

Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

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

Name of the 'policy':	Re tender of HIV prevention, testing and care services
Person(s) responsible for completing this statement	Karen Pitney – Joint Commissioner Sexual Health
Briefly describe the activity being considered including aims and expected outcomes	<p>To deliver a new combined service provision to adults at risk of and living with HIV and those who care for them.</p> <p>This will combine three previously separate services, those being:</p> <ul style="list-style-type: none"> • HIV prevention, testing and health promotion • Social Care (excluding GCC Social Care provision) • Carer support. <p>The aim of the service is to:</p>

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

	<p>Deliver comprehensive, accessible and needs led support for all (PLWHIV) and those who support and care for them with the aim of maximising their health, well-being, quality of life and social integration.</p> <p>Prevent new acquisition, onward transmission and late diagnosis of HIV by running a comprehensive, coordinated, intelligence led health promotion and community testing service.</p> <p>These services do not include, but will complement and work cooperatively with:</p> <ul style="list-style-type: none">• Clinical treatment of HIV in specialist services provided within the NHS• Statutory adult social care services and children’s education and social care services provided by local authorities• Primary health care and non HIV specific specialist health services <p>The Service will work to the deliver the outcomes which are:</p> <ul style="list-style-type: none">• Reduce transmission of HIV• Reduce prevalence of undiagnosed HIV• Improve the health and wellbeing of all people living with HIV including those caring for them.• Reduce the stigma and prejudice associated with HIV
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Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

Service user diversity reports are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

Gloucestershire population demographics data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our website including an equality monitoring template.

If you have no plans to start collating data about a protected characteristic please state the rational why.

Service information (if applicable) or Needs analysis (if applicable)

Who is responsible for delivering the service?	Current delivery is from: In-house provision by Gloucestershire County Council Adult Social Care (not included in the scope of this tender) External provision from Terrence Higgins Trust (THT) and The Gloucestershire Action for Asylum Seekers and
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	<p>Refugees (GARAS)</p> <p>Following a tender process it is possible that this could change and this is considered within this document.</p>
<p>Service user data/Needs analysis information</p>	
Age	<p>The majority of people living with HIV (PLWHIV) in the county are aged between 25 and 55 years. Improvements in the treatment for HIV have resulted in an increase in the numbers of people aged over 55.</p> <p>In 2011 of all PLWHIV resident in Gloucestershireⁱ:</p> <p>4% are under 25 77% are aged over 25 and under 55 19% are aged over 55</p>
Disability	<p>There is no specific information is available for disability in relation to PLWHIV. Further work is required on national data/evidence relating to people with disability and HIV.</p> <p>All service providers are expected to provide care and support which is accessible to all regardless of ability.</p>
Sex	<p>66% of people accessing HIV care from Gloucestershire are men.ⁱⁱ</p> <p>Whilst the number of people accessing care has increased the percentage split between men and women have reduced from 71% in 2002 to 66% in 2011ⁱⁱⁱ.</p> <p>Further work is required to look at issues relating to HIV testing for women and the demographics of late diagnosed HIV in women compared to men.</p> <p>Providers of the service will be expected to provide suitable services to encourage access for men and women.</p>
Race (including Gypsy & Traveller)	<p>HIV has been identified as particularly prevalent in Black African Communities with the National Institute for Clinical Excellence (NICE) issuing guidance specifically targeting this community.</p> <p>Consideration of this has been applied to the service, one strand of which will be specifically measured on outcomes focused on Black African Communities. Within Gloucestershire (2011 data) 30% of people living with HIV in Gloucestershire were Black African^{iv}.</p>

	There is no other race specific information currently available. Further work is required on the prevalence of HIV infection and access to service in relation to race, including Gypsy and Traveller communities.
Gender reassignment	No specific information is available for gender reassignment in relation to PLWHIV. However all service providers are expected to provide care and support which is accessible to all regardless of gender.
Marriage & civil partnership	No specific information is available for marriage & civil partnership in relation to PLWHIV. However all service providers are expected to provide care and support which is accessible to all regardless of marital/civil partnership status.
Pregnancy & maternity	We currently do not hold data regarding pregnancy and maternity. A source for data has been identified and is being followed up by commissioners. Within this HIV testing is offered to all pregnant women as part of the midwifery service. Within this service the providers are commissioned to support clients, where appropriate in relation to this but would not be specifically responsible for testing.
Religion or Belief	There is no information currently available in relation to religion or belief of PLWHIV. The specification for this service does include working with communities where religion or belief could have an impact on attitudes towards HIV. People working in the service are required to consider this with every contact and as part of long term planning. Further work is required on the prevalence of HIV infection and access to service as relates to RAOB in Gloucestershire.
Sexual Orientation	Over one third (41%) of people living with HIV in Gloucestershire are men who have sex with men (MSM)* ^v . Within this a proportion will be gay men. The specification for this service is particularly focused on these communities.

* **MSM.** Men who have sex with men. The term is used to define men who have sex with other men but do not necessarily identify themselves as gay or bisexual, (whilst still including men who do identify themselves as gay or bisexual). Within the 66% defined above as men who are living with HIV, a % of these will be MSM and the remainder heterosexual.

