Camden Council Equality Impact Assessment Form

Camden

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Before beginning this equality impact assessment (EqIA) form, you should use the EqIA screening tool to decide whether you need to complete an EqIA for your activity and read the EqIA guidance.

The term "activities" is used by the Council to mean a range of things, such as policies, projects, functions, services, staff restructures, major developments or planning applications.

Most significant activities that affect Council stakeholders will require an EqIA when they are in the planning stage. Many will also require an EqIA to monitor their impact on equality over time or if there is a significant change that prompts a review, such as in local demographics.

EqIAs help the Council to fulfil its legal obligations under the Equality Act's public sector equality duty. The duty requires the Council to have due regard1 to the need to:

- eliminate unlawful behaviour, such as discrimination, harassment and victimisation;
- promote equality of opportunity between those who share a protected characteristic and those who don't; and
- promote good relations between people who share a protected characteristic and those who don't.

The way that we demonstrate that we have due regard for these three aims, and therefore that we are complying with the public sector equality duty, is by undertaking an EqIA.

EqIAs will almost certainly be required when a new activity affecting people who share the protected characteristics is being developed and when reviewing or changing such activities.

They will also be likely required before and during any staff re-organisations.

An EqIA should be started at the beginning of a new activity and developed in parallel with it. Activities such as services and projects should also be regularly reviewed for their impact.

An EqIA should be revisited and updated to determine whether any planned positive impacts have been achieved and whether any identified negative impacts have been mitigated. You can indicate the version of the EqIA below.

For more complex enquiries on EqIAs, in the first instance please contact equalities@camden.gov.uk where you will be able to receive dedicated support.

EqIAs should be signed off by the relevant sponsor, director or Head of Service.

1 Due regard is a legal requirement and means that decision makers have to consider the equality implications of a proposal before a commissioning or policy decision has been made that may affect people who share each of the protected characteristics. Paying 'due regard' means giving a proportionate amount of resource to this analytical exercise relevant to the potential impact on equality.

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Title of the activity	
Re-commissioning of Integrated Sexual Health Service. Camden is lead commissioning borough with LB Islington, LB Barnet and LB Haringey as commissioning partners.	
Officer accountable for the EqIA (e.g. director or project sponsor)	
Full name: Position: Directorate: Email:	Kirsten Watters Director HWB HWB (Supporting People) Kirsten.watters@camden.gov.uk
Lead person completing the EqIA (author)	
Full name: Position: Directorate: Email:	Lisa Luhman Commissioning Manager HWB (Supporting People) Lisa.luhman@camden.gov.uk
Person reviewing the EqIA (reviewer)	
Full name: Position: Directorate: Email:	Emma Stubbs Head of Service (Drugs, Alcohol and Sexual Health) HWB (Supporting People) Emma.stubbs@camden.gov.uk
Version number and date of update	
V1 22 March 2024	

Step 1: Clarifying aims

1.a Is it a new activity or one that is under review or being changed?

- [ ] New
- [x] Under review
- [ ] Being changed

1.b. Which groups are affected by this activity?

- [ ] Staff
- [x] Residents
- [x] Contractors
- [x] Other (please detail): Residents from other local authorities who may use sexual health services in Camden, Islington, Barnet or Haringey.

1.c Which Directorate does the activity fall under:

- [x] Supporting People
- [ ] Supporting Communities
- [ ] Corporate Services
- [ ] More than one Directorate. Please specify:

1.d Outline the aims/objectives/scope of the activity. (You should aim for a summary, rather than copying large amounts of text from elsewhere.)

The aim of this proposal is to re-commission integrated sexual health services which is a collaborative between Barnet, Camden, Haringey, and Islington. Camden will be the lead commissioning authority for the new contract.

This service was commissioned in 2016 and will run until June 2025. Islington are currently the lead commissioning authority. Integrated sexual health services are open access meaning where you are in the country you will be able to access a free sexual health service which is charged to the local authority that you live in. These services were severely affected by the Covid 19 pandemic with the suspension of face-to-face consultations and services moving online. This service has spent a period of time in recovery and are now seeing a normal level of activity which is different to the type of activity seen before the pandemic. For example, local residents preference for accessing online sexual health e-services meaning they can receive STI testing kits through the post and straight to the door without having to go into a sexual health clinic.

Whilst resident preference has changed, there is still very much a need for some of the high-cost activities that are completed in clinic settings and these include work with vulnerable residents (e.g. sex workers, people experiencing homelessness, mental health conditions), access to Long Acting Reversible Contraception and Pre-exposure Prophylaxis (PrEP) for those at the highest risk of acquiring HIV.

Whilst the core aim of the service will remain the same, we will need to look at funding these high-cost activities in line with what the service currently offers. Our aim is to provider a fit-for purpose Integrated Sexual Health service where those at the highest risk or not able to access online services, can be seen in purpose to receive support with their sexual health.

We expect those with the most to benefit from the service will include sex workers, those experiencing homelessness, people accessing mental health services (or with undiagnosed mental health needs), people with disabilities, those at the highest risk of acquiring HIV particularly, racially minoritised groups, those with a learning disability, LGBTQ+, at risk of domestic violence, Gay, Bisexual and other Men who sleep with Men (GBMSM) and women (of child-bearing age).

Step 2: Data and evidence

What data do you have about the people affected by the activity, for example those who use a service? Where did you get that data from (existing data gathered generally) or have you gone out and got it and what does it say about the protected characteristics and the other characteristics about which the council is interested?

Is there currently any evidence of discrimination or disadvantage to the groups?

What will the impact of the changes be?

You should try to identify any data and/or evidence about people who have a **combination, or intersection, of two or more characteristics.** For example, homeless women, older disabled people or young Black men.

2.a Consider any relevant data and evidence in relation to all Equality Act protected

characteristics:

- ☐ Age
- ☐ Disability, including family carers[2]
- ☐ Gender reassignment[3]
- ☐ Marriage and civil partnership
- ☐ Pregnancy and maternity
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Sexual orientation

2 This is the legal term in the Equality Act. In practice there are specific legal protections for a diverse range of people who have physical, mental and sensory impairments, long-term health conditions and/or neurodivergence, as well as carers who provide unpaid care for a friend or family member who cannot function without their support. Census and local datasets use the Equality Act definition and will include people who may not use the language of disability to describe themselves.

3 This is the legal term in the Equality Act. In practice there are specific legal protections for anyone whose gender identity does not match the sex they were assigned at birth. This means, for example, that people who are trans and people who are non-binary or gender fluid are considered a specific protected group under the Equality Act.

Age

Data: Mean age in Camden is 37.2 years, similar to the London average of 37.5 years and slightly below 41.2 nationally. Camden has a large proportion of students and younger adults, 43% of residents are aged under 30 and 66% are under 45.

Rates of new STIs are highest among men aged between 20 and 44 years, and among the 25-34 age group, rates among men are more than double that of women.

Disability, including family carers

In 2021, Around one in seven (14%) of Camden residents had a long-term health condition or disability that limits their day-to-day-activities in some way. The prevalence of disability rises sharply with age: almost half of all residents aged 65+ had a long-term health problem or disability, rising to more than three quarters (77%) of people aged 85+.

In the sexual health contract there is a specific clinic, The Bridge specifically for people with learning disabilities. This specialist provision will continue in the new contract.

Gender reassignment

The Government Equalities Office in 2021 tentatively estimated that around 0.3-0.8% of the UK population are transgender. In Camden, this would equate to between 800 to 2,100 people. Since the Gender Recognition Act came into force, only a small minority have obtained a Gender Recognition Certificate14: 0.009% of the UK population (6,010 people across the UK between 2004/05 and 2020/21)

The sexual health service does not currently report on the number of patients who identify as transgender.

Marriage and civil partnership

From census data, the percentage that said they were married (or in a civil partnership) rose from 30.4% in 2011 to 31.3% in 2021. In 2018 there were 997 marriages and 25 civil partnerships that took place in Camden. Of marriages, 60 (6%) were marriages of same sex couples, a higher percentage than nationally (3%) or for London (4%)

The sexual health service does not currently report on the number of patients who are married or in civil partnerships.

Pregnancy and maternity

Data: The fertility rate in Camden is low. In 2019, there were 2,448 live births in Camden, giving a total fertility rate (TFR) of 1.057 - the lowest in England. In 2021, Camden had an under 18 pregnancy rate of approximately 10 per 1,000 compared to 10 and 13 per 1,000 in London and England. In Camden, the proportion of abortions that occurred after a woman had given birth in 2021 was 8% compared to 20% in London and 25% in England.

Race

Camden's population is ethnically diverse. In 2021, the ethnic breakdown was as follows: 59.5% white, 18.1% Asian, 9% Black, 6.6% Mixed and 3.8% identifying as other ethnic groups. A total of 40.5% of residents were from Black, Asian, Mixed or other ethnic groups.

Data: 70% of Camden residents ordering STI screens online in 2022 were of white ethnicity, this compares to 63% of integrated sexual health service attendees.

Those of black (13%) and mixed ethnicity (20%) are slightly over-represented in those newly diagnosed with HIV compared to Camden's general population (9% and 6.6% respectively) suggestive of higher rates of new HIV diagnosis in these groups.

Religion or belief

Camden's three largest religious groups are Christian (38%), Muslim (14%) and Jewish (5%). Other religions include Hindu (2%) and Buddhist (1%). Overall, 61% of residents stated they had a religion, while 29% stated they had had no religion. Note - the religion question was a voluntary question in the census and 10% of people in Camden did not

make a response.
The sexual health service does not currently report on the religion/beliefs of patients

Sex

In 2021, sex split in the Camden population is 50.4% male to 49.6% female. The proportion of men is highest in the 30-44 age groups where they comprise 54% of the population. In contrast, women make up a higher proportion of Camden's older population: 58% of those aged 75+ are female.

Data: 62.6% of attendees at the integrated sexual health service are Female. While rates of STI diagnosis are overall higher in Men, women are more likely than men to be diagnosed at a young age. The risk for men is more evenly distributed across age groups, with relatively high rates for those aged 20-44.

People who receive a late diagnosis of HIV have a more than seven-fold increased risk of death within a year of diagnosis and higher levels of morbidity in the long term. The proportion of those receiving a late diagnosis was more than two times greater among women and heterosexual men compared to men who have sex with men.

Sexual orientation

In 2021, 83% of Camden's population identified as heterosexual. 2021 census data suggests that Camden has a higher proportion of residents who
identify as Gay or Lesbian- 3.7% compared to 2.2% in London and 1.5% in England – and Bisexual – 2.5% compared to 1.5% in London and 1.3% in the UK.

Data:75% of those attending STI screenings face-to-face are heterosexual. 22% of Camden residents ordering STI screens online in 2022 identified as gay, this compares to 16% of integrated sexual health attendees.

60% of new STI diagnoses in 2021 were among men who have sex with men, including those who identify as gay or bisexual. Given that men who have sex with men make up less than 6.2% of the population in Camden (the estimated proportion of gay/lesbian and bisexual men and women) this suggests this group have a high burden of STI's.

In women, 66% of gonorrhoea cases, and 60% of syphilis cases, were diagnosed in heterosexual women.

Intersectional Groups

No data available for intersectionality.

The service is currently developing ways in which their HIV PrEP Outreach project can reach people from Black African Communities as well as MSM (men who have sex with men).

2.b Consider evidence in relation to the additional characteristics that the Council is concerned about:

- [ ] Foster carers
- [ ] Looked after children/care leavers
- [ ] Low-income households
- [ ] Refugees and asylum seekers
- [ ] Parents (of any gender, with children aged under 18)
- [ ] People who are homeless
- [ ] Private rental tenants in deprived areas
- [ ] Single parent households
- [ ] Social housing tenants
- [ ] Any other, please specify

Foster carers Not applicable
Looked after children/care leavers Not Applicable
Low-income households Camden has high levels of socio-economic inequality, with areas of relative affluence alongside areas of relative poverty. 21.6% of Camden households are impacted along 2-4 deprivation dimensions, compared to London (19%) and England (18.2%). There is currently no data to measure levels of sexual health activity amongst those from low income households.
Refugees and asylum seekers According to Home Office data (March 2023) 700 asylum seekers were receiving support from Camden. There is no current data outlining how many refugees have settled in the borough. There is currently no data available to measure levels of sexual health activity amongst refugees and asylum seekers.
Parents (of any gender, with children aged under 18) Not Applicable

People who are homeless In the period Oct-Dec 2023 Camden undertook 336 homelessness assessments, and in the same period 683 households were living in temporary accommodation (DHLUC 2024). And according to CHAIN data in Apr – June 2024 310 people were seen rough sleeping. The service specification for the integrated sexual health service includes STI and HIV prevention and health promotion service, including STIs, HIV and BBV screening, targeting high need communities in the boroughs of Camden and Islington. These communities include people experiencing homelessness. During Q4 of 2023/2024, a total of 61 clients were seen in Hostels/Drug and Alcohol services with 32 screened via Clinic In A Box (outreach work).
Private rental tenants in deprived areas Not applicable
Single parent households Not Applicable
Social housing tenants Not Applicable
Any other, please specify

2.c Have you found any data or evidence about intersectionality. This could be statistically significant data on disproportionality or evidence of disadvantage or discrimination for people who have a combination, or intersection, of two or more characteristics.

There is limited data about intersectionality. Part of the new service requirements, will be the expectation for data to be captured and reported on all nine protected characteristics and care leavers, which will enable both the service and council officers to better understand intersectionality and how service delivery can be amended so that it is accessible for all.

Step 3: Impact

Given the evidence listed in step 2, consider and describe what potential **positive and negative impacts** this work could have on people, related to their **protected characteristics** and the **other characteristics** about which the Council is interested.

Make sure you think about all three aims of the public sector equality duty. Have you identified any actual or potential discrimination against one or more groups? How could you have a positive impact on advancing equality of opportunity for a particular group? Are there opportunities within the activity to promote "good relations" – a better understanding or relationship between people who share a protected characteristic and others?

3.a Potential negative impact on protected characteristics

Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Age	No	
Disability including carers	No	
Gender reassignment	No	
Marriage/civil partnership	No	

Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Pregnancy/ maternity	No	
Race	No	
Religion or belief	No	
Sex	No	
Sexual orientation	No	

3.b Potential positive impact on protected characteristics

Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Age	No	
Disability including carers	Yes	The service will continue to actively promote the service offer to people with disabilities and carers, and make adaptions to appointments and screening/treatment options where required.
Gender reassignment	Yes	The service will continue to actively promote the service offer to LGBTQ communities in the borough. Staff will make adaptions to appointments and screening/treatment options where required.
Marriage/civil partnership	No	
Pregnancy/ maternity	No	

Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Race	Yes	The service will continue to actively promote the service offer to all residents. A key focus of the service is engaging those at the highest risk of acquiring HIV particularly, racially minoritised groups.
Religion or belief	No	
Sex	No	
Sexual orientation	Yes	The service will continue to actively promote the service offer to LGBTQ communities in the borough. A key focus of the service is engaging those at the highest risk of acquiring HIV, including Gay, Bisexual and other Men who sleep with Men (GBMSM)

3.c Potential negative impact on other characteristics

Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Foster carers	No	
Looked after children/care leavers	No	
Low-income households	No	
Refugees and asylum seek-ers	No	
Parents (of any gender, with children aged under 18)	No	

Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
People who are homeless	No	
Private rental tenants in deprived areas	No	
Single parent households	No	
Social housing tenants	No	
Any other, please specify		

3.d Potential positive impact on other characteristics

Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Foster carers	No	
Looked after children/care leavers	No	
Low-income households	No	
Refugees and asylum seekers	Yes	Knowledge about the sexual health needs of refugees and asylum seekers is currently an area needing development; the service offer can be amended accordingly to meet identified needs.
Parents (of any gender, with children aged under 18)	No	

Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
People who are homeless	Yes	There is an outreach element of service delivery which is aimed at offering SH services to those experiencing homelessness.
Private rental tenants in deprived areas	No	
Single parent households	No	
Social housing tenants	No	
Any other, please specify		

3.e Consider intersectionality.[4] Given the evidence listed in step 2, consider and describe any potential **positive and negative impacts** this activity could have on people who have a **combination, or intersection, of two or more characteristics.** For example, people who are young, trans and homeless, disabled people on low incomes, or Asian women.

