PAPER NO. 15-308

WANDSWORTH BOROUGH COUNCIL

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 10TH SEPTEMBER 2015

EXECUTIVE – 21ST SEPTEMBER 2015

Report by the Director of Education and Social Services concerning the Arrangements for the Procurement of Community Sexual Health Services

SUMMARY

The proposed model for the Community Contraception and Sexual Health (C-CaSH) Service will modernise and incorporate the Reproductive Sexual Health service, which has never been subject to any competitive tendering exercise, and a number of smaller sexual health contracts such as the Chlamydia Screening Office into one over arching service contract. Richmond Council also has a requirement for a C-CaSH service and both Councils have reached agreement to competitively tender both of the Councils" requirements collaboratively, based on a single service specification.

For both Councils, this procurement exercise does not seek a like-for-like replacement of current services. The incorporation of multiple services into a single specification is intended to achieve greater collaboration and integration between the services involved. In addition, it is proposed that the new service should offer testing and treatment for non-complex sexually transmitted infections, thereby enabling a shift of activity away from hospital-based Genito-Urinary Medicine (GUM) clinics and reducing the cost to the Council of GUM tariff payments for activity that does not require specialist hospital facilities. The Committee are recommended to support the recommendations to agree the draft specification, to authorise the Chief Executive and Director of Administration to make any necessary minor amendments to the tender documentation, and that the award of tender be authorised via Standing Order No. 83(A).

The Director of Finance comments that it is expected that budget reductions will be delivered as a result of the re-procurement of Community Sexual Health Services, especially in relation to GUM services. These will be reflected in the Standing Order No. 83(A) that approves the contract award and formally approved by the Executive via the Budget Variations paper.

GLOSSARY

C-CaSH	Community Contraception and Sexual Health Services
EHC	Emergency Hormonal Contraceptive
GUM	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
LARC	Long-Acting Reversible Contraceptive
MSM	Men who have sex with men
NCSP	National Chlamydia Screening Programme
PHOF	Public Health Outcomes Framework
PLWHIV	People Living with HIV
RSH	Reproductive Sexual Health
STI	Sexually Transmitted Infection
TOP	Termination of Pregnancy
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

RECOMMENDATIONS

1. The Adult Care and Health Overview and Scrutiny Committee are recommended to support the recommendations to the Executive in paragraph 3.

2. If the Adult Care and Health Overview and Scrutiny Committee approve any views, comments or recommendations on this report, these will be reported to the Executive and/or appropriate other committees for consideration.

3. The Executive is recommended to:-

   (a) approve the draft specification for the joint letting of the new Community Contraception and Sexual Health Service contract by Wandsworth Borough Council and Richmond Council, as set out in paragraphs 12 to 16 below;

   (b) authorise the Chief Executive and Director of Administration, in conjunction with the Borough Solicitor, to make any necessary minor modifications to the documentation;

   (c) authorise the award of the contract by Standing Order No. 83(A) on or around December 2015 as indicated in paragraph 26 as this does not admit of delay;

   (d) approve the timetable for the tender process as indicated in paragraph 26.

INTRODUCTION

4. A contract with St. George‟s University Hospitals NHS Foundation Trust for the provision of contraception services (known as Reproductive Sexual Health (RSH) services) was transferred to the Council in April 2013 as part of the transfer of public health responsibilities to local authorities. At the same time, the Council also assumed responsibility for a variety of lower value contracts for activity and goods associated with sexual health.

5. This paper presents the procurement approach being taken in conjunction with Richmond Council. It confirms the draft timetable for the procurement and includes details of the proposed specification incorporating the current RSH service and a number of lower value contracts for both Wandsworth and Richmond Councils.

6. Wandsworth‟s contract with St George‟s and Richmond‟s contract with the Hounslow and Richmond Community Healthcare NHS Trust have never been

subject to competitive procurement, although some of the smaller contracts to be incorporated in the specification have previously been tendered. The aims of the joint procurement are in line with the Sexual Health Strategy agreed by the Wandsworth Health and Wellbeing Board on 23rd June 2015 (Paper No. 15-279). Specifically, its purpose is:

(a) to modernise and expand the service offer;
(b) to achieve a comprehensive cohesive service;
(c) to manage demand and move services from higher cost providers where appropriate;
(d) to develop clear clinical pathways for those identified at high risk and/or for patients diagnosed with an STI; and
(e) to maximise efficiencies.

7. In addition, the procurement seeks to consolidate and develop prevention services for at risk groups, e.g. young people, to maximise their health and minimise their need for high cost specialised GUM and or abortion services.

SCOPE OF CONTRACT

8. Under the Health and Social Care Act 2012, local authorities are required to commission clinical sexual health services as open access provision. The Community Contraception and Sexual Health service will provide all levels of contraceptive (previously named RSH) services, testing and treatment of non-complex STIs, implementation and coordination of the NCSP within both Wandsworth and Richmond, training and clinical governance, and preventive outreach to hard-to-reach groups.

9. The proposal being put forward is not a like-for-like re-procurement. Testing and treatment for non-complex sexually transmitted infections (STIs) are not currently offered as part of the RSH services currently commissioned by either Wandsworth or Richmond. The purpose of including this within the new service is:

(a) to encourage earlier take-up of testing and treatment for STIs by providing this service in more accessible locations;

(b) to promote greater integration between contraception and STI services; and

(c) to secure savings for the Council by reducing the need for people to attend specialist and more expensive GUM services for which the Council pays a tariff per attendance. The net saving to the Council would be approximately £160,000 per 1,000 attendances diverted from GUM services.

10. The joint procurement with Richmond Council will entail a single service specification will which will cover the core requirements for both Councils (see paragraph 12 below) whilst allowing flexibility for each Council to set the level of provision required within its area. Specifically, the differing nature of the populations served means that, in some parts of its area, Wandsworth will have a requirement for targeted outreach services that will not be needed in Richmond.

11. The services will operate in line with the national policy of open access and will be available to the population living and working in Wandsworth. However, the specification will stipulate putting an emphasis on promoting the services to those who are considered at „high risk" of sexual ill health, particularly Young People,

MSM, and African and Afro-Caribbean groups. An Equalities Impact Assessment has been carried out and is attached as Appendix One.

SERVICE SPECIFICATION

12. The service specification can be broadly divided into distinct service areas:

    (a) Contraceptive and Reproductive Sexual Health service, to provide a full range of contraception including LARC, condoms and EHC at a location and time that meets the needs of the service users and to improve women"s access to free pregnancy tests and onward referral to TOP services;

    (b) Testing and treatment of non-complex STIs;

    (c) Local Implementation of the National Chlamydia Screening Programme, to reduce the prevalence of Chlamydia among young people within the age range of 15-24 years old. This will include collation of data, undertaking partner notification as well as the development of providers involved in delivering the NCSP across the Borough, promotion of the programme and promotion and oversight of online testing services;

    (d) Preventive, outreach and provision of advice and information, targeting groups considered at „high-risk" of STIs and HIV. The main focus of delivery will be targeted in localities where there is a high prevalence of STIs;

    (e) Improving access to free condoms, particularly among groups who are considered at high risk of STIs, HIV and unintended pregnancies through promotion and oversight of a Condom Scheme to be procured by the boroughs; and

    (f) Provision of support and training to community-based professionals including primary care practitioners.

13. The service will contribute to the following outcomes, as measured by the Public Health Outcomes Framework:-

    (a) Reducing under-18 conceptions

    (b) Reducing Chlamydia diagnosis among 15-24 year olds

    (c) Reducing the number of people presenting with HIV at a late stage of infection

14. Specific performance measures will be developed to cover:

    (a) Activity to promote prevention of STIs and improve HIV diagnosis rates, particularly among high risk groups, by promoting safer sexual behaviour;

    (b) Reduction in the number of patients attending GUM services achieved by diverting non-complex STI cases towards the new services;

    (c) Development of clear referral pathways for those requiring specialist services not covered within the specification;

    (d) Successful engagement in treatment of those testing positive for HIV or another STI, as a result of improved pathways.

15. Collaborative working arrangements will be one of the underlying features of the new system, particularly in relation to management of results, patient referrals, and data submission and management. The service specification for the Community Contraception and Sexual Health Services will be offered as a single lot covering

both Wandsworth and Richmond as potential savings and service improvements are expected to come from integrating what are currently separate contracts into a single co-ordinated service. Providers will, however, be encouraged to develop partnerships to maintain areas of best practice, and tenders from consortia or encompassing sub-contracting arrangements will be welcomed.

16. Draft tender documentation has been prepared and placed in the Members" Room. The draft documentation may require minor changes prior to the invitation to tender stage. Approval is therefore being sought for the Chief Executive and Director of Administration, in conjunction with the Borough Solicitor, to make any such minor changes for incorporation into the final version.

GAINING MARKET INTELLIGENCE

17. Only limited comparative price data is currently available for RSH services. Wandsworth have benchmarked local South West London prices with other boroughs for current RSH provision. Across London and elsewhere, the majority of providers of RSH services are NHS Trusts. However, there are significant providers in both the voluntary and private sector which are potential competitors for a contract to deliver these services.

CONSULTATION

18. A market warming event held by sexual health service commissioners from across South West London in January 2015 attracted representatives from over 30 provider organisations. Feedback from providers given at that meeting has informed the proposed approach to tendering. Similarly, a soft market-testing questionnaire was issued to providers in June. This generated nine responses which informed the procurement approach including the contract duration, and joint arrangements (as opposed to having two separate service specifications). Other providers who were unable to respond in the timeframe have indicated interest.

19. A Meet the Buyer event was held on 11th August 2015 in order to inform the market about the proposal that Wandsworth and Richmond Councils should commission this service jointly. This was attended by 33 representatives from 21 different provider organisations.

20. Apart from reviewing the areas that can be improved within the existing service, the Council has engaged with stakeholder community groups, service providers and the wider public under its obligations under the Social Value Act 2012. Proposals for the new service, as contained within the specification, were informed by the needs assessment and community engagement undertaken in conjunction with the Sexual Health Strategy. Focus groups have been undertaken to explore the needs of particular groups (e.g. learning disabilities, LGBT and BME groups) and an on-line questionnaire has been posted on the Council"s web site and widely promoted.

21. The key messages obtained from the consultation, and the way they have been addressed in the service specification, are outlined below:

    (a) The current opening hours are distributed across seven clinics in the Borough and are considered „too confusing" for the general public and inconvenient for families with small children. In light with this feedback, the service specification requires opening hours to be improved by rationalising the number of clinics but providing longer and more consistent opening hours in each clinic. The new opening hours must include provision on a Saturday;

(b) A good environment was consistently cited as one of the main criteria for choosing a clinic. The new service specification will ask the Provider to put forward proposals to ensure that waiting areas are accommodating to intended user groups;

(c) One of the key priorities for improvement was reduced waiting times. The new service specification addresses this by requiring the Provider to operate an effective triage system, to ensure that those waiting to be seen are given more information about waiting times, and to increase the availability of timed appointments;

(d) It was also established that some vulnerable groups (e.g. people with learning disabilities, people with substance misuse issues and some minority ethnic groups) tend not to visit sexual health clinics and are more likely to engage with sexual health services if they are delivered within settings that they are already accessing. The new service specification will include a scope for bringing clinical sessions (where appropriate) to target groups who will not otherwise attend the mainstream services.

(e) Another key priority for improvement was improved advertising of services. Respondents to consultation said that they would normally access information on contraception, sexually transmitted infections or general sexual health services via the Internet, through search engines like Google. The service specification will require bidders to present clear proposals for promoting the service, both on-line and to specific target groups.

PERIOD OF THE CONTRACT

22. It is proposed to award the contract for an initial period of three years. In the event that the contract proves to be successful, and there are no pressing reasons to terminate the contract, it is proposed that provision be made within the contract documentation for an optional extension of up to two further years to be exercised by mutual agreement between the Council and contractor. This period is considered sufficient to allow for the investment from the provider which is required to develop this new model of service.

BASIS FOR PRICING

23. It is proposed to offer the service as a block contract, with providers tendering for the entire cost of delivering the service. This reflects current practice in the commissioning of RSH / C-CaSH services across England, and is both less costly to administer and represents less risk to the Council than tendering on the basis of a tariff per attendance. However:

(a) in the event that there is a breakdown of the current reciprocal arrangements, under which all boroughs currently fund the totality of contraceptive services provided in their area, it will be necessary to include within the contract provision under which other local authorities can be charged for the proportion of service activity attributable to their residents; and

(b) there will be provision for up to 20% of the contract price to be paid on achievement of performance targets.

INFLATIONARY INCREASE

24. As this will be a three year contract (with the option to extend for up to two years), the contract price will be subject to indexation. For this contract, the Consumer

Price Index is considered to be the most appropriate index. Therefore, all rates will be adjusted annually from the second year onwards in line with the Consumer Price Index.

CRITERIA FOR CONTRACT AWARD

25. The criteria for contract award will be included in the tender documentation. Evaluation of tenders will follow a three stage process:

(a) evaluation of the legal and financial capability of bidders on a pass/ fail basis;

(b) evaluation of bidders" organisational experience and capacity to deliver the service on a pass/ fail basis;

(c) evaluation of the tender proposals based on the Most Economically Advantageous Tender method. The tenders will be evaluated on 80% price and 20% non-price issues. The non-price criteria will be innovation in and deliverability of proposals for triage, outreach to vulnerable groups and promotion of the service.

INDICATIVE PROCUREMENT TIMETABLE:

26.

Milestone	Date
Tollgate 1 submission (Richmond)	21st August 2015
Full scoping report with specification to Adult Care & Health Overview and Scrutiny Committee	10th September 2015
Executive	21st September 2015
Issue Contract Notice and ITT	22nd September 2015 (latest)
Deadline for submission of queries	13th November 2015
Return Date for ITTs	27th November 2015
Initial evaluation	30th November to 4th December 2015
Bid Clarification	7th to 9th December 2015
Evaluation of ITTs	Complete by 11th December 2015
Contract Award by SO83A	14th December 2015
Tollgate 2 submission (Richmond)	14th December 2015
Contract Formalities	Complete by 31st December 2015
Contract Mobilisation	January to June 2016
Service Commencement	1st July 2016

TUPE

27. The current contractor has informed the Council that there are at least 14 staff to whom the TUPE Regulations 2006 may apply. Details of these staff will be provided to prospective tenderers. Tenderers will be advised to form their own view as to whether TUPE applies and will need to include all the costs associated with this within their tender. It will then remain for the successful tenderers to resolve any employment issues in consultation with the existing contractor and the Director of Education and Social Services will facilitate the exchange of relevant information.

COMMENTS OF THE DIRECTOR OF PUBLIC HEALTH

28. The sexual health strategy, approved by the Health and Well Being Board in June of this year, outlines the requirement for a co-ordinated system to improve the

sexual health of Wandsworth‟s residents, with an emphasis on prevention. The approach taken in this paper is to be welcomed.

29. The prevalence of sexually transmitted infections and HIV is increasing, with variations by ward and amongst young people, men who have sex with men, certain African groups, and older adults. The intention should be to commission services spanning the life course, that are responsive to Wandsworth‟s diverse communities and amenable to changes in sexual health need. The sexual health services currently commissioned by DESS account for approximately 30.8% of the overall Public Health Grant. The integration and modernisation of these services is a major part of a wider service transformation required for high quality sexual health services. Integration of services and joint commissioning with Richmond needs to generate greater efficiencies, while recognising Wandsworth‟s particular demographic need and embedding prevention into service specifications.

COMMENTS OF THE DIRECTOR OF FINANCE

30. It is expected that budget reductions will be delivered as a result of the re-procurement of Community Sexual Health Services, especially in relation to GUM services. These will be reflected in the Standing Order No. 83(A) that approves the contract award and formally approved by the Executive via the Budget Variations paper.

CONCLUSION

31. This is the first occasion on which community contraception and sexual health service provision will be competitively procured for both Wandsworth and Richmond Councils. While there are strengths to the current services, the aim of this procurement exercise is both to secure an improved service model which will include community-based testing and treatment for non-complex STIs, thereby reducing the demand for hospital-based GUM services and also to achieve efficiencies for the Councils.

The Town Hall
Wandsworth High Street
SW18 2PU

DAWN WARWICK
Director of Education and Social Services

2nd September 2015

Background Papers

No background papers were used in the preparation if this report:-

All reports to Overview and Scrutiny Committees, regulatory and other committees, the Executive and the full Council can be viewed on the Council‟s website (www.wandsworth.gov.uk/moderngov) unless the report was published before May 2001, in which case the Committee Secretary (Laura Campbell, 020 8871 7032 lcampbell@wandsworth.gov.uk) can supply it if required.

(Paper No. 15-308)

Initial Equality Impact Assessment – Service Change.

Department (s)	Department of Education and Social Services –Commissioning Unit
Service	Community Contraceptive and Sexual health services
People involved	Jennifer Beturin-Din, Richard Wiles

1. What are the aims of the service and what changes are being proposed?

The proposed model for the Community Contraceptive and Sexual Health services will modernise and incorporate the Reproductive Sexual Health service and number of smaller sexual health contracts into one over-arching service contract. Additionally the service will offer greater access for STIs management.
The elements included in this are ::

- Reproductive Sexual Health also known as Contraceptive Service/Family planning
- Management of non-complex Sexually Transmitted Infections (STIs)
- The coordination and implementation of the National Chlamydia Screening Office Programme (NCSP) in the London Boroughs of Wandsworth and Richmond upon Thames
- Outreach to vulnerable and most at risk groups including young people with the view to support them to eventually attending mainstream services that meet their needs in the longer term
- An improved approach to effectively triaging and managing service demands, and a stronger approach to marketing and publicity

Generally, these services are currently delivered through separate contracts and fragmented arrangements which the Council inherited in April 2013. Services such as the Reproductive Sexual Health service and the clinical service relating to management of sexually transmitted infections (GUM) have never been subject to competition and the market is limited for such specialisms.
The proposal is to redesign the services listed above to enable a more cohesive, joined up sexual health service for the public:

- The Contraceptive Service elements shall remain the same. The total opening hours will be at least maintained and will include a Saturday service. The number of clinic sites will be reduced from seven to three but, reflecting engagement with service users, each location will have longer and more consistent opening times. Specific locations may change depending on the proposals received from the successful tenderer. The specification will ensure that sites are located in areas that are accessible by public transport and where there are high levels of need. Additionally, provision to vulnerable groups will be improved

by taking Sexual and reproductive health services to the locations and services they already access (see outreach below).

- The management of non-complex STIs is a developmental element that will be incorporated into this redesigned service offer. This particular element of the service is currently only provided in borough at Genito-Urinary Medicine (GUM) settings (at St. George"s in Tooting and Queen Mary"s Hospital in Roehampton) and features long waiting times which can deter vulnerable groups. It is proposed that the local offer on asymptomatic STIs it is extended and brought into other communities or wards to improve access.
- The implementation of the NCSP for under 25s in the Borough is currently being carried out by a Chlamydia Screening Office. It is proposed that this is embedded in the main sexual health services with the relevant NCSP standards and data requirements being managed and coordinated as part of the new service to enable a more holistic offer to patients.
- Current Young People"s outreach involves work with small groups of young men in schools and other youth settings. It is proposed that this be extended to other individuals and groups at high risk of sexual ill-health or vulnerable groups who have limited access to mainstream services such as young women and young LGBT (including transgender people), men who have sex with men (MSM), Sub-Saharan Africans, people living with learning and physical disabilities, groups and communities living in areas or wards with high levels of poverty or social deprivation. The new outreach services will include the delivery of clinical interventions through the „clinic in a box" model.

2. What is the rationale behind these changes?

The current contractual arrangements are too fragmented and do not translate to an efficient running of the services as separate entities. It impacts negatively on service user experience, quality of data and reporting as well as lines of accountability. Consultation with service users has established a preference for more consistent and extended opening hours, which can best be achieved through concentration of the service on fewer sites.
Having a joined up service will improve the likelihood of achieving sexual health outcomes such as providing more emphasis on prevention and early intervention. It will also promote the use of appropriate sexual health services through improved publicity, effective signposting and outreach. Including an element of management of STIs in community-based settings and effective triage system can divert patient away from unnecessary visits to specialist services. This can alleviate the pressure that the specialist services are currently facing and as a result improve waiting times and patient satisfaction. Embedding the NCSP elements also allows for more effective implementation of the programme within the new sexual health clinics, with links to other non-sexual health settings to encourage use of this service/s to prevent ill health and unwanted pregnancy, which disproportionately affect vulnerable groups including young people.
Extending the outreach work to include delivery as well as interventions to

other groups considered „at-risk" will improve access, contribute to the prevention drive and promote the use of local and appropriate sexual health services within the Borough.

3. What information do you have on the policy and the potential impact of your service change in relation to the following?

<table>
<tr><td></td><td>List information you have. Do not put what the information shows you</td></tr>
<tr><td>Race</td><td>Table 1
<table>
<tr><th></th><th>Census 2011</th><th>%</th><th>Contraceptive Clinics Attendance</th><th>%</th><th>GUM Attendance</th><th>%</th></tr>
<tr><td>White including White Other</td><td>219,216</td><td>71.4%</td><td>10,427</td><td>65%</td><td>16,281</td><td>60.5%</td></tr>
<tr><td>Black African</td><td>14,818</td><td>4.8%</td><td>1,071</td><td>6.6%</td><td>2,437</td><td>8.7%</td></tr>
<tr><td>Black Caribbean</td><td>12,297</td><td>4%</td><td>275</td><td>7.4%</td><td>3,346</td><td>12.4%</td></tr>
<tr><td>Black Other</td><td>5,641</td><td>1.8%</td><td>195</td><td>1.2%</td><td>492</td><td>1.8%</td></tr>
<tr><td>Mixed/Multiple ethnic group</td><td>15,241</td><td>5%</td><td>4125</td><td>25.8%</td><td>2,140</td><td>7.9%</td></tr>
<tr><td>Other ethnic groups</td><td>39,782</td><td>12%</td><td>1942</td><td>12%</td><td>2,301</td><td>8.6%</td></tr>
</table>
The attendance figures used above are based on the full year 2014-15 Provider reports. Please note that only the non-complex testing and treatment of STIs element of GUM will be incorporated into the new service.</td></tr>
<tr><td>Gender</td><td>In Contraceptive clinics, men are significantly under represented. The ratio of female and male service users is 80:20 on average or 4:1. The difference in male to female ratio accessing the service can be attributed to the nature of the services.</td></tr>
<tr><td>Disability</td><td>This data is not systematically collected but service providers are required to operate within the Equalities Act 2010</td></tr>
<tr><td>Age</td><td>Table 2
<table>
<tr><th></th><th>Census 2011 (%)</th><th>Contraceptive Clinics (%)</th><th>GUM Clinics (%)</th></tr>
<tr><td>Under 16</td><td>16.6%</td><td>0.5%</td><td rowspan="3">31.6%</td></tr>
<tr><td>16-17 years</td><td>1.5%</td><td>2%</td></tr>
<tr><td>18-24 years</td><td>9.5%</td><td>24%</td></tr>
<tr><td>25 years and older</td><td>72.4%</td><td>73%</td><td>68%</td></tr>
</table></td></tr>
</table>

	The attendances figures used above are based on the full year 2014-15 provider reports. Please note that only the non-complex testing and treatment of STIs element of GUM will be incorporated into the new service.
Faith	This information is not systematically collected but service are required to operate within the Equalities Act 2010
Sexual Orientation	This information is not systematically collected for the Contraceptive clinics but service are required to operate within the Equalities Act 2010 GUM clinics provides a breakdown of attendances based on sexual orientation: Heterosexual: 91% of total attendees in 2014-15 LGBT: 8.6% of total attendees in 2014-15

4. Thinking about each group below please list the impact that the policy will have.

	Positive impacts of service change	Possible negative impacts of service change
Race	The representation of White / White Other background corresponds with the demographic data (See Table 1 above). Afro-Caribbean groups are also well represented in Contraceptive and GUM clinics. It was identified in the sexual health needs assessment that Black and ethnic minority groups are disproportionately affected by STIs. The outreach element of the service will have the overall preventive aim of improving access of service users from Sub-Saharan Black African groups particularly those who are considered at high-risk. The service specification will ensure that accessibility is improved by ensuring that information is available in languages mostly spoken in communities and that an interpreting service can be accessed if required. Access to services by BME groups will be closely monitored as part of the	Feelings of being stigmatised from targeting may arise unless managed with a rights based and positive approach. Offering services out of the hospital environment and into community clinics may also have a negative impact in that community clinics can be perceived as less discrete. This can be mitigated by strengthening confidentiality requirements (and the requirement to advertise this to the public) within the specification. Consultation with BME groups suggests that it is favourable to deliver the services within the community as it will make more accessible to allow earlier access to services and treatment to improve health outcomes. They also responded positively to the proposed outreach element which will help improve their knowledge on sexual health services available to them and Sexual and reproductive health issues which will help inform then when they should go to

	specifications and the contract as a whole will be monitored quarterly.	the clinic.
Gender	Integrating the element of STI management to the contraceptive clinic will mean that more men will be attending clinics. This provides an opportunity to discuss contraceptive options with them as a means of addressing the 80:20 women to men attendance ratio. Whilst we expect heterosexual and bisexual women to represent a majority of those accessing due to their need for contraceptives, the service will seek to address community provision for men and LGBT to meet their needs. Expecting men or LGBT to attend acute hospital services for STI screening whilst allowing women to access community settings for these is a historical problem that we seek to redress.	Increase in male attendees may be an adjustment for what has been a traditionally heterosexual female environment for some service users. In very few health settings are patients divided by gender and this division is discriminatory to transgender people. The service will be monitored to be safe and inclusive for people regardless of gender.
Disability	This information is currently not being collected. The tender specifications will include a requirement that this information is captured and reported. This will help the commissioners to monitor use of the service by disabled people.	Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities. The tender will require all potential providers to provide evidence that they can address accessibility issues. The contract will ensure that information is in accessible forms for a range of needs including BSL resources. Following engagement with groups, the service specification will include a requirement for the new service provider to deliver services to people who have

		physical or learning disabilities through outreach clinics in locations that are convenient to them, where this is a more appropriate and effective means of engagement than requiring them to attend a fixed site clinic.
Age	All age groups are welcome to access the service should they need it for their contraception or STI screening needs. Comparison with the census data reflects over representation of 16-24 age groups in these services. However, greater use of the services by this group is necessary as it is considered a high-risk group. The outreach element of the service will ensure that safer sex messages are being communicated to younger age groups (16 – 24 year olds) particularly those who engage in risky sexual behaviour. The service specification details that this service must work with aligned services for young people to minimise harm and increase access.	Outreach must be appropriately pitched to avoid disengagement. The specification will ensure that the Outreach workers are well trained in dealing with the younger age group and are aware of the need to get the message across in a positive manner to achieve the desired impact. The figures show high attendances among young people in GUM clinics. Sexual health services offered in the community may not be as attractive as it is less discrete. During Engagement, Young people raised the issue of the confusing and vast amount of information they need to navigate to find out factual information about their sexual health and the local services available to them. The service specification will include a requirement to improve the profile, marketing and accessibility of sexual health and local available services. Feedback supported the model of maintaining specific clinical sessions for under 25 year olds.
Faith	The outreach of the service will ensure that communities at risk who are part of faith groups are engaged. Links with HIV providers and	Faith leaders are not traditionally amenable to sexual health messages for a variety of reasons. The specification will ensure that

	developing relationships will allow fact based inclusive information to be delivered in a sensitive way to encourage community figures to deliver safer sex messages.	the Outreach workers are trained in dealing with faith issues without compromising fact based non-discriminating messages and practice. Acknowledging the need to be mindful of different approaches when dealing with individuals and groups of faith.
Sexual orientation	The new service specification will ensure that this information is captured for future reporting. Concerns in relation to disproportionately high ill sexual health among men who have sex with men (MSM) has been identified as a concern in the SH strategy and so the service specification will ensure that their needs are being met. As the service offers more than just contraception, lesbians and MSM will be offered a service more appropriate to their wider sexual health needs. The service in all aspects will promote an inclusive approach to all of the above categories (particularly working with individuals to address minimising their high risk exposure).	MSM may experience Sexual health fatigue as they are a group heavily targeted. Engagement also revealed that some men in general (particularly in areas or cultures with strong masculine or "macho" identity) tend to be disengaged as a result of the strong sexual health publicity targeting MSM. The service specification will ensure that publicity materials are appropriate for those who do not identify as MSM and/or homosexual/gay. The service must work in an open way and build on relationships of other services working with MSM, particularly around avoid duplication of outreach whilst allowing a greater range of STIs (beyond HIV) to be screened for.

5. Is a full EIA required? ~~Yes~~/No.

The following questions should help you decide if a full EIA is required. As a guide if you are a frontline service where the impact is unclear or negative you will need to conduct a full EIA. You are unsure call Clare O"Connor on ext 7816.

- Does the policy support a frontline service? **Yes**/~~No~~
- Is it clear what impact the policy will have on all the equality groups? **Yes**/~~No~~.
- Overall will the change have a negative impact on any of the equality groups? ~~Yes~~/**No**.

Comments - Please give the rationale here for not undertaking a full EIA
The new service, which incorporates the current contraceptive clinical service with aligned smaller services and offering developments will enhance the experience of service users. Accessibility to disabled people and by sexual orientation will now be captured and closely monitored, and there will be a requirement for the successful provider to deliver outreach clinical sessions to engage those who find it difficult to access current services or locations. This will include those individuals and groups at higher risk of sexual and reproductive ill health, and those who services have found harder-to-reach (including young people, people with learning and physical disabilities, mental illness, substance misuse, etc.). Emphasis will also be placed on preventive interventions and outreach which will be extended beyond young men to other groups. Currently there is proportionate representation of BME women in the Contraceptive service. Building on this we shall seek to extend this representation to include BME men and transgendered people. The service will seek to ensure that all residents, whatever their needs, are fully informed and signposted to appropriate sexual and reproductive health services. We are seeking to mitigate the potential negative impacts identified and will monitor the service to ensure a universal service offer that proactively looks to the needs of people with protected characteristics. The ethos of the service and specification are to ensure greater access and equality so that people benefit from this change. In addition the winning provider must demonstrate that they are operating within the Equality Act 2010. Following the completion of the procurement exercise, the mobilisation plan will be jointly implemented by the successful provider and the commissioners.

6. Through the initial EIA have you identified any actions that needed to be implemented to improve access or monitoring of the policy? (please list)
• Improved collection of data particularly in relation to sexual orientation, gender identity and disability. These areas will be reported as part of the routine contract monitoring. • Need to ensure that tenders are based on delivery of services from accessible premises.

Signed

Date:28.08.15

Approved by: Clare O'Connor