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| **Report to:** | **STRATEGIC COMMISSIONING BOARD** |
| **Date:** | 28 April 2021 |
| **Executive Member:** | Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health) |
| **Clinical Lead:** | Dr Jane Harvey – GP |
| **Reporting Officer:** | Dr Jeanelle de Gruchy, Director of Population Health<br>James Mallion, Consultant in Public Health |
| **Subject:** | **TENDER FOR THE PROVISION OF A SEXUAL & REPRODUCTIVE HEALTH SERVICE** |
| **Report Summary:** | This report outlines the proposed approach to the re-commissioning of Sexual & Reproductive Health services in Tameside with an annual budget of £1,274,924. The paper seeks authorisation to tender the service for a new contract to start on 1 April 2022. The total contract value over the five year period is £6,374,620. The Council will co-commission this service with Stockport MBC, who will act as the lead commissioner via a legally binding Inter-authority Agreement we will put in place and we are working with STAR procurement to re-tender the service. There is also an additional element of grant funding for the PrEP HIV prevention drug which we now have an allocation of £68,320 for in 2021/22 |
| **Recommendations:** | That Strategic Commissioning Board be recommended to:<br>(i) That approval is given to tender the Sexual & Reproductive Health Service to commence 1 April 2022 for a five year period, plus the option of a five year extension, dependent on a formal review of the service in year 4 (2025/26) to ensure adequate performance and outcomes achieved and the necessary approval granted to proceed as demonstrates vfm. The contract term will include a termination period of six months.<br>(ii) That approval is given to award the contract following the completion of a compliant tender exercise , subject to compliance with the Council's Procurement Standing Orders<br>(iii) That approval is given to enter into an Inter-authority Agreement, as advised by STAR procurement, with Stockport MBC.<br>(iv) That approval is given to award a grant for provision of the PrEP HIV prevention treatment during 2021/22 and in future years when this grant will be allocated within the wider public health grant allocation. |

**Financial Implications:**

**(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**

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| **Integrated Commissioning Fund Section** | Section 75 |
| **Decision Required By** | Strategic Commissioning Board |

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| **Organisation and Directorate** | Tameside MBC – Population Health |
| **Budget Allocation 2022/23** | £ 1,275,000 for Sexual Health Services and a £68,320 grant towards the HIV treatment. |

There is a long established budget within the Council for the commissioning of these services within the Population Health service. Engagement with STAR procurement is vital for a contract of this length and size. The Council is currently facing a budget shortfall of around £14m for 2022/23 rising to £22m by 2024/25. All services should be considering opportunities to seek efficiencies to contribute to closing this budgetary gap.

It is proposed that the tender includes the use of the current CCG occupied estate at Ashton Primary Care Centre. Consideration needs to be given to the national health reform and restructuring proposals as to whether this will have an impact on the delivery of these services after the contract is let.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

This is a significant procurement exercise in terms of value and length. It is therefore critical that a robust procurement exercise is adopted not only to ensure compliance but also best value. Therefore the advice and support of STAR will be critical throughout this procurement exercise. There is a balance to be achieved between having a long term partner so that significant vfm can be achieved compared with a long term partner who is not delivering in a long term contract. Having a formal review will be critical to determining whether that relationship is working, flexible to needs of service delivery and vfm and elected and the Board will need to be satisfied that is the case..

STAR will also be able to advise on any TUPE related matters which may require consideration as part of the procurement exercise.

As set out in the main body of the report some of the existing service has performed well but there is a case for change to ensure that the services can be assessed as widely as possible which is backed up by a needs assessment. It is important that an Equality Impact Assessment is undertaken in relation to these changes and the assessment continues to be reviewed as the procurement exercise progresses.

This is intended to be a joint procurement exercise with Stockport MBC as the lead commissioner. The report states that the relationship between Tameside and Stockport MBC with regards this contract will be managed via a Memorandum of Understanding (MoU). MoU's are often an appropriate mechanism to manage relationships between organisations working collaboratively but they are not legally binding documents and therefore are not enforceable. It would therefore be advisable for advice to be sought from STAR in relation the best mechanism to manage the relationship which

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| | will be determined largely by the roles each party is taking in the arrangement.<br><br>It would be advisable to liaise with colleagues in estates in relation to the continued use of the existing properties for the delivery of the services to ensure that the appropriate legal agreements are in place such a leases and licences, to facilitate the same.<br><br>There is reference to the awarding of a grant for provision of the PrEP HIV. It is not clear in the report where this is being funded from and on what basis the grant is being awarded. It would be advisable for this to be clarified before the report proceeds to Board and a further authority may be required in relation to the awarding of the grant. |
| **How do proposals align with Health & Wellbeing Strategy?** | The proposals link with a wide range of priorities in the Health and Wellbeing Strategy, in particular the Starting Well and Living Well programmes.<br><br>The service links into the Council's priorities for People:<br><br>**1.1.1** Promoting good parent infant mental health<br><br>**1.1.2** Promote whole system approach and improve wellbeing and resilience<br><br>**1.1.3** Improve access to Early Help interventions<br><br>**1.1.4** Reduce the impact of adverse childhood experiences<br><br>**1.1.5** Increase access, choice and control in emotional self care and wellbeing<br><br>**1.1.6** Increase physical and mental healthy life expectancy<br><br>**1.1.7** Improve the wellbeing for our population |
| **How do proposals align with Locality Plan?** | The proposals will support the locality plan objectives to –<br><br>**1.1.8** Improve health and wellbeing for all residents<br><br>**1.1.9** Address health inequalities<br><br>**1.1.10** Protect the most vulnerable<br><br>**1.1.11** Provide locality based services |
| **How do proposals align with the Commissioning Strategy?** | This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly:<br><br>**1.1.12** Early intervention and prevention<br><br>**1.1.13** Encourage healthy lifestyles<br><br>**1.1.14** Supporting positive mental health |
| **Recommendations / views of the Health and Care Advisory Group:** | The report is scheduled to be presented by James Mallion, Consultant in Public Health, to the Health and Care Advisory Group on the 14 April 2021 |
| **Public and Patient Implications:** | The recommendations will ensure continued access to services to improve health and prevent long term conditions. |

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| **Quality Implications:** | The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. Any procurement exercise will be awarded on the basis of the most economically advantageous tender that balances the cost and quality advantages of tender submissions. |
| **How do the proposals help to reduce health inequalities?** | The provision of Integrated Sexual & Reproductive Health Services has a positive effect on health inequalities. The proposed stronger focus on reaching individuals and groups in their communities and also prioritising those who require more support in their sexual & reproductive lives, will help to reduce health inequalities. |
| **What are the Equality and Diversity implications?** | An Equality Impact Assessment has been undertaken. The Sexual & Reproductive Health services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. Some service provision is targeted to address health inequalities experienced by more marginalised groups. |
| **What are the safeguarding implications?** | There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed. |
| **What are the Information Governance implications?**<br><br>**Has a privacy impact assessment been conducted?** | Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) will be carried out as part of the procurement process.<br><br>A privacy impact assessment has not been carried out. |
| **Risk Management:** | Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the contract has been awarded. |
| **Access to Information:** | The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health.<br><br>  Telephone: 0161 342 2328<br><br>  e-mail: james.mallion@tameside.gov.uk |

## 1.0 INTRODUCTION

1.1 Tameside has seen increasing demands in recent years for sexual health advice, contraception, testing and treatment and at the same time continues to have relatively high rates of under-18 conceptions; abortions; and STI diagnoses.

1.2 Tameside MBC is responsible for commissioning open access sexual and reproductive health services to be available within the borough, which is a mandated function (Health & Social Care Act 2012). Ensuring the delivery of high quality, accessible services for our residents is key to improving the wide-ranging health outcomes linked to sexual & reproductive health. Tameside continues to have a relatively low level of investment per head of population on sexual health services compared to similar areas.

1.3 This report puts forward the evidence of the impact that sexual & reproductive health interventions have on population health outcomes. It also provides value for money and cost benchmarking analyses to make the case for ongoing investment in sexual & reproductive health services, which will return longer-term savings. Therefore, this paper seeks permission to go out to tender, and award for a longer-term contract to work up a developmental, neighbourhood-centred model of delivery with the provider to achieve a step-change in supporting good sexual wellbeing across Tameside over the next 5-years and beyond.

1.4 Finally, this paper seeks permission to award a grant to our current specialist sexual health provider to continue the delivery of the PrEP HIV prevention programme during 2021/22.

## 2.0 THE CURRENT SEXUAL & REPRODUCTIVE HEALTH SERVICE

2.1 The current sexual & reproductive health offer for Tameside residents is broad and sits across primary care, council-based outreach services, community-services and the specialist Integrated Sexual & Reproductive Health and HIV service provided by Manchester NHS Foundation Trust (MFT). The specialist service is delivered through a fully integrated, consultant-led, open access model. This was originally commissioned for 3 years (plus a possible 2-year extension) in 2016. The extension was enacted from 1 April 2019 for two years and then, following the impact of the Covid-19 pandemic on sexual health service providers, this was extended by a further 12 months under Public Contract Regulations (2015) due to the unforeseen circumstances of the pandemic, and will come to an end on 31 March 2022. The current service provides:

- a full range of contraception and sexual health advice (including contraceptive assessments & counselling, long-acting reversible contraception fitting, and emergency contraception)
- STI testing and treatment (available both in clinic and via online kit ordering)
- specialist Tier 3 support for more complex issues
- counselling
- safeguarding support for more vulnerable residents
- support through pregnancy (including pregnancy testing and advice)
- the PrEP HIV prevention programme, funded by a PHE grant (NB. treatment commissioned by NHS England but hosted by the local service)
- Non-clinical and clinical outreach support to promote key messages around sexual & reproductive health as well as specific advice around contraception
- The service is part of a wider footprint of sexual & reproductive health services, which MFT provide. This wider offer is known as ‘The Northern’ and encompasses the boroughs of Manchester, Trafford, Stockport and Tameside.

2.2 This service saw large-scale change following the 2016 redesign and recommission, introducing the integrated service (having one multi-skilled team for both contraception & sexual health advice (CASH) and genitourinary medicine (GUM)). That change has seen some very positive developments and achievements including:

- increase in staff skill-mix
- managing increasing demands on the service in the form of numbers of clinic sessions delivered
- ongoing highly positive patient feedback regarding clinical services
- delivery of PrEP on top of other contractual requirements to reduce risk of HIV for increasing numbers of service users
- exceeding targets for meeting the needs of patients in urgent and emergency situations (100% achievement for 2018/19)
- introduction of an online booking system
- introducing new nursing clinical outreach post to work within communities to support the most vulnerable residents
- integration within the wider safeguarding system and partnerships across Tameside
- addressing increasing safeguarding demands from increased numbers of vulnerable residents presenting to the service.

2.3 The current service performance has been strong overall, however there are aspects which have required additional support such as the clinical outreach offer, which Tameside MBC has provided additional funding to support in the current, final year of the contract. There is also currently a centralised model of delivery with the only physical location for the service being at Ashton Primary Care Centre. Transformation is needed in a future service to ensure that there are clinics available in other parts of the borough and the overall approach is more preventative. Further detail around the case for change and the proposed model can be found in section 4.2 and 4.3.

## 3.0 THE IMPACT OF COVID-19

3.1 The current sexual & reproductive health service was originally due to cease on 31 March 2021. Commissioners were working towards this timescale in March 2020 when the Covid-19 pandemic caused major disruption in England when the national lockdown was implemented. On the back of this, a 12-month extension of the existing contract was sought and approved via Strategic Commissioning Board in September 2020. While this caused an unfortunate delay in progressing the transformation work around sexual and reproductive health under a new commissioned service, this was deemed the best option to ensure continued service delivery for Tameside residents.

3.2 There have been a range of adverse impacts from the Covid-19 pandemic which continue to be a challenge for services and which contributed for the justification of this extension. These impacts include:

3.2.1 National advice from the Faculty of Sexual & Reproductive Health that non-urgent procedures such as long acting contraception fitting and other sexual health advice should not be prioritised face-to-face due to the wider pressures on NHS services and the risk of transmission of Covid-19 in the community.

3.2.2 Re-deployment of clinical staff from the sexual health service to support Covid-19 related pressures in hospital. This predominantly occurred in the first wave of the pandemic between March 2020 and the end of June 2020. These staff have now mostly returned to the sexual health service however staff absences among this group have increased on the back of this redeployment.

3.2.3 The service has been required to adapt its approach to supporting and treating patients due to the risk of infection from Covid-19. This has included prioritising urgent sexual and reproductive health treatment and support, including safeguarding issues and support for vulnerable young people. A large amount of other activity has been shifted to remote consultations; telephone triage; and online support including click and collect test and treatment kits. The adapted approach also involves additional measures within the service to reduce the risk of Covid-19 infection including use of appropriate PPE, cleaning and other infection control measures – some of these measures have increased face-to-face appointment times.

3.2.4 There have been surges in demand at different stages of the pandemic due to stages of re-introduction of routine procedures, such as during summer 2020. There is anticipated to be a high degree of unmet need currently among the population due to reduced service provision during parts of the pandemic, which may cause demand in the sexual health service to increase substantially in the short to medium-term.

## 4.0 CASE FOR CHANGE

### 4.1 National And Greater Manchester Context

4.1.1 A Health & Social Care Parliamentary Committee Review into sexual health was conducted and published in 2019[1]. This review highlighted challenges facing the sexual health system and recommended the need for adequate funding into these services, including emerging issues/infections; and wider issues such as cervical screening in sexual health clinics. It also emphasised the importance of prevention and how activities to prevent poor sexual health outcomes should be prioritised, funded, and an integral part of all sexual health provision.

4.1.2 The Greater Manchester Health & Social Care Partnership (GMHSCP) conducted a review during 2019, which demonstrated high levels of STIs and abortions across the region as well as dropping contraception uptake, particularly LARC. This further emphasised the need for change in the sexual health system across Greater Manchester.

4.1.3 In tackling this, the GMHCSP has proposed a model to address these issues which all GM local authorities can work towards in transforming our system wide response to improve these outcomes for local residents (see figure 1 below). The key aspects of this high-level model are local commissioning to mobilise communities and deliver sexual wellbeing in neighbourhoods, which is what we are working towards in Tameside and is explained further as part of our 5-year step change model.

[1] UK Parliament: Health and Social Care Committee (2019) Sexual Health Review https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf

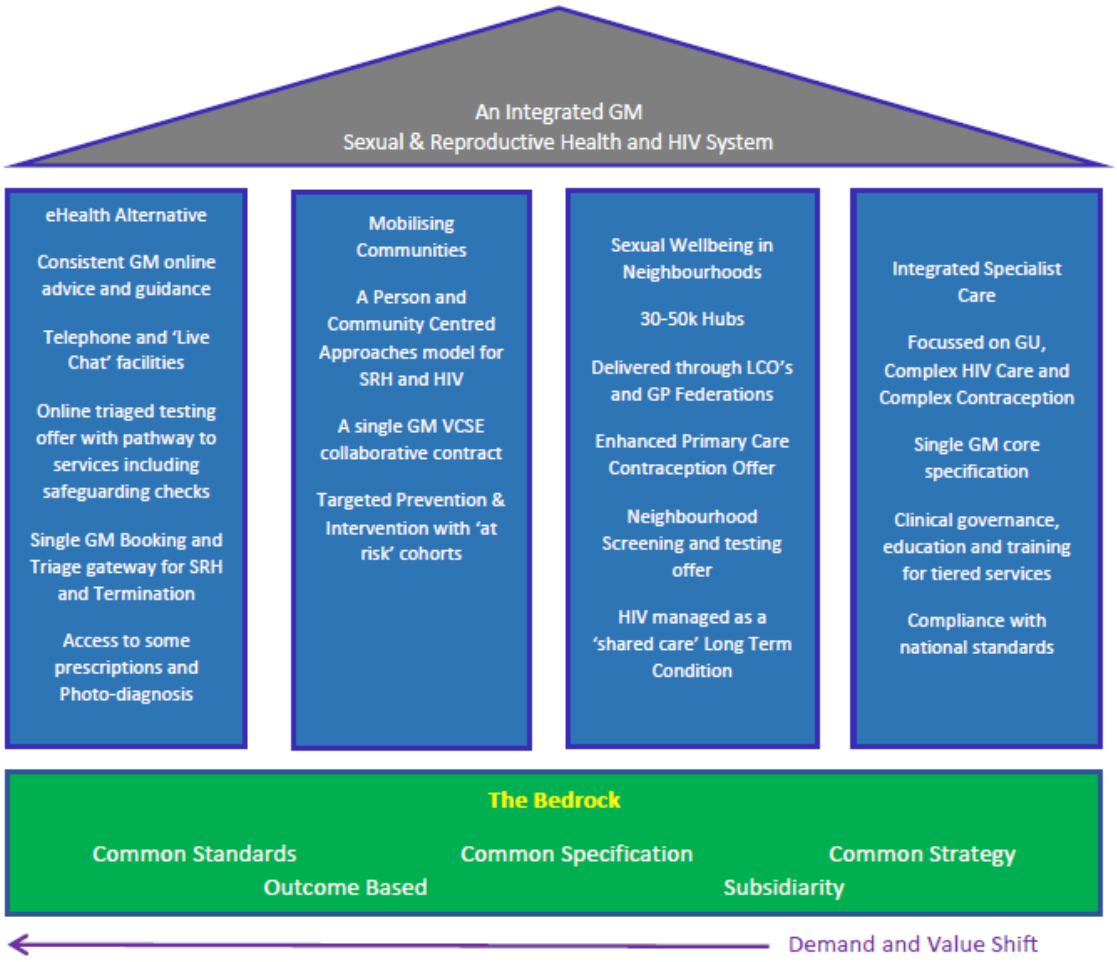


*Figure 1: GM Model for an Integrated Sexual & Reproductive Health and HIV System*

## 4.2 Case For Change: Current Position & Needs Assessment

4.2.1 Many aspects of the current offer are working well, however there is wide acknowledgement that there are some aspects of existing services where change is required to improve outcomes for local residents.

4.2.2 A recent Health Needs Assessment conducted around sexual and reproductive health in Tameside (2020) involved a review of data as well as surveys and face-to-face public engagement. This work highlighted some of the current issues in the following key findings:

**Data**

- Abortion rate is 25 per 1,000 women in Tameside (gradually increasing in recent years and is the 9th highest rate in the country, compared to national average of 18.1 per 1,000 women)
- Most of the increase in abortions has been in the over-25 age group (though younger people are at highest risk of unplanned pregnancy and associated risks)
- Recent increases in under-18 conception rate
- HIV testing significantly lower than national average, especially in women and some groups have seen increases in late HIV diagnosis recently
- While our overall STI rates are not significantly worse than we would expect, there have been increases in recent years and STI testing coverage is significantly lower than the national average.

**Engagement**

- Many residents were not aware of the range of S&RH services available and how to access them
- Access to the specialist service is consistently an issue (for residents and professionals)
- A systematic approach (ie. Training) is needed to raise awareness amongst professional and support staff across the borough regarding S&RH issues and services.
- Many services are Ashton-based, which makes access difficult for Tameside's more remote and deprived communities, who often have most need.
- Residents wanted more out of hours/weekend appointments.
- High abortion rates suggest better access to LARC is needed
- LARC fitting was particularly low in Mossley, Hattersley and Droyslden.
- Large amount of capacity in core service (40%) used for contraception advice/prescribing – partly due to lack of access in primary care.
- Clearer communication needed for younger people about what contraception is available, where it can be accessed and how people can access it.

4.2.3 The current service has faced substantial challenges during the current contract with increased demands arising from HIV prevention (PrEP), increasing STI rates, and an increase in safeguarding issues, which the service are required to report and address. These issues have had an impact on the balance between treatment focussed activity and preventative activity. This has resulted in some of the above feedback where residents have faced difficulties in accessing lower level advice, information and contraception. This is also due to increasing pressures and demands (including Covid-19 impacts) in general practice, which is also a provider of contraception services.

4.2.4 It is crucial that we make changes in the wider system to address some of these issues. Access to preventative interventions such as contraception is particularly important as wider evidence shows that access to contraception is supportive for people, particularly women, to ensure that the spread of STIs is limited and that there are fewer unplanned pregnancies. Younger people remain at highest risk of an unplanned pregnancy and the adverse impacts this can have on them and the baby. It does not just affect younger people though, and we have seen in Tameside in recent years that the majority of the increase in our abortion rates has been in those over the age of 25. While there are a complex range of factors contributing to the abortion rate, one of those is access to and delivery of effective contraception.

## 4.3 Case For Change – The Tameside Vision

4.3.1 It is crucial that we make changes in the wider system to address some of the issues identified in the above section. Access to preventative interventions such as contraception is particularly important.

4.3.2 There is a complex commissioning landscape across the wider sexual & reproductive health system with a range of services, which support people to achieve good sexual health. These are often commissioned in different parts of the system (see Figure 2 below). Tameside & Glossop Strategic Commission is in a unique position to be able to work across these services to coordinate how we best use resources. Recent developments from the White Paper around Integrated Care Systems and the new local partnerships this will require also present new opportunities to coordinate this work across different providers locally to move towards more preventative, community-based services for our residents.

| Local Authorities | CCG | NHS England |
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| Community contraception, including:<br>• Long acting reversible (LARC) contraception in general practice<br>• Emergency hormonal contraception (EHC) in pharmacy | Abortion services | HIV treatment and care including pre and post prophylaxis |
| Community STI diagnosis and treatment, including the National Chlamydia Screening Programme (NCSP) | Vasectomy and sterilisation services | Contraception provided under the GP contract |
| Targeted S&RH promotion, including free condom schemes | Gynaecology services | Cervical screening |
| HIV prevention | Psychosexual services (non sexual health element) | Opportunistic promotion and testing of STIs |
| Sexual health aspects of psychosexual counselling | | Sexual health in prisons |
| Specialist sexual health services: including young people's sexual health services, outreach, and S&RH promotion services in schools, colleges and pharmacies. | | Sexual assault in referral centres (SARC) |

*Figure 2: Breakdown of Sexual & Reproductive Health and HIV Commissioning Responsibilities*

4.3.3 Previous work across the local system in Tameside involved a workshop during 2019 and engagement with the Health & Wellbeing board in 2020. From this work we have devised a vision for sexual and reproductive health in Tameside:

4.3.4 In order to achieve this vision, the new service model and work across the wider system need to move from a centralised, treatment focussed model, to a more community based, preventative model, delivered in partnership (see Figure 3 below).

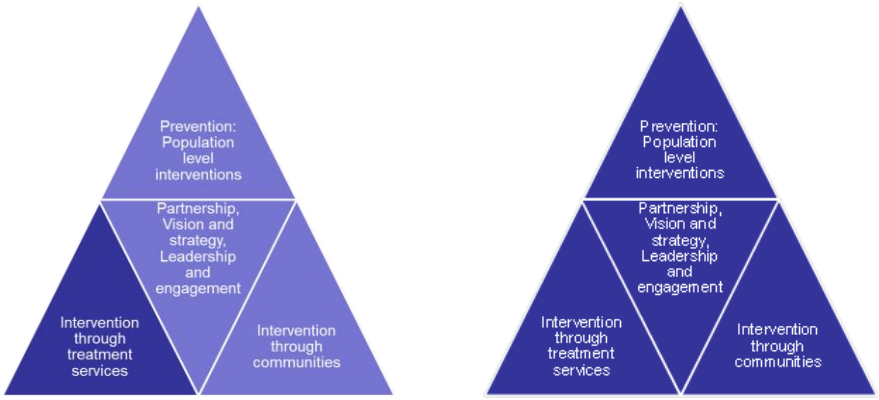


*Figure 3: Population Health Approach to Levels of Intervention*

***All Tameside residents are able to express themselves, be confident, have choice and take control of decisions about their sexual and reproductive lives.***

***ncludes all residents having open access to services and reliable information, in a way that effectively meets their needs.***

4.3.5 In a complex system with limited resources, it will take time to realign resources and activity to this model, which is why we are proposing a 5-year step-change model for the sexual and reproductive health system in Tameside. This will include the steps and work required to make the change seen in the diagram above shifting from the current

centralised services, with high demand in areas like STI treatment and abortions, to realign our capacity into a preventative population health model which includes the whole system working in partnership, much closer to our communities, following the Public Service Reform (PSR) principles and model of neighbourhood working. The 5-year step change commences from April 2021 with the first year representing the work happening in the coming months to recommission the service. This is a separate timeframe to the 5-year contract term being proposed for the integrated service. Figure 4 below outlines the 5-year step-change model. Also see Appendix 1 for further detail of the work proposed in each year of this programme.

YEAR 5 (25/26)

**REALIGN CAPACITY INTO FULL PREVENTION MODEL**

Activity:

Full transformation and rationalisation of specialist care; further enhance prevention activity

YEAR 4 (24/25)

**MAINSTREAM AND FURTHER ENHANCE PREVENTION CAPACITY**

Activity:

Realign system-wide budgets; expand non-clinical outreach offer including training; enhanced support for vulnerable groups

YEAR 3 (23/24)

**BEGIN SHIFTING CAPACITY TOWARDS PREVENTION**

Activity:

Full rollout of PCN spokes offer; monitor outcomes for demand reductions; development of PCN women's health offer

YEAR 2 (22/23)

**DELIVERY & DEVELOPMENT OF COMMUNITY BASED OFFER**

Activity:

Begin roll-out of PCN spokes; enhanced digital offer; boost community LARC training offer

YEAR 1 (21/22)

**CENTRALISED OFFER; RESOURCE FOCUSSED ON TREATMENT; HIGH FAILURE DEMAND (TOP & LAC) & LACK OF ACCESSS**

Activity:

Recommissioning specialist service with more community focus; new LARC primary care offer; initiate clinical outreach offer; make the case for change around prevention investment

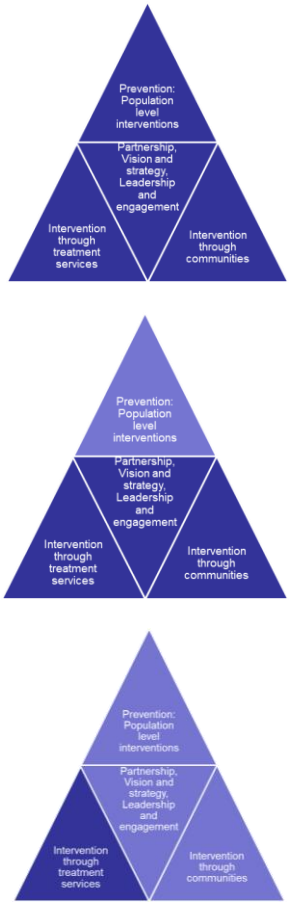


*Figure 4: Tameside 5-Year Step Change Model for Sexual & Reproductive Health Transformation (2021-2026)*

4.3.6 Re-commissioning the integrated sexual & reproductive health service provides the opportunity to make changes to align service delivery to the 5-year step change model and the shift towards more preventative capacity. This will also allow us to address some of the emerging issues in data and wider insights from the Health Needs Assessment. It will also enable us to further develop an approach which is in keeping with the corporate plan and the principles of Public Service Reform, with the model of neighbourhood delivery at the centre, to help us achieve better outcomes for the health and wellbeing of local residents:

- Shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services;
- An asset-based approach;
- Community independence and support for residents to be in control;
- A place-based approach;
- A stronger prioritisation of well-being, prevention and early intervention;
- An evidence-led approach;
- Collaboration with a wide range of organisations.

4.3.7 We will set clear expectations and milestones for the new service to develop and integrate their offer into the person-centred neighbourhood model in Figure 5 below. This will require much broader working with stakeholders and partners and will move the model towards a proactive, preventative and asset-based approach. This will allow our system to intervene early and respond to the person in the context of their community (do with, not to).

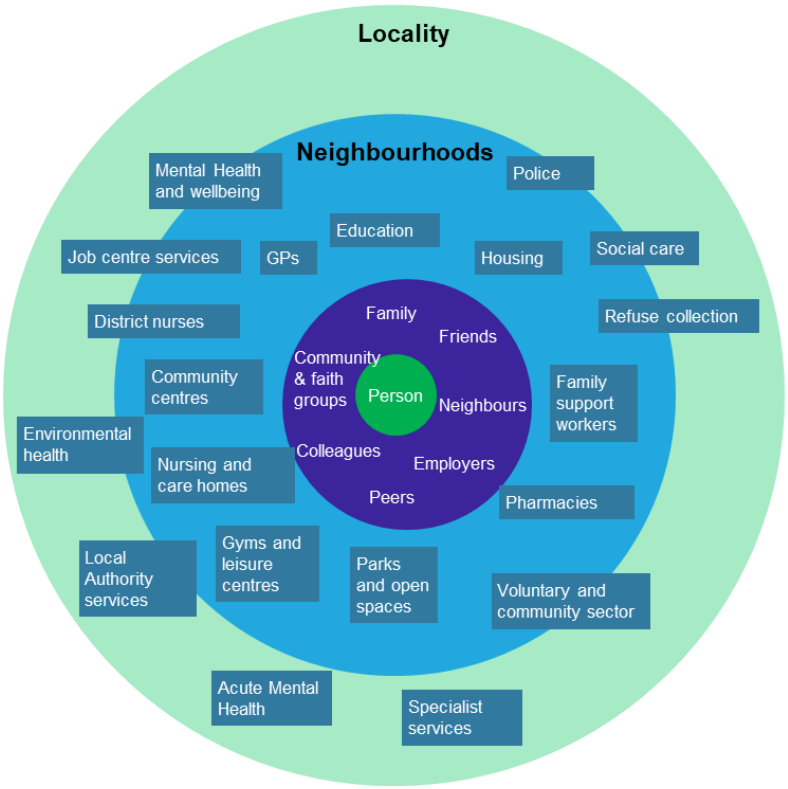


*Figure 5: The Tameside Neighbourhood Model*

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| **PERSON** - how can a person support their own sexual health (self-management and support via digital offer and information). The service will be expected to support the immediate system around a person in terms of information and access so people can be supported by their employers, friends & family etc around their sexual health |
| **NEIGHBOURHOODS** - how do each of the services or functions in a neighbourhood support residents' sexual health – this could include wider staff training and awareness for a 'make every contact count' approach for the agencies and services in the neighbourhood, as well as the hub & spoke and outreach models which place sexual health services closer to people in their communities |
| **LOCALITY –** the service will be expected to deliver excellent clinical care for anyone in Tameside requiring more specialist support (Tier 3 services). It will also be important to link in to other locality-based services such as hospital care |

## 5.0 PROPOSED NEW SERVICE MODEL

5.1 In order to deliver the vision set out above, and to move through the next 5-years, achieving the various stages of our step-change model, we need to put in place an agile sexual & reproductive health service which will provide the specialist support required as well as fulfil the role of system leader in this. We will require this service to follow public service reform principles and work towards a more integrated, system-wide approach to make a truly preventative, neighbourhood-based system in Tameside.

5.2 **Contract Length -** The first step in this is to put in place a longer-term contract of 5 years, with the option to extend for a further 5 years, dependent on a formal review of the performance and outcomes achieved by the service in year 4 (2025/26). This will allow for a decision to be taken to either continue the strategic and contractual relationship with the provider at this stage, or to recommission the service if objectives and outcomes have not been achieved. There will be several key milestones that the provider must meet and also relevant clauses within the contract to allow the local authority to change terms or come out of this arrangement if outcomes are not achieved throughout the contract. This length of contract will provide stability and will encourage providers to make longer-term investments in capacity and capabilities within the service. Other commissioners including our contracting partner Stockport MBC, and Oldham/Rochdale/Bury are also proposing to tender for the same contract length.

5.3 **Service Make-up -** The proposed structure of the service is to maintain the all-age, integrated contraception & sexual health advice (CASH) and genitourinary medicine (GUM) model, under one contract. In retaining this integrated model, the emphasis of the service specification will be around the provider being a system leader of the wider sexual & reproductive health agenda in Tameside, working in close partnership with a range of local stakeholders to lead the work to improve outcomes in Tameside. This is key to progressing as per the 5-step change model, rather than merely meeting demands coming through the clinic doors.

5.4 **Key Milestones -**There are some clear ambitions and outcomes, which we want this service to achieve in the short to medium term of this contract. In order to ensure that these are delivered, a series of milestones will be built into the specification and the contract for the service to hold them to account for these developments. These include:

5.4.1 Establishing 4 community-based 'spoke' clinics (1 per Tameside PCN) within the first 12-months of the contract (by 31 March 2023) – a Service Credits programme of performance monitoring will be applied to this aspect of the contract to ensure delivery against this outcome. Failure to deliver on this will result in a reduction in the charges payable by the Council for the period in question.

5.4.2 When the spoke sites are established, these are to be built upon to further develop PCN-level partnership working. This will include the wider training offer for primary care, particularly around LARC training and working with primary care to ensure consistent access to contraceptive assessments and LARC fitting at a PCN level. If this progresses well then there will be a move for the service to take on additional sexual & reproductive health commissioning responsibilities (progress on this would be brought back to decision makers at a later date)

5.4.3 Ongoing prioritisation of clinical outreach capacity (1 dedicated WTE nursing post) from the outset of the contract – to increase to at least 2 WTEs by Year 2 of the contract (from April 2023)

5.4.4 Develop a delivery plan alongside Tameside Population Health for the 5-year step change model for sexual & reproductive health (within first 6 months of the contract). This should be co-produced with a wide range of stakeholders and including input from patients, service-users and members of the public.

5.5 **Service Details / Service Specification**

5.5.1 Several elements of the core service will be updated, however remain the same in terms of clinical delivery and standards. The levels of intervention offered by the service range from Tier 1 (advice and information) through to Tier 3 (complex clinical support). The delivery of all tiers of care, meeting appropriate clinical standards, will still be a requirement in the new contract. The specification and standards for the core clinical elements of the service are shared across GM.

5.5.2 It is the expectation that the provider will work to a range of high-level outcomes, whilst meeting KPIs and the milestones discussed. Tier 3 services require appropriate clinical space and will be delivered from 'The Orange Rooms'. However Tiers 1 & 2 could be delivered in a range of community-based settings such as GP surgeries, community centres, third sector estates. These will represent the 'spokes' of the main service which the provider must establish (1 per Tameside PCN) in the first 12 months of this contract.

5.5.3 Given the overall trends of decline in uptake of contraception, particularly long-acting reversible contraception, and the fact that these represent forms of prevention in terms of STIs and unplanned pregnancy, the provider will be expected to prioritise access and delivery of contraceptive assessments, prescribing and fitting where appropriate. This will include integrated working and training with primary care to boost contraception delivery in GPs

5.5.4 The provider will be the system lead around sexual & reproductive health and will direct resources into partnership and engagement work across the borough and across a range of public and third sector partners to support wider priorities in the sexual health system. Key to this will be primary care (GP and pharmacy), relevant local charities and third sector organisations (eg. Diversity Matters; LGBT Foundation; Action Together, Change Grow Live, Bridges), and existing partners in the sexual health system (eg. Youthink outreach team; gynaecology services within T&G ICFT; Children's Social Care and Safeguarding Partnership). There will be key priorities around particular groups in the population including vulnerable children and young people (eg. Working with children's social care / phoenix team / multi-agency safeguarding hub); and other high risk groups such as men who have sex with men, people living with HIV and people from BAME communities (LGBT Partnership; George House Trust; Black Health Agency).

5.5.5 The provider will support and develop a range of projects across Tameside with a number of partner organisations in order to provide place-based offers, which appeal to different individuals, groups and communities. Examples include engagement with local initiatives such as the current Alcohol Exposed Pregnancy Programme, as well as more direct support such as formula milk for mothers with HIV for whom it may not be safe to breastfeed.

5.5.6 The provider will collaborate on existing priorities across Tameside. Specifically system-wide work to tackle domestic abuse (DA) and support victims. This will include DA training requirements for patient facing staff, DA risk assessments as part of routine clinical work; documenting DA disclosures; and ongoing work with the specialist DA provider.

5.5.7 The performance management for the new contract will have a more outcomes focus with qualitative elements included as well as more of a focus on the impact of services on individuals. We will also look to include potential escalation measures/penalties if KPIs and key milestones have not been achieved. There will also be the requirement for the provider to produce a concise annual report of the key achievements of the service, along with quality assurance surveys at each year-end. There will be a particular focus on this in Year 4 (2025/26) as part of the formal review required to inform whether the provider has adequately met expectations and delivered on outcomes in order to justify a further extension of the contract (5 years) or to go out to tender at this point to seek a new service at the end of the initial 5 year contract term.

5.5.8 **Grant Allocation for PrEP –** Resource has now been allocated nationally to ensure the routine provision of PrEP (Pre-Exposure Prophylaxis) for HIV prevention via local sexual health services. This will be incorporated into the service offer – see Section 10 for further details.

## 6.0 PROCUREMENT PROPOSAL

6.1 Consideration is given to re-tender the Integrated Sexual & Reproductive Health service in Tameside to ensure continued delivery of open access sexual health services, which is a mandated function of local authorities. It is proposed that this will be for a contract period of five years commencing 1 April 2022, with the option to extend for a further 5 years, dependent on a formal review of the performance and outcomes achieved by the service in year 4 (2025/26). Our commissioning partner Stockport is also going out for the same contract length, as are the other local authorities going out to tender at the same time (Bury, Rochdale and Oldham).

6.2 We are currently in a contract with Stockport MBC and Trafford MBC, with Stockport MBC being the lead commissioner who hold the contract with MFT for the current service. Due to changing circumstances in Trafford and their existing contractual relationship with MFT as the provider of their wider Community Services Contract, they will be coming out of the cluster at the end of the current contract on 31 March 2022. This will leave Tameside MBC and Stockport MBC remaining in the joint-commissioning arrangement going forward, via an inter-authority agreement, with Stockport remaining as the lead commissioning authority.

6.3 Our cluster commissioning arrangements across GM mean that there are two main contracts that will be going out to tender at the same time: our contract with Stockport MBC, which is currently provided by MFT; and the shared contract between Bury MBC, Rochdale MBC and Oldham MBC, which is currently provided by Virgin Care. STAR procurement will be supporting all five local authorities through this procurement process.

6.4 As the current contract is coming to an end and Tameside MBC is subject to a legal framework, which encourages free and open competition and a duty to establish Best Value we are obliged to conduct an open and transparent procurement process.

6.5 To ensure a competitive tender in terms of delivering best value, evaluation criteria against the most economically advantageous tender will be implemented as part of the procurement process.

## 7.0 ESTATES

7.1 The current service is based in Ashton Primary Care Centre with a suite of rooms called 'The Orange Rooms'. The lease of this space is held between Tameside & Glossop CCG and CHP, with the cost of the lease funded by the CCG. There is agreement that these funding arrangements for the premises will continue going forward, under a new contract and with a new provider, even if this is a non-NHS provider.

7.2 The cost of this lease to the CCG is currently £293,569.38 per year for 2020/21, this is not included in the proposed costs for the service outlined in this paper. This represents 14.5% of the overall lease cost for Ashton Primary Care Centre. There will be an annual RPI uplift in this cost from 1 April 2021 which is an annual uplift/re-costing.

7.3 We have stipulated in the service specification and the key milestones that the service must continue to use The Orange Rooms in Ashton Primary Care centre as the main hub location for the service, as well as the four 'spoke clinics' they will be required to establish within each of the four Tameside PCNs within the first year of the contract.

## 8.0 VALUE FOR MONEY

8.1 The available budget for this service is £1,274,924 per year, allowing a maximum contract value over the initial five year period of £6,374,620. This includes all elements of the integrated sexual & reproductive health service, apart from the estates costs as explained in the previous section. The proposal is to maintain this annual cost for the service at the same level, while considering potential uplifts for NHS staff Agenda for Change pay increases, which may be required.

8.2 **Investment in Contraceptive and Sexual Health services is an invest to save opportunity** with evidence from the Department of Health & Social Care which demonstrates that:

- For every £1 spent on contraceptive services, £11 is saved on other costs within Health and Social Care.
- NHS savings associated with one early HIV diagnosis alone is £36,061.
- Each new HIV infection prevented saves between £280,000 and £360,000 in lifetime treatment costs

8.3 Without adequate local investment in high quality service provision, our system-wide costs will increase as a result of increased demand for acute health and social care services (for example for those with complications from untreated infection, and unintended pregnancies); and greater numbers of local residents may access sexual health services in other areas, which they are entitled to do and we are obliged to pay for, at a higher cost than people entering our local service.

8.4 Increased availability and uptake of contraception, including long acting reversible contraception, could lead to a reduction in unplanned pregnancies and a reduction in the need for abortions. A large study of birth mothers and recurrent care proceedings highlighted that where there have been care proceedings, particularly with multiple children, the mothers typically described the pregnancies as unplanned[2]. **Preventing more unplanned pregnancies may reduce the number of care proceedings taking place.**

8.5 The current service was commissioned following a competitive tender process in 2016. This came at the same time as a 20% reduction in the overall budget for this service. Alongside these savings, to ensure good value for money, the best value and the most economically advantageous tenders were also sought.

8.6 **Recurrent financial savings have already been offered up from sexual health services in Tameside** with the annual budget for chlamydia screening reducing by £15,000 per year going forward from 2020/21.

8.7 **Financial Benchmarking -** In September 2020, Population Health worked with Grant Thornton to conduct a review of financial investment in sexual health services when benchmarked against other local authorities in GM and our nearest statistical neighbours. This work has highlighted that our current levels of investment are classed as 'Very Low' when compared to GM and statistical neighbours. In both groups, the lowest amount of spend per head of total population is £2.40. Tameside come just above that with spend of £2.42 per head. This is among the lowest investors with the highest in GM being £6.84 per head and the highest among our statistical neighbours being £4.87 per head.

8.8 **The current investment in the integrated sexual health service represents one of the lowest levels of spend across GM.** Looking in more detail at comparative spend of the integrated sexual health services across GM, which are commissioned and structured in a similar way, we currently have the joint 2nd lowest spend per head (£12) on our integrated sexual health service with only Oldham having lower spend per head (£10). It should be noted

[2] Broadhurst, K. et al (2017) Vulnerable Birth Mothers and Recurrent Care Proceedings: Final Summary Report. Centre for Child & Family Justice Research. Lancaster University.

that Oldham also invest over £100k of additional resource into a separate young person's offer, which is included within our existing integrated service.

8.9 **Outreach for Vulnerable Groups -** The council worked with the provider to divert more resources within the service to clinical outreach. This has enabled nursing staff to see patients in the community, closer to home in more accessible locations. This will address service access issues for some of our most vulnerable communities in areas such as Hattersley and among key groups such as sex workers and homeless people, which were highlighted in the recent Sexual & Reproductive Health Needs Assessment for Tameside (2020). The expansion of this has been supported by the council throughout 2021/22 with one-off funding of £45k for an additional nursing post, however going forward in the new contract, this will be an expectation of the core service to provide 1 WTE clinical outreach nurse, expanding to two posts after the first 12 months.

## 9.0 ALTERNATIVES CONSIDERED AND DISCOUNTED

9.1 In collaboration with STAR, various options for the procurement process have been considered and discussed. It is felt that the procurement proposal described in section 7 will give the best combination of flexibility, innovation and delivery, and therefore this is the recommended approach.

9.2 **Cease Delivery -** As the provision of open access sexual health services is a mandated function for local authorities, we do not have the option to cease the provision of this service at the end of the current contract period, and this approach would also be highly detrimental to health outcomes in our population in Tameside.