We expect those with the most to benefit from the service will include sex workers, those experiencing homelessness, people accessing mental health services (or with undiagnosed mental health needs), people with disabilities, those at the highest risk of acquiring HIV particularly, racially minoritised groups (and women in these groups), those with a learning disability, LGBTQ+, at risk of domestic violence, Gay, Bisexual and other Men who sleep with Men (GBMSM) and women (of child-bearing age).

4 Intersectionality refers to the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or

disadvantage.

Step 4: Engagement - co-production, involvement or consultation with those affected

4.a How have the opinions of people potentially affected by the activity, or those of organisations representing them, informed your work?

List the groups you intend to engage and reference any previous relevant activities, including relevant formal consultation?[5]	If engagement has taken place, what issues were raised in relation to one or more of the protected characteristics or the other characteristics about which the Council takes an interest, including multiple or intersecting impacts for people who have two or more of the relevant characteristics?
All residents, stakeholders and delivery partners	A survey has been prepared and is awaiting quality assurance before publication. This is an open survey available to anyone in the country who has accessed a sexual health service in North Central London however, the survey will only be actively promoted throughout NCL and questions are specific and relevant to the needs of our population groups. Whilst the survey is open, we plan to hold focus groups with our key demographics (mentioned above) and will work with the colleagues in HWB dept to design these questions. There is also an option at the end of the survey, for anyone who would like to be involved in one-to-one interviews, focus groups, service design, to leave their contact details. Data and insight gathered will be to provide key findings and any recommendations.

5 This could include our staff networks, advisory groups and local community groups, advice agencies and charities.

4.b. Where relevant, record any engagement you have had with other teams or directorates within the Council and/or with external partners or suppliers that you are working with to deliver this activity. This is essential where the mitigations for any potential negative impacts rely on the delivery of work by other teams.

Camden is leading the re-commissioning process with colleagues from Islington, Barnet and Haringey. There is a designated re-commissioning project group involving representations from all four boroughs. Each borough will be responsible for completing their own EQIA and reviewing whether there is negative impacts for their residents. Findings of the EQIAs will be shared at the project group.

Step 5: Informed decision-making

5. Having assessed the potential positive and/or negative impact of the activity, what do you propose to do next?

Please select one of the options below and provide a rationale (for most EqIAs this will be box 1). Remember to review this and consider any additional evidence from the operation of the activity.

1. Change the activity to mitigate potential negative impacts identified and/or to include additional positive impacts that can address disproportionality or otherwise promote equality or good relations.	
2. Continue the work as it is because no potential negative impacts have been found	No negative impacts have been found, and in contrast there are a number of positive impacts for residents with protected characteristics. Commissioners will be adding additional reporting requirements in the new contract which require the service to capture data and report on protected characteristics including care experienced.
3. Justify and continue the work despite negative impacts (please provide justification – this must be a proportionate means of achieving a legitimate aim)	

4. Stop the work because discrimination is unjustifiable and there is no obvious way to mitigate the negative impact	

Step 6: Action planning

6. You must address any negative impacts identified in steps 3 and/or 4. Please demonstrate how you will do this or record any actions already taken to do this.

Please remember to add any positive actions you can take that further any potential or actual positive impacts identified in step 3 and 4.

Make sure you consult with or inform others who will need to deliver actions.

Action	Due	Owner

Step 7: EqIA Advisor

Ask a colleague, preferably in another team or directorate, to 'sense check' your approach to the EqIA and ask them to review the EqIA form before completing it.

They should be able to clearly understand from what you have recorded here the process you have undertaken to assess the equality impacts, what your analysis tells you about positive and negative actual or potential impact, and what decisions you have made and actions you have identified as a result.

They may make suggestions for evidence or impacts that you have not identified. If this happens, you should consider revising the EqIA form before completing this version and setting a date for its review.

If you feel you could benefit from further advice, please contact the Equalities service at equalities@camden.gov.uk

Step 8: Sign-off

EqIA author	Name Lisa Luhman Job title Commissioning Manager Date 17 Sept 2024
EqIA advisor / reviewer	Name Emma Stubbs Job title Head of Service Date 17 Sept 2024
Senior accountable officer	Name Kirsten Watters Job title Director of HWB Date 18 Sept 2024