

Equality Impact Assessment



Asymptomatic Community Testing for Covid-19 in Hampshire

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Department: Adults' Health and Care

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Description of current service/policy

Approximately a third of individuals with coronavirus have no symptoms and can spread it unknowingly. Testing people without symptoms ("asymptomatic testing") can find more cases of coronavirus and break the chain of transmission. Asymptomatic testing is key to the Government's Covid Winter Plan and uses Lateral Flow Devices (LFDs) which give results in 30 minutes. National programmes currently offer LFDs to NHS staff, care homes and schools. The Department of Health and Social Care (DHSC) has asked Local Authorities to provide asymptomatic 'community testing' and target people who cannot work from home and who are not covered by national programmes.

Geographical impact: All
Hampshire

Description of proposed change

One Asymptomatic Testing Site (ATS) will be set up in each Hampshire district. An initial proposal has been submitted for Rushmoor, with further submissions for the remaining districts planned. The programme focus will be on people who cannot work from home, including critical and key workers. These workers will be invited to undertake LFD tests twice a week, with a 3-to-5 day gap in a seven day period at an ATS in their area. This programme is proposed to run for an initial 6-week period for any test undertaken before 31/3/21.

Impacts of the proposed change

This impact assessment covers Service users

Engagement and consultation

Has engagement or consultation been carried out? Yes

We are working with multiple partners including Districts, health and social care and the Local Resilience Forum, on the operational aspects of programme delivery and on communication and engagement plans. Due to the state of the pandemic this is being done at pace to enable rapid progress in line with national requirements. Communications and engagement will be key to the success of this programme in ensuring uptake of testing and appropriate isolation, and these will be tailored to each District to exploit existing community relationships. The programme will also build in an ongoing incident reporting and public feedback mechanism at each ATS to support service performance and evaluation.

Statutory considerations	Impact
<p>Age: Low</p>	<p>The community testing offer will be available to all age groups and communication going out to work, regardless of age. However, uptake of testing may vary across</p> <ul style="list-style-type: none"> - Evaluation from initial pilots of untargeted mass testing in Liverpool found lower uptake in younger adults when compared with older age groups. (https://www.liverpool.ac.uk/media/livacuk/coronavirus/Liverpool,Community,Testing) Efforts will be made to mitigate this through the communications and engagement plans. For people in occupations who cannot work from home, who on average tend to be younger than those who can work from home. This may include the use of age-appropriate radio stations and social media. - There may be lower participation in people who are digitally excluded. Work is under way to develop a booking system, which includes the potential for alternative provision for people who do not have access to a computer or internet booking (e.g. telephone bookings, or allowing some leeway for walk-in appointments). At testing sites, assistance will be available to assist people with the registration process.
<p>Disability: Low</p>	<p>There is the potential for lower participation rates in people with mental ill health due to the nature of the test (swabbing the nose and throat) and subsequent isolation requirements.</p> <ul style="list-style-type: none"> - Testing sites will have a risk assessment completed which will take into account accessibility to ensure that people of all abilities are able to access sites. - We are working with colleagues across HCC to ensure communications and provision for a range of needs and abilities. This will include specific communications around communication with national requirements. Targeted communications to carers and staff working with people with mental ill health access testing through the national programme will take place.

Sexual orientation: Neutral	
Race: Medium	Evidence suggests lower uptake of testing amongst people from minority ethnic g
Religion and belief: Neutral	
Gender reassignment: Neutral	
Gender: Neutral	
Marriage and civil partnership: Neutral	

<p>Pregnancy and maternity:</p> <p>Neutral</p>	
<p>Other policy considerations</p>	<p>Impact</p>
<p>Poverty:</p> <p>Medium</p>	<p>Evidence has shown lower uptake of symptomatic testing for people with low income factors including the impact of isolation on lost income.</p>
<p>Rurality:</p> <p>Medium</p>	<p>The proposal to DHSC is currently for one asymptomatic testing site in each district to reach numbers of people, it is likely that these sites will be located in densely populated areas which may pose a disadvantage to people in rural areas.</p>

Neutrality statement (if all considerations have a neutral impact)

Any other information

Most of our information on the expected social disparities in participation rates in our programme is based on data from the Liverpool pilot. However, it must be noted that the Liverpool pilot did not

target specific occupations whereas our programme targets people who cannot work from home. People who cannot work from home tend to be younger, from minority ethnic groups, and care for disabled or vulnerable members of society, so by targeting these occupations we are also targeting demographic groups that more generally have lower participation rates in testing programmes.