9.3 **Reduced Contract Term -** The option to contract for a shorter term has been considered. Given the 5-year step change model proposed for sexual health system transformation in Tameside, and the increased stability provided by a longer-term contract for providers (eg. Minimising impact of workforce disruption and uncertainty) it has been determined that a longer contract period, with the options for extensions was preferable. This will also enable the provider to deliver service transformation and a whole-system leadership approach in line with delivering the milestones and the 5-year step change. This does not remove the ability of the local authority to suitably hold the provider to account via the 6-month break clause built into the contract, as well as other performance management elements such as the Service Credits approach described in section 7.

9.4 **Reduced Contract Value -** The option to reduce the financial investment in this service has been considered. The preferable approach is to retain the current level of investment throughout the duration of this contract term. Several reasons have been put forward to support this including: the high cost effectiveness of investment into sexual health interventions on wider costs and health outcomes; the high spend and impact of current 'failure demand' in the system including the high abortion rate; the impact of poor sexual and reproductive health outcomes on demand in children's social care such as families with care proceedings; other savings already offered from the recurring chlamydia screening budget (£15k pa); and the baseline analysis showing Tameside as an area with Very Low spend per head on sexual health services compared to similar areas.

## 10.0 AWARDING GRANT FOR PrEP

10.1 Following the successful Impact Trial for Pre-Exposure Prophylaxis (PrEP), which Tameside took part in, the Department for Health and Social Care (DHSC) rolled out the programme across England during 2020. The programme's aim was to provide universal routine access to PrEP to prevent transmission of HIV, and was targeted towards groups with high risk of contracting HIV including men who have sex with men (MSM), black Africans, and transgender men and women,.

10.2 A grant of £27,804 was awarded to Local Authorities in September 2020 for programme implementation, with conditions meaning that the programme had to be procured from our level 3 sexual health provider, which in Tameside is The Northern service, part of Manchester University NHS Foundation Trust (MFT). On 27th January 2021 Strategic Commissioning Board gave permission to award the grant to MFT.

10.3 On the 16h March 2021, the DHSC confirmed that the PrEP HIV prevention programme is to continue with an increased allocation for 2021/22, due to the recognition of unmet need in local communities. The allocation will be awarded to Local Authorities as part of their overall Public Health grant. The DHSC has also provided a breakdown showing that the PrEP allocation for Tameside for 2021/22 is £68,320[3].

10.4 As in 20/21, we intend to award the majority of this grant to MFT to deliver the PrEP HIV prevention programme, with some held back to cover costs of Tameside residents accessing treatment in other areas and some potentially being awarded to the GM Passionate about Sexual Health (PaSH) partnership, to deliver a holistic HIV prevention programme. The PaSH programme is made up of 3 VCSE partners, Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust. The partners deliver a multi-faceted programme of HIV and STI prevention for GM residents and support for those People Living with HIV (PLW HIV), both newly diagnosed and as a long-term condition.

## 11.0 EQUALITIES

11.1 It is not anticipated that there are any negative impacts on equality and diversity as a result of this proposal. An EIA is in progress. This is a live document, which will continue to be updated on an ongoing basis. See Appendix 2.

## 12.0 RISK MANAGEMENT

12.1 The approach described in this report will lead to longer-term transformation of the Integrated Sexual & Reproductive Health Service in Tameside. The service model described in this paper will ensure delivery of the 5-year step change model to better support people in Tameside around their sexual and reproductive health and to deliver a more person-centred, preventative model.

12.2 As with any transformation, there are potential risks involved. Work is ongoing across other GM sexual health commissioners, wider stakeholders, and utilising views from recent resident engagement to identify and mitigate against any possible risks. Broad areas to consider are:

- Ensuring that the learning from the work of the current service over recent years is learned from, built upon, and maintained;
- Potential disruption to the service in the event of a change in provider following the re-tender process;
- Risk of high demands in the acute (Tier 3) aspect of the service which places increased pressure on resources required for more developmental, preventative elements of the service as we move through the 5-year step change model
- Ensuring that there is capacity within the market of providers to bid for and deliver this service.

12.3 The potential risks identified will need to be monitored as the service and approach to achieving the 5-year step change are developed. Monitoring and evaluation will also continue after the service is developed to identify any issues early and support the provider to address them.

[3] Public health grants to local authorities: 2021 to 2022 - GOV.UK (www.gov.uk)

## 13.0 CONCLUSION

13.1 The current integrated sexual & reproductive health service contract comes to an end on 31 March 2022. The above report outlines the proposals for a new service commencing from 1 April 2022 supported by the case for change in the wider system and the proposed transformation for the service going forward.

## 14.0 RECOMMENDATIONS

14.1 As set out on the front sheet of the report.

**Appendix 1**

5 Year Step Change in SH

# APPENDIX 2

| **Subject / Title** | Sexual & Reproductive Health Offer |
|---|---|

| **Team** | **Department** | **Directorate** |
|---|---|---|
| Health Improvement | Population Health | Population Health |

| **Start Date** | **Completion Date** |
|---|---|
| March 2021 | Ongoing |

| | |
|---|---|
| **Project Lead Officer** | James Mallion / Pamela Watt |
| **Contract / Commissioning Manager** | Linsey Bell |
| **Assistant Director/ Director** | Jeanelle de Gruchy |

| **EIA Group** (lead contact first) | **Job title** | **Service** |
|---|---|---|
| James Mallion | Public Health Consultant | Population Health |
| Pamela Watt | Public Health Manager | Population Health |
| Linsey Bell | Commissioning and Contracts Officer | Adults |
| | | |

## PART 1 – INITIAL SCREENING

*An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.*
*The Initial screening is a quick and easy process which aims to identify:*

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

*A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.*

| | | |
|---|---|---|
| **1a.** | **What is the project, proposal or service / contract change?** | The proposal is for the transformation and retender of the Sexual & Reproductive Health service, currently delivered as an integrated service combining all aspects of sexual and reproductive health (contraception; advice; STI testing & treatment; HIV), provided by Manchester NHS Foundation Trust. This is an open access offer for all people wishing to access these services in Tameside, whether they are residents of the borough, or not. While this is an open access service offer, the way in which this is delivered in communities (via increased outreach work and community-based spoke clinics) and the role the provider will play as a system leader, will target those in greatest need of support.<br><br>The new contract will place stronger emphasis on the need for community provision of support (not just in a centralised service model) that is made available and accessible to those with more complex circumstances. This will also include a focus on prioritising delivery of more preventative interventions such as contraceptive assessments, and the prescribing of a full range of contraceptive methods, including long acting reversible contraception (which has a greater efficacy in terms of preventing pregnancy than other forms).<br><br>The new contract will differ from the existing service offer in that there will be a firm expectation on the provider to host direct service provision in different locations across the borough in the form of 'spoke' clinics (where certain elements of the service will be available) or also in the form of clinical and non-clinical outreach staff resources to support those in the community who are less able to, or do not wish to access physical service locations. Recent resident engagement and wider evidence suggests that those with more challenging needs are more likely to require this type of support.<br><br>The contract period will be for up to 5 years from 1 April 2022 (with the option of extending this contract for a further 5 years)<br><br>It is proposed that a new model is commissioned to meet the local population health needs, based on the evidence available. |

| | | |
|---|---|---|
| **1b.** | **What are the main aims of the project, proposal or service / contract change?** | The main changes to the service are:<br>• To meet population need and the increased demand on sexual and reproductive health services by ensuring the provider in the new contract has a focus on achieving some of the key population-level outcomes (including reducing unintended pregnancies, terminations and under-18 conception; further reducing the late diagnosis of HIV; increasing chlamydia screening rates; reducing STI rates; and increasing contraception usage particularly LARC prescribing)<br>• To hold the provider to account to act as a system leader around sexual and reproductive health across a wide range of partners including acute health services; Safeguarding Partnerships; primary care; tertiary services including HIV treatment; and other community providers such as substance misuse and health improvement services.<br>• To ensure a more community and prevention focussed approach with direct access to services across the borough either in neighbourhood-based physical locations offering elements of the SRH service, or via a clinical and non-clinical outreach offer to target those in need of more support and less likely to access centralised services.<br>• To support delivery of key objectives in the Tameside & Glossop Corporate Plan. Specifically relating to ensuring children have the very best start in life, with as many pregnancies as possible being planned and reducing the number of under-18 conceptions; and people living healthier lives with reduced health inequalities across our population by increasing prevention and access to services to improve the wellbeing of our population and increase physical and mental healthy life expectancy. |

