

# Equality, Diversity, Cohesion and Integration (EDCI) screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate: Adults and Health</b>	<b>Service area: Public Health</b>
<b>Lead person: Eleanor Clark</b>	<b>Contact number: 0113 378 7844</b>

**1. Title: Procurement of a Sexual Health Improvement Service for most at risk populations for HIV**

Is this a:

**Strategy / Policy**
 **Service / Function**
 **Other**

**If other, please specify**

**2. Please provide a brief description of what you are screening**

The UK is one of the first countries to meet the UNAIDS 90-90-90 targets. In 2018 Public Health England estimated that 92% of people living with HIV in the UK had been diagnosed, 98% of those diagnosed were on treatment, and 97% of those on treatment were virally suppressed. The UK Government has set out a commitment to end transmission of HIV in England by 2030.

Leeds is a high rate city for HIV with a diagnosis rate of 11.4 per 100k population (15-59) compared with the national average of 8.1 per 100k and a late diagnosis rate of 57.1% compared with the national average of 43.1%.

In 2014 Leeds City Council commissioned HIV prevention activity with a focus on sexual health promotion activities, including group sessions, 1:1 support and peer support, condom provision and community based HIV Point of Care testing (POCT) within most at risk populations. This was split into two contracts, one working with Black African

communities, the other with men who have sex with men.

There is now a need to widen the scope of the provision to include additional approaches and communities. This is because of significant advances in HIV prevention resources over the last 3 years such as Pre-exposure prophylaxis (PrEP, a way for people who do not have HIV to prevent HIV infection by taking a pill every day, or before and after likely exposure), alongside a potential emergence of new most at risk populations.

The intention is therefore to procure a single Sexual Health Improvement Service for most at risk populations for HIV (MARPs), rather than continuing with the existing model of two separate HIV prevention services. This will allow the service to be delivered in a more cohesive and collaborative way, allowing for more flexibility around target groups and accommodation of overlapping vulnerabilities and differing risks e.g. MSM from black African communities, or an LGBTQ person who is also an asylum seeker. This model also reduces the duplication of core costs, providing the opportunity to rationalise and achieve better value for money. It will also simplify contractual arrangements, including an individual performance and quality framework managed by a single point of contact within the council, who can assess and evidence performance, impact, value for money and financial accountability.

In response to the latest prevalence data, the in-scope populations would be extended to include:

- Black African Communities
- Men that have Sex with Men
- Transgender people
- Asylum seekers and refugees
- Newly migrated communities
- Young people from in scope populations
- Other groups identified as being at higher risk via mapping data and intelligence.

Although a clear focus on HIV prevention will remain within the specification, the remit will be widened to allow for a broader sexual prevention service which normalises conversations around HIV and testing, within a wider context of promoting positive sexual health messages. This approach allows for more appropriate engagement opportunities with under-represented groups e.g. sexual and reproductive health sessions for Black African women covering topics such as contraception, allowing for a more subtle introduction of conversations around condom use, PrEP and HIV testing.

### **3. Relevance to equality, diversity, cohesion and integration**

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that

impact on or relate to equality: tackling poverty and improving health and well-being.		
<b>Questions</b>	<b>Yes</b>	<b>No</b>
Is there an existing or likely differential impact for the different equality characteristics?	✓	
Have there been or likely to be any public concerns about the policy or proposal?		✓
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		✓
Could the proposal affect our workforce or employment practices?		✓
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations</li> </ul>		✓

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

#### 4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The scope of the new service has been determined through a combination of consultation and data analysis, which has identified the key communities for inclusion.

- **Key findings** (**think about** any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

The purpose of this service will be to reduce health inequalities, by working specifically with those groups most at risk of contracting HIV.

<ul style="list-style-type: none"> <li>• <b>Actions</b> (<b>think about</b> how you will promote positive impact and remove/ reduce negative impact)  Through effective service promotion and engagement with key stakeholders.</li> </ul>
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<b>5. If you are <b>not</b> already considering the impact on equality, diversity, cohesion and integration you <b>will need to carry out an impact assessment</b>.</b>	
Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

<b>6. Governance, ownership and approval</b> Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Dawn Bailey	Consultant / Chief Office in Public Health	
<b>Date screening completed</b>		25/06/2021

<b>7. Publishing</b> Though <b>all</b> key decisions are required to give due regard to equality the council <b>only</b> publishes those related to <b>Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision</b> .  A copy of this equality screening should be attached as an appendix to the decision making report: <ul style="list-style-type: none"> <li>• Governance Services will publish those relating to Executive Board and Full Council.</li> <li>• The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.</li> <li>• A copy of all other equality screenings that are not to be published should be sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a> for record.</li> </ul> Complete the appropriate section below with the date the report and attached screening was sent:	
For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent: 9/7/21
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent: