

Service and Community Impact Assessment (SCIA)

Front Sheet:

Directorate and Service Area:

Social and Community Services / Joint Commissioning

What is being assessed:

The option to stop funding non-statutory support for Oxfordshire residents living with HIV from 2016/17

This service is currently funded by the council but provided through a third party.

Responsible owner / senior officer:

Kate Terroni, Deputy Director Joint Commissioning

Date of assessment:

17 August 2015

Summary of judgement:

This assessment considers the impact of the option to end the funding for non-statutory support for Oxfordshire residents living with HIV from 2016/17. This support is currently provided by a third party and ending the service could deliver a potential saving of £50,000 to the council.

This service includes the HIV prevention and support and is funded jointly by the County Council and Public Health. This service is targeted at men who have sex with men and Black African communities as they are at higher risk of HIV.

This proposal does not impact statutory HIV prevention funded by Public Health, which is being considered separately by the Public Health directorate.

The savings option discussed here is being assessed for possible adverse impacts on the service users' ability to access alternative support, engage with statutory services and continue to manage their condition.

These impacts are mitigated by integrating future support for people with HIV into Oxfordshire's core Adult Social Care services which includes assessment of need for

social care and delivery of relevant care services for those who are eligible; provision of information, advice and advocacy; provision of health and social care services for people with long term conditions, including respite. Assessments and support planning have due regard for peoples' needs related to their culture, gender and sexual orientation.

Detail of Assessment:

Purpose of assessment:

The purpose of this assessment is to consider the possible impact of the option to stop funding non-statutory support for Oxfordshire residents living with HIV.

This assessment also fulfils the council's requirements under Section 149 of the Equality Act 2010, as set out below.

The impact of this savings option should be considered in conjunction with other options being proposed to ensure that no unintended adverse consequences arise from the cumulative effects of certain options being taken forward.

Section 149 of the Equality Act 2010 ("the 2010 Act") imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.

- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person's disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation
- marriage and civil partnership

Social Value

Under the Public Services (Social Value Act) 2012 the Council also has an obligation to consider how the procurement of services contracts with a life value of more than £173,934¹ might improve the economic, social, and environmental well-being of the area affected by the proposed contract, and how it might act to secure this improvement. However, it is best practice to consider social value for all types of contracts, service delivery decisions and new/updated policies. In this context, 'policy' is a general term that could include a strategy, project or contract.

Context / Background:

Context:

Since 2011 the Council and Public Health have been jointly funding the HIV Prevention and Support service delivered under contract through an external provider. The total contract value is £150,000 per year.

The service provider is required to deliver the HIV Prevention and Support service to a minimum of 75 individuals in a contract year. The service is currently targeted towards men who have sex with men and Black African communities as they are at highest risk of HIV.

This service is being delivered through provision of one to one sessions, group work, targeted outreach sessions (including virtual outreach) and respite opportunities.

In 2014-15 the service provided in depth support to 114 people, of which 76 were new to the service. In addition, at that point in time a total of 375 Oxfordshire people living with HIV were known to the provider.

¹¹ [EC Procurement Threshold for Services](#)

Service outcomes include achieving and/or contributing to:

1. An improved knowledge of how to access mainstream sexual health services among high risk groups,
2. A decrease in risky sexual behaviour due to an improvement in knowledge of STI & HIV prevention and condom usage,
3. An increase in the numbers of high risk groups accessing sexual health screening/testing services,
4. An increase in opportunistic Chlamydia screening among 15 to 24 year olds,
5. An increase in the number of young people from high risk groups registering for the C Card scheme,
6. Improved sexual health awareness of STIs and HIV prevention among high risk groups, and an improvement in sexual health wellbeing,
7. Reduction in the rate of any subsequent STI by individuals,
8. Reduction in onward transmission of any existing STI by individuals,
9. Increased access to information regarding HIV and other relevant issues,
10. Increased knowledge of other services available to people living with HIV in Oxfordshire,
11. Increased ability for people living with HIV to self-manage their long term medical condition,
12. Increase client mental health wellbeing, as a result of timely intervention of the respite service – service provider follows up and monitors behaviour changes,
13. Reduction in social isolation of people living with HIV.

Background to proposal:

In 2014/15 the Public Health and Adult Social Care commissioners reviewed the current service by looking at what it does and what outcomes it delivers.

This review looked at the current and future needs profile for the HIV population in Oxfordshire. Improvements in the medical management of HIV have increased survival rate and life expectancy of those living with HIV and AIDS. This in effect has changed the outlook of being infected with HIV from a terminal illness into a long-term condition, and affected existing models of best practice in HIV prevention and support.

Particular consideration was given to distinguishing the role of the HIV prevention element of the service that sits in the Public Health domain and the role of broader support for people with HIV that can be seen as being relevant to both the Public Health and Adult Social Care domains.

This review produced the following recommendations:

- Prevention of HIV - There is a robust business case for the council to continue to commission HIV prevention services or initiatives for the population of Oxfordshire. This responsibility rests with the Public Health commissioners, who are required by statute to provide sexual health services. This includes provision of HIV prevention promotion services.

- Support for people with HIV - There is no robust evidence to suggest that the current support service delivers clearly identifiable social care outcomes for people with an eligible need or what the social (rather than health) benefits of the service are for people it supports. It was therefore recommended that future support for people with HIV should be integrated into Oxfordshire's core Adult Social Care offer which includes assessment of need for social care and delivery of relevant care services for those who are eligible; provision of information, advice and advocacy; provision of health and social care services for people with long term conditions, including respite.
- Duty to promote wellbeing - In developing these future plans consideration should be given to the council's duty to promote the wellbeing of local people under the Care Act 2014.

Proposals:

This option takes forward the recommendation of the service review described above.

The option being considered is to end the funding for non-statutory support for Oxfordshire residents living with HIV from 2016/17, which is currently provided through a third party, and to integrate future support for people with HIV into Adult Social Care offer which includes assessment of need for social care and delivery of relevant care services for those who are eligible; provision of information, advice and advocacy; provision of health and social care services for people with long term conditions, including respite.

If this option is to be taken forward and implemented, the Council will save £50,000 per year.

This option does not look at or impact on the future of the Prevention of HIV service which will be determined separately by the Public Health commissioners.

Evidence / Intelligence:

In developing this option the Council looked at the current and future needs profile for HIV population in Oxfordshire. Improvements in the medical management of HIV have increased survival rate and life expectancy of those living with HIV and AIDS. This in effect has changed the outlook of being infected with HIV from a terminal illness into a long-term condition, and existing models of best practice in HIV prevention and support.

Particular consideration was given to distinguishing the role of the HIV prevention element of the service that sits in the Public Health domain and the role of broader support for people with HIV that can be seen as relevant to both the Public Health and Adult Social Care domains.

It has also been established that the current HIV Prevention and Support service is targeted towards men who have sex with men and Black African communities as they are at highest risk of HIV.

In 2014/15 the service provided in depth support to 114 people, of which 76 were new to the service. In addition, at that point in time a total of 375 Oxfordshire people living with HIV were known to the provider.

Alternatives considered / rejected:

In developing this option the Council considered and rejected the following alternatives:

No HIV support or prevention services

This option is not being taken forward because it poses the following risks:

- Increase in the prevalence of HIV in Oxfordshire
- People with HIV would not access early diagnosis and treatment
- The Council may need to provide sexual health and social care to a larger number of people with HIV who would have been prevented from entering the care system
- Increased cost of HIV care for Oxfordshire Clinical Commissioning Group with increased numbers living with HIV in Oxfordshire
- The Council will not comply with its statutory duty to provide sexual health services
- Loss of expertise in Oxfordshire to undertake HIV prevention and meet these needs.
- Reputational damage to the Council for stopping low cost services to an at risk group

Develop a new combined service

The benefits of this option are:

- There will be less disruption to the current service, although it will need to be tendered and future service model is likely to be very different
- There could be benefits from designing a new HIV prevention and support service model across multiple commissioning domains, although to our current knowledge an evidence-based service model of this type does not exist.

This option is not being taken forward because it poses the following risks:

- Support for people with HIV will remain separate from the rest of the social care provision and will be fragmented
- People with HIV won't access mainstream social care due to potential social stigma.
- The Council's duties to provide HIV prevention services, social care for eligible people and promote wellbeing for all do not neatly map against each other or the local population.

Impact Assessment:

Identify any potential impacts of the policy or proposed service change on the population as a whole, or on particular groups. It might be helpful to think about the largest impacts or the key parts of the policy or proposed service change first, identifying any risks and actions, before thinking in more detail about particular groups, staff, other Council services, providers etc.

It is worth remembering that 'impact' can mean many things, and can be positive as well as negative. It could for example relate to access to services, the health and wellbeing of individuals or communities, the sustainability of supplier business models, or the training needs of staff.

We assess the impact of decisions on any relevant community, but with particular emphasis on:

- Groups that share the nine protected characteristics
 - age
 - disability
 - gender reassignment
 - pregnancy and maternity
 - race – this includes ethnic or national origins, colour or nationality
 - religion or belief – this includes lack of belief
 - sex
 - sexual orientation
 - marriage and civil partnership
- Rural communities
- Areas of deprivation

We also assess the impact on:

- Staff
- Other council services
- Other providers of council services
- Any other element which is relevant to the policy or proposed service change
- How it might improve the economic, social, and environmental of the area affected by the contract **if** the Public Services (Social Value) Act 2012 applies

For every community or group that you identify a potential impact you should discuss this in detail, using evidence (from data, consultation etc.) where possible to support your judgements. You should then highlight specific risks and any mitigating actions you will take to either lessen the impact, or to address any gaps in understanding you have identified.

If you have not identified an impact on particular groups, staff, other Council services, providers etc. you should indicate this to demonstrate you have considered it.

Impact on Individuals and Communities:

Community / Group being assessed (as per list above – e.g. age, rural communities – do an assessment for each one on the list)

It is clear that ceasing funding for the non-statutory support service for people living with HIV will have an impact on the users of those services, namely men who have sex with men and Black African communities as they are at highest risk of HIV.

Impact of proposals on relevant groups

Current SERVICE USERS	
In 2014/15 the service provided in depth support to 114 people, of which 76 were new to the service. In addition, at that point in time a total of 375 Oxfordshire people living with HIV were known to the provider.	
Risks	Mitigations
Service users will need to find other types of support. The vulnerability of this group and social stigma associated with HIV makes this a more difficult task for many of them.	Current service users will be assessed under the Care Act 2014 national eligibility criteria to determine whether they have eligible social care needs. The Council will meet identified eligible social care needs from its core Adult Social Care offer, which includes delivery of relevant care services for those who are eligible; provision of information, advice and advocacy; provision of health and social care services for people with long term conditions, including respite.
Often people who need support from these services are difficult to engage for many reasons, including social stigma associated with HIV. They may feel let down and/or confused and stop engaging with any services as they feel it is unreliable and likely to change at any given time.	At the point of the assessment described above the Council will provide information and advice to support service users to establish and/or retain links with their local communities, including family members and friends.

RACE – this includes ethnic or national origins, colour or nationality

The current HIV Prevention and Support service is targeted towards men who have sex with men and Black African communities as they are at highest risk of HIV. This proposal therefore impacts more on Black African communities compared to other Black and Minority Ethnic communities.

Risks	Mitigations
Service users from Black African communities will need to find other types of support. The vulnerability of this group and social stigma associated with HIV makes this a more difficult task for many of them.	<p>Current service users will be assessed under the Care Act 2014 national eligibility criteria to determine whether they have eligible social care needs.</p> <p>This assessment and future service planning for eligible people will give due regard to cultural needs of people being assessed.</p>
Often people who need support from these services, including people from Black African communities, are difficult to engage for many reasons, including social stigma associated with HIV. They may feel let down and/or confused and stop engaging with any services as they feel it is unreliable and likely to change at any given time.	<p>At the point of the assessment described above the Council will provide information and advice to support service users from Black African communities to establish and/or retain links with their local communities, including family members and friends.</p> <p>This support will give due regard to cultural needs of people being assessed.</p>

SEX and SEXUAL ORIENTATION

The current HIV Prevention and Support service is targeted towards men who have sex with men and Black African communities as they are at highest risk of HIV. This proposal therefore impacts more on men than women, and more on men who have sex with men compared to men of different sexual orientation.

Risks	Mitigations
Service users will need to find other types of support. The vulnerability of this group and social stigma associated with HIV makes this a more difficult task for many of them.	<p>Current service users will be assessed under the Care Act 2014 national eligibility criteria to determine whether they have eligible social care needs.</p> <p>This assessment and future service planning for eligible people will give due regard to gender and sexual orientation related needs of people being assessed.</p>
Often people who need support from these services, including men who have sex with men, are difficult to engage for many reasons, including social stigma associated with HIV. They may feel let down and/or confused and stop engaging with any services as they feel it is unreliable and likely to change at any given time.	<p>At the point of the assessment described above the Council will provide information and advice to support service users to establish and/or retain links with their local communities, including family members and friends.</p> <p>This support will give due regard to gender and sexual orientation related needs of people being assessed.</p>

DISABILITY

Improvements in the medical management of HIV have increased survival rate and life expectancy of those living with HIV and AIDS. This in effect has changed the outlook of being infected with HIV from a terminal illness into a long-term condition, and existing models of best practice in HIV prevention and support. Therefore HIV is not seen as a disability.

HEALTH**Risks**

The proposals contain a reduction in services which, if not managed well could mean that the health and wellbeing of service users is not addressed which could lead to an decrease in their ability to manage their long term condition

Mitigations

Responsibility for supporting people with HIV to manage the health aspects of their long term condition rests with primary care services, such as GPs. Close work with NHS partners will be needed to manage the implementation of this proposal and to monitor this group.

There are no specific impacts identified to the groups with protected characteristics of age, gender reassignment, pregnancy and maternity, religion or belief, marriage and civil partnership, rural communities or areas of deprivation.

Impact on Staff:

No impact on the council's staff has been identified at this stage.

Impact on other Council services:**Risks**

Eligible client needs will have to be met from other budgets.

Mitigations

This proposal impacts on a relatively small group of people compared to the total number of Oxfordshire residents eligible for and in receipt of social care. Following the assessment described above the Council will have a better indication of how many people with HIV may be eligible for social care (some possibly for the first time) and what financial implications would be.

Impact on providers:

The current service is provided by a well-established national organisation specialising in working with people with HIV. The impact of this proposal on the future of this organisation is negligible, because this contract represents a relatively

small proportion of their overall business. The potential impact on the staff in that organisation is that they would need to seek alternative employment when the current contract and service ends. This risk will be mitigated by the fact that the current employer is a well-established national organisation, which may be able to redeploy staff to other services, and by the robust employment market in Oxfordshire.

Social Value

If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area.

How might the proposal improve the economic well-being of the relevant area?

The current contract was entered into before this legislation came into effect. Therefore there is little information to inform the assessment of the social value of the current service for the economic well-being of the relevant area.

How might the proposal improve the environmental well-being of the relevant area?

This proposal does not include or impacts on statutory HIV prevention funded by Public Health, which is being considered separately by the Public Health. Therefore this proposal does not impact on the environmental well-being of the relevant area.

Action plan:

Action	By When	Person responsible
Decision on whether the funding will be removed as part of the broader budget proposals	February 2016	Council Members
Review and update the SCIA	March 2016	Commissioning Manager
If the proposal is agreed, develop an implementation plan, including a communications plan	March 2016	Commissioning Manager & Communications Lead

Monitoring and review:

This assessment will be reviewed and updated after the February 2016 meeting of the Council.

Person responsible for assessment: Commissioning Lead

Version	Date	Notes (e.g. Initial draft, amended following consultation)
1.0	20 August 2015	Initial draft