**1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.**

| Protected Characteristic | Direct Impact/Relevance | Indirect Impact/Relevance | Little / No Impact/Relevance | Explanation |
|---|---|---|---|---|
| Age | | ✓ | | There will be no change to the age the service is directed towards. |

| | | | | |
|---|---|---|---|---|
| | | | | Though the targeted outreach and spoke clinics may make the service more accessible to some younger people |
| Disability | | ✓ | | The service is open to all and there will be no change in how people with a disability access the service. However, an improved locality offer may reduce travel issues. |
| Ethnicity | | | ✓ | The service is open to all and there will be no change in how people from different ethnic groups access the service. |
| Sex | | ✓ | | The service is accessible for all ages and sex groups – however some targeted elements of service development such as increased delivery of long acting contraception will be more targeted to address inequities in access for females |
| Religion or Belief | | | ✓ | The service is open to all and there will be no change in how people |

| | | | | |
|---|---|---|---|---|
| | | | | with different religions or beliefs access the service. |
| Sexual Orientation | | ✓ | | The service is open to all, however certain programmes that target men that have sex with men (MSM) should be easier to access. |
| Gender Reassignment | | | ✓ | The service is open to all and there will be no change in how people that are undergoing, or have undergone, gender reassignment access the service. |
| Pregnancy & Maternity | | ✓ | | There will be little change for those that are already pregnant, however it should be easier for people to access contraception immediately after birth. |
| Marriage & Civil Partnership | | | ✓ | The service is open to all and there will no change in how people with different marriage or civil partnership status will change. |
| **Other protected groups determined locally by Tameside and Glossop Strategic Commission?** | | | | |
| **Group (*please state)*** | **Direct Impact/Relevance** | **Indirect Impact/Relevance** | **Little / No Impact/Relevance** | **Explanation** |

| | | | | |
|---|---|---|---|---|
| Mental Health | | ✓ | | Although the service is open to all, improved access and links with partner agencies should help to improve access for people with mental health issues. |
| Carers | | | ✓ | The service is open to all and there will be no change in carers' access to the service. |
| Military Veterans | ✓ | | | Although the service is open to all, improved partnership working and targeting of vulnerable groups such as military veterans, should improve access for this group. |
| Breast Feeding | | | ✓ | The service is open to all and there will be no change in access to the service for those that breastfeed. |
| **Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (*e.g. vulnerable residents, isolated residents, low income households, those who are homeless)*** | | | | |
| **Group (*please state)*** | **Direct Impact/Relevance** | **Indirect Impact/Relevance** | **Little / No Impact/Relevance** | **Explanation** |
| Socio economic deprivation and areas of high deprivation | ✓ | | | The service is open to all, but an improved offer in more local communities will enable |

| | | | | |
|---|---|---|---|---|
| | | | | increased access in some of Tameside's more deprived communities. |
| Homeless | ✓ | | | Although the service is open to all, improved partnership working and targeting of vulnerable groups such as the homeless, should improve access for this group. |
| Looked after, and other vulnerable, children (LAC) and young people | ✓ | | | Through increased partnership working and specific outreach to vulnerable children and adults, should improve access to the service for this group. |
| Men and women selling sex | ✓ | | | Although the service is open to all, improved partnership working and targeting of vulnerable groups such as people selling sex, should improve access for this group. |

*Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.*

| **1d.** | | **Yes** | **No** |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | **Does the project, proposal or service / contract change require a full EIA?** | ✓ | |
| **1e.** | **What are your reasons for the decision made at 1d?** | The new service will aim to improve access for the general population, but will also have an improved offer for vulnerable people and those with complex needs. This will be achieved by the new provider working more closely with local agencies and provider more services in local communities rather than from a single centralised hub.<br><br>As this means there will be a direct impact/relevance (albeit a positive one) to several groups with protected characteristics, a full EIA is required. | |

*If a full EIA is required please progress to Part 2.*

# PART 2 – FULL EQUALITY IMPACT ASSESSMENT

**2a. Summary**

The provider for Tameside's Sexual and Reproductive Health (SRH) Service is Central Manchester Foundation Trust (MFT). They began delivering against this contract in 2016, and after a contract extension due to COVID, the contract is now due to go out to tender. The new contract will begin 1st April 2022.

The service specification will contain a similar core clinical content to the previous contract, due to the clinical nature and quality standards required from a specialist sexual and reproductive health service. However, the specification also contains a wider vision and challenge for the new provider. There is a requirement to provide increased access for local people, including four spoke clinics, one in each of the PCN areas. These spoke clinics will not offer the specialist Tier 3 services which will continue to be available at the main clinic at the Orange Rooms in Ashton-Under-Lyne. However, the spoke clinics will be able to offer level 1 and 2 services such as contraception advice and STI testing.

There is also the requirement to provide additional training of staff from the wider sexual and reproductive health system, such as primary care professionals. This will help to improve access to contraception in particular.

The service will increase its offer for particularly vulnerable groups who may not access any sexual or reproductive health services at the specialist clinic or general practice. Clinical nurse led outreach will be available to meet this demand and work in partnership with existing programmes and agencies that support vulnerable groups such as homeless, sex workers, LAC, military veterans etc.

The new provider will be asked to be a system leader, working in partnership with stakeholders such as primary care, third sector, patient groups etc. They will look at how best to work together to improve the sexual and reproductive health outcomes of Tameside residents.

We would expect that any service commissioned by Tameside MBC should aim to uphold equality, diversity and inclusion. The definitions for equality, diversity, and inclusion are as follows:

- **Equality** is making sure everyone is treated fairly and given an equitable chance to access opportunities. The notion of equality or equal opportunities is not about treating everyone the same, it's about levelling the playing field to address the different needs individuals may have, in order to achieve the same outcomes.
- **Diversity** is recognising and valuing individuals as well as group differences. It also means treating people as individuals, placing positive value on the diverse aspects they bring as a result of belonging to a certain personal cultural, linguistic religious, faith or background characteristic.
- **Inclusion** is seen as a universal human right. The aim of inclusion is to embrace all people irrespective of any of the protected characteristics giving equal access and opportunities and getting rid of discrimination and intolerance. This means removal of barriers.

A number of protected groups are vulnerable to sexual and reproductive ill health and the associated outcome such as unintended pregnancy, illness and disease. The issues to be considered for each group pf people are described in section 2b.

Section 2c goes on to explain how these impacts will be mitigated within the new service. The key actions the new service will be required to deliver:

- Improved access for local residents by offering spoke clinics for level 1 and 2 services in each of the 4 neighborhoods in Tameside. This will help reduce potential barriers such as having to travel to access the service and the time cost associated with travel.
- Improved clinical outreach, particularly for Tameside's vulnerable groups. This is of particular relevance for safeguarding Tameside's vulnerable young people, but is also relevant to vulnerable adults.

These commissioning intentions will be included and in the forthcoming tender process, with the new service beginning delivery on 1st April 2022. The KPIs and service milestones, outputs and progress will be monitored quarterly and amended as necessary.

**2b. Issues to Consider**

**Age** Relevant issues for young people include potential travel, costs, times venues are available and how information is available. Young people are proportionately more likely to access specialist SRH services that other age groups. The under 18s conception rate in Tameside is much higher than in England, suggesting a greater need for effective contraception.

**Disability** This broad category includes people with physical and sensory impairments, mental health problems and long-term conditions (including learning disabilities). There is no need for a person to have a medically diagnosed cause for their impairment. Relevant issues include potential travel, costs, and times venues are available and how information is available. For certain groups, changes of venues and personnel will have a more profound impact than for some other groups. There may also be issues about the need for some people to be able to access services in their own home and this will require an understanding of the impact of this on individuals.

**Ethnicity** Race describes physical characteristics, while ethnicity encompasses cultural traditions such as language and religion, playing pivotal and socially significant roles in individual's lives. These aspects of our identity inform how we see ourselves and the world, how others see us, and how we relate to each other. There are a number of relevant issues including cultural barriers to accessing services especially for women. Some women, including Refugees and Asylum seekers, may require to be seen by female health professionals. Language barriers and general lack of information for these groups is also relevant. Female Genital Mutilation (FGM) is also an issue of concern. Sexual health services are advised to ensure that HIV tests are offered and recommended to all eligible attendees, especially MSM, black Africans and

attendees born in countries with a diagnosed HIV prevalence >1%. However, fewer people in Tameside who were eligible to be tested for HIV, were tested compared to the average for England.

**Sex** The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in all settings was lower in Tameside compared to England. The total abortion rate in Tameside is also higher than in England, indicating an unmet need for contraception. Also there may be a delay in access to emergency contraception is if is not available from all pharmacies, or if a qualified pharmacists was not available.

**Religion or belief** For some communities there are strong religious beliefs and practices that may mean, for example, there additional support needed when faced with issues of pregnancy abortion, contraception, female genito-mutilation or HIV.

**Sexual orientation** It is estimated that between 5 and 10 percent of the UK population define themselves as gay and lesbian. It is recognised that people who are lesbian, gay or bisexual may experience prejudice, discrimination and disadvantage as a result of their sexual orientation. Research shows that sexual orientation and gender identity play an important role in health inequalities, resulting in poor experience in the provision, and take up of health services by the LGBT community. Research also shows that due to fear of discrimination, homophobia and ignorance; older gay, lesbian and bisexual people are five times less likely to access services than the general older population. The LGBT+ community can sometimes feel that services do not understand their specific needs and requirements, so a more inclusive, sensitive and understanding approach is needed. However, sexual health services are advised to ensure that HIV tests are offered and recommended to all eligible attendees, especially MSM, black Africans and attendees born in countries with a diagnosed HIV prevalence >1%. However, fewer people in Tameside who were eligible to be tested for HIV, were tested compared to the average for England.