Other information

There is extensive guidance and service standards for the care of people with HIV. Of particular relevance is:

NICE Guidance PH33 Increasing the uptake of HIV testing among black Africans in England
NICE Guidance PH34 Increasing the uptake of HIV testing among men who have sex with men

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC Workforce diversity reports** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	Not affected below
Age	
Disability	
Sex	

Race (including Gypsy & Traveller)	
Gender reassignment	
Marriage & civil partnership	
Pregnancy & maternity	
Religion or Belief	
Sexual Orientation	

Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

Service users	<p>In 2008 a needs assessment of people living with HIV in Gloucestershire was jointly commissioned by Gloucestershire County Council and NHS Gloucestershire. Some of the current services were commissioned as a result of this. A rapid re-run of the same exercise is currently being undertaken by the Terrence Higgins Trust.</p> <p>In March 2013, 80 people, a combination of service users, workforce, partners and external providers attended an engagement event to look at the general sexual health needs of Gloucestershire as part of the Gloucestershire Sexual Health Needs Assessment Refresh 2013. A number of PLWHIV were included in this event.</p> <p>A single discussion group with people with HIV has been held. The opinions of PLWHIV are now being obtained via a repeat of the survey used in the 2008 needs assessment (noted above).</p>
Workforce	Members of the workforce attended the engagement event in March 2013. In addition in August 2013 a soft market testing event took place to look at service delivery options and requirements.
Partners	The Sexual Health Partnership Group, which includes all commissioning and provision partners and contains Gloucestershire Healthwatch, is aware of this work.
External providers of services	Providers attended a soft market testing event to look at service delivery options and requirements in August 2013

Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show 'due regard' to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations...

Protected group	Challenge or opportunity considered and what we did
Age(A)	Whilst Services are not age specific all providers are tasked with providing services accessible to all. They are required to obtain Young People Friendly Accreditation. The new service specification will

	measure attendance at services by age to allow us to better understand how engagement with services reflects both the age of the general population and cohort of PLWHIV.
Disability (D)	All services are required to have fully accessible services. The measurement of service adherence to the needs of disabled users is to be included as a requirement of the new contract.
Sex (S)	<p>Men carry a higher burden of HIV. This could indicate a higher number of females taking a role of informal or formal carers. However, evidence shows that a high percentage of these are gay men which would carry a burden on male carers.</p> <p>It is a requirement of the new service specification that services are placed in locations which are accessible to those needing them. This is linked not only to the ability of service users but also needs relating to cultural or social beliefs. This is not part of the current service requirement and is considered an improvement.</p>
Race (including Gypsy & Traveller)(R)	<p>Black African men are known to carry a proportionally higher burden of HIV than other protected groups. This is recognised and addressed through specific NICE guidance focussing on increasing the take up of HIV testing within this community. There is no current reliable data on HIV impact in other race groups in Gloucestershire though anecdotal concerns around HIV infection and European and Asian immigrant populations have been raised by service providers.</p> <p>Services for people of different race and culture are available from two providers. The new service specification compels providers to adopt a collaborative partnership approach which is considered an improvement to the current service.</p>
Gender reassignment(GR)	There is no specific information available in relation to HIV and gender reassignment. The requirement to ensure equal access to all should ensure appropriate care for this group; however, the new service will be specifically required to meet all the needs of all protected characteristics within the Equality Act 2010 which is considered an improvement on the current service delivery requirements.
Marriage & civil partnership (MCP)	Given the higher percentage of gay men living with HIV it is possible that there is a higher impact on members of civil partnership in relation to the care of people living with HIV. This service is targeted to improve not only the health but the wellbeing and quality of life of both PLWHIV and their carers which commissioners believe will have a positive impact.

<p>Pregnancy & maternity (PM)</p>	<p>HIV testing is an integral part of the obstetrics pathway and all pregnant women are offered HIV testing as part of the standards of care. This has provided significant improvements in outcomes for babies born to parents with HIV.</p> <p>This is not part of this service though support towards acceptance of this testing will be provided by the services if required.</p>
<p>Religion and/or Belief (RAOB)</p>	<p>Whilst there is a requirement for these services to provide the highest standards of care and reflect all RAOB currently access to main sites may not be considered universally acceptable in relation to RAOB. The new service is designed to allow multiple access points to care to take into account any RAOB and as such improve access to care.</p>
<p>Sexual Orientation(SO)</p>	<p>Men who have sex with men, which includes groups who would define their sexual orientation as gay, are a focus of this service. Comprehensive information is held in relation to these groups and service delivery is targeted to work closely as appropriately indicated by service users and intelligence.</p>

Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
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Further engagement with service users to determine their priorities/needs	Karen Pitney	ongoing
Additional data gathering	Karen Pitney	ongoing
Analysis of non sharable limited access data to further inform this document	Karen Pitney	ongoing

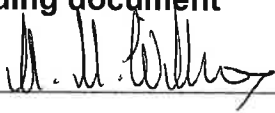
Monitoring and Review

Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

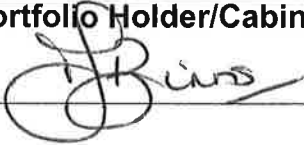
Progress will be reported to the Sexual Health Partnership Group, to the Public Health Senior Leadership Team and through Gloucestershire County Council Verto project managing system.

Sign off and Scrutiny

By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off: This statement is a continuing document not yet considered complete 	Date: 21.10.2013
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I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member:	
DORCAS BINNS	
Signed by Portfolio Holder/Cabinet Member:	Date:
	21/10/2013

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

ⁱ 2011 Survey of Prevalent HIV Infections Diagnosed (SOPHID)

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^{iv} 2011 Survey of Prevalent HIV Infections Diagnosed (SOPHID)

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