reassignment is anticipated.	Not applicable.
Marriage and Civil Partnership	No specific negative impact for people in marriage or civil partnerships is anticipated.	Not applicable.
Pregnancy and Maternity	It is important that the small minority of HIV positive pregnant and maternity women are supported appropriately so that they adhere to their medication programme and also obtain formula milk. Without this support HIV may be transmitted to the baby.	Work with maternity services and NHS England to ensure effective support for women and their family
Race	Currently 37% of the service's clients are from Sub-Saharan Africa or are Black Caribbean. There would be a particular adverse impact for this cohort of the population due to the stigma attached to HIV in their community. This results in HIV positive people not disclosing to friends and family and being isolated from support. They are also often not able to access information through the web as they are afraid family members will see their 'web history'. Without independent support such as that received through this service Black African / Caribbean clients could be excluded from any support, advice and information.	Work with NHS England specialist commissioning to identify routes for support To phase out LA funding in an announced and managed way to enable the wider system to evaluate whether alternative funding might be available.
Religion or Belief	No specific negative impact for people in relation to religion or belief is	Not applicable.

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Sex	<p>anticipated.</p> <p>62% of clients are men with the remaining 38% being women. There are no transgender clients. More importantly the majority of male clients will be gay, bisexual or other men who have sex with men (MSM). The impact of this is discussed under sexual orientation.</p>	<p>Work with NHS England specialist commissioning to identify routes for support</p> <p>To phase out LA funding in an announced and managed way to enable the wider system to evaluate whether alternative funding might be available.</p>
Sexual Orientation	<p>62% of clients are male of which the majority will be either gay men, bisexual men or other MSM. Without this service men will be vulnerable to not adhering to their medication and, due to lifestyle, may be more prone to causing onward transmission.</p>	<p>Work with NHS England specialist commissioning to identify routes for support</p> <p>To phase out LA funding in an announced and managed way to enable the wider system to evaluate whether alternative funding might be available.</p>
Community Safety	<p>No specific negative impact for community safety, in the traditional sense, is anticipated. However the decommissioning of this service could increase the prevalence of HIV locally.</p>	<p>Not applicable.</p>
Poverty	<p>This service often supports people that are not working due to their HIV causing ill health. Closure of the</p>	

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	<p>service would therefore adversely affect those clients who live in poverty. The service has also supported people discriminated at work when their HIV positive status has been inadvertently disclosed. They have 'educated' the work place and prevented people resigning due to the discrimination they had previously received, or perceived they would receive.</p>	
<p>Other Significant Impacts</p>	<p>This additional support helps reduce the likelihood of a number of personal adverse impacts: homelessness, isolation and loneliness and discrimination at work / school. Apart from the distress this causes people it will also lead to increased costs for the Council and other organisations. People living with HIV are often regarded as a vulnerable group in their own right, as they generally are vulnerable to poor health and wellbeing outcomes, and still often suffer stigma and discrimination in the community and the workplace.</p> <p>Additionally without support everyone living with HIV is vulnerable to not adhering to their medication programme. This is partly due to the fact that the majority of medications have to be taken on a very strict routine. The service helps them overcome barriers to taking medication. Without adherence viral loads will increase or people may become immune to their medication and have to change to progressively more expensive medications. People become unwell (immune system is low and so infections are picked up etc) and can be hospitalised.</p> <p>Where there are specific impacts for an identified characteristic they are</p>	<p>To phase out LA funding in an announced and managed way to enable the wider system to evaluate whether alternative funding might be available.</p> <p>Innovative, externally funded work, such as the web chat support models being funded by a national HIV Innovation Fund bid may reduce future service costs through a new model.</p>

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	<p>detailed in the appropriate 'details of impact'.</p> <p>This service helps reduce the onward spread of HIV by keeping those living with it stable and in treatment, working, and also helps reduce stigma associated with HIV.</p>	

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