**Gender reassignment** Data relating to gender identities is not well understood. The Equality Act 2010 provides a legal framework to protect the rights of individuals with 'protected characteristics' and advance equality of opportunity for all. To be protected, there is no need to have undergone treatment or surgery and the person can be at any stage in the transition process – proposing to, or undergoing a process to reassign your gender, or have completed it. Relevant issue may relate to accessible venues where individuals feel safe and understood. Lack of these can lead to increased physical problems and mental health issues.

**Pregnancy and maternity** A key issue can be waiting times for access to some services, or ensuring contraception, especially long term contraction, is available before the post-natal period ended.

**Marriage and civil partnership** Covered by other characteristics and no legal issues.

**Carers** Being a carer can be rewarding and fulfilling. However, it can also be physically and emotionally exhausting and can lead to negative health consequences, as well as social isolation. Being a carer may also make accessing services more difficult, as it may be harder to commit to activities and sessions. Carers may be impacted upon because of transport and timing of clinics etc.

**Military Veterans** Specific groups of veterans may also have different health needs. For example, there is evidence that: older veterans (those born before 1960) appear to be at higher risk of smoking-related cancers and cardiovascular diseases; and veterans who left service early appear to be at higher risk of a range of poor outcomes, including mental illness, alcohol and substance misuse, homelessness, and unemployment. Relevant issues relate to cost, travel, disability and the mental health, all of which may reduce the ability of military veterans to access centralised specialist hubs.

**Breast feeding** Services should be breastfeeding friendly. Other issues are covered by other characteristics.

**Socio-economic deprivation** Tameside population has areas where the population is at higher risk of social issues such as unemployment, poverty, poor housing and debt. These can lead to low mental and physical wellbeing, in addition to a higher risk of engaging in unhealthy and risky behaviours, which has further negative impacts on mental and physical health. So along with possible increased demand, there are barriers to accessing services such as services close to home and cost of travel.

**Homeless** Relevant issues relate to cost, travel, disability and mental health, as well as barriers to accessing health and social care services caused by not having a fixed address.

**Looked after, and vulnerable, children and young people** Looked after and vulnerable children are more likely to have access issues relating to cost and travel compared to other children and young people. In addition, they are more vulnerable to safeguarding issues. It is important that they receive holistic sexual health services to prevent STIs and unintended pregnancies, but that they also receive effective support to keep them safe from harm.

**Sex workers** Sex workers can experience stigma and discrimination and the focus of services can often be HIV and STI testing, rather than comprehensive SRH services. Stigma has also been found to prevent sex workers from accessing care and support, because of fears and experiences of being judged or reported to the authorities.

**2c. Impact/Relevance**

**Age** – The aim of the new service is improve access for all, which will result in improved access for young people. This will be achieved by setting up spoke clinics in each neighbourhood area, increasing clinical outreach provision, and improving access to contraception in particular. The new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including young people.

**Disability** – The new service will be committed to ensuring the protections of the Disability Discrimination (Amendment) Act 2005. The aim of the new service is improve access for all, and although the service is not specifically defined as being for people with disabilities, the service will give support and makes reasonable adjustments. The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. This will be achieved by setting up spoke clinics in each neighbourhood area and increasing clinical outreach provision. It is expected that the clinical outreach will work in partnership to address the sexual health needs of protected and vulnerable characteristic groups such as disabled people. However, assessment of the location to the needs of the person will be given consideration e.g. ramp access, toilet facilities, parking, noise levels. It is also important to consider appointment times and length of the appointment.

**Ethnicity –** Although the new service aims to improve access for all, however, the new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including people from Black African communities and is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The outreach function (clinical and non-clinical) will look to improve access from those from BAME communities generally, but specifically the Black African community.

**Sex** - The new service will continue to provide support regardless of sex, however it is mostly women that seek access for contraption and the new service seeks to improve the availability of

effective contraption by providing more local clinics and increasing the training available to professionals.

**Religion or belief** - The new service will provide support regardless of religion or belief. To improve accessibility for people from all religions, some communities may need gender-sensitive support, for example, providing women-only sessions or groups.

**Sexual orientation** – The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc, and is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including MSM. The new service will work with organisations such as the LGBT Foundation to ensure the service is meeting the needs of the local population.

**Gender reassignment** – The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The new service will be accessible to people of all gender identities. It will be respectful when using pronouns to ensure they are consistent with how the person identifies.

**Pregnancy and maternity –** Improved access and outreach will help new mothers access sexual health services, such as effective contraception as appreciate. There are no anticipated negative impacts as a potential change in provider.

**Marriage and civil partnership -** The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The new service will see everyone, regardless of marital or civil partner status. There are no anticipated negative impacts as a result of the potential change in provider.

**Carers -** The new service is expected to continue to see carers and further develop links with other services and work in partnership, e.g. with Tameside Carers' Centre, and therefore may have a positive impact on this characteristic.

**Military Veterans -** The new service will see everyone, including military veterans. The outreach functions (clinical and non-clinical) will align to the principles of the Tameside Armed Forces Covenant and the new service will make stronger links and work in partnership with Tameside Armed Forces Community (TASC) to ensure it is meeting the needs of this group.

**Breast feeding -** The new service will see everyone, including breastfeeding women. There are no anticipated negative impacts as a result of the change of service. The service will have an awareness of where it is delivering sessions, and will support women to breast feed.

**Socio-economic deprivation –**The new service will be proactive in targeting services to areas of deprivation when choosing sites for its spoke clinics and directing its clinical and non-clinical outreach.

**Homeless** The new service will see everyone, including homeless people. Barriers to services are of particular relevance to this vulnerable group. The outreach functions (clinical and non-clinical) will seek to link with existing agencies to work with homeless people and better meet the needs of this group.

**Looked after, and vulnerable, children and young people** - The provider will ensure that members of staff are aware of their legal responsibilities in relation to safeguarding children and young people aged 13-15 and for children aged 12 and under as described in the Sexual Offences Act 2003 including the provisions relating to Abuse of a Position of Trust. They will raise safeguarding concerns and work with key safeguarding partners. This will be an essential part of the clinical outreach function.

**Sex workers -** The new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including people selling sex.

| **2d. Mitigations** *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)* | |
|---|---|
| Assess providers ability to give fair and equitable access | A core function of the new service will be its ability to engage with people at high risk of sexual health inequalities. This will be assessed through the tender process, including assessment of their ability to give fair and equitable access to people with protected characteristics. This will review how they would identify and remove barriers in order to be inclusive; and how they will reach out to those at risk of/experiencing sexual health inequalities. |
| Ensuring equitable access to services | The Equality Impact Assessment is an ongoing process that will be reviewed regularly at Contract Performance meetings. |
| Ensuring positive outcomes are maintained | Any positive impacts that are identified will be recorded, and monitored. |
| Any negative equalities impacts are continuously identified throughout the procurement and contract period | Any negative impacts that are identified will be recorded, and appropriate action is taken to address these |

**2e. Evidence Sources**

Contract monitoring report MFT, 2019/20

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Tameside Patient Engagement Network Report, February 2020. https://www.tameside.gov.uk/TamesideMBC/media/democraticservices/PEN-Report-Feb-2020.pdf

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Age UK. Transgender issues and later life. Available online at: https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16_transgender_issues_and_later_life_fcs.pdf

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Tameside MBC. Tameside's partnership approach to improving recording of military service in primary care records. Available online at: https://www.tameside.gov.uk/TamesideMBC/media/EmploymentandSkills/TASC-GP-Recording-of-Military-Service-document-2019-V4_2.pdf

Tameside MBC. Tameside Carer's Centre. Available online at: https://www.tameside.gov.uk/carers/centre

Thomson R. and Katikireddi S (2019) Improving the health of trans people: the need for good data. Lancet; 4(8)

The Global Network of Sex Work Projects (NSWP) Sex workers' access to comprehensive sexual and reproductive health services. https://www.nswp.org/sites/nswp.org/files/cg_sws_access_to_comp_srh_-_nswp_2018.pdf

Sanders, T., Cunningham, S., Platt, L., Grenfell, P. and Macioti, P.G. (2017) Reviewing the occupational risks of sex workers in comparison to other 'risky' professions. https://www2.le.ac.uk/departments/criminology/people/teela-sanders/BriefingPaperSexWorkandMentalHealth.pdf

| **2f. Monitoring progress** | | |
|---|---|---|
| **Issue / Action** | **Lead officer** | **Timescale** |

| | | |
|---|---|---|
| Ensuring equitable access to services<br>Ensuring positive outcomes are maintained | James Mallion, Pamela Watt, Linsey Bell | Quarterly |
| Any negative equalities impacts of the proposal are continuously identified throughout the procurement and contract period – any negative impacts are identified and appropriate action is taken to address these | James Mallion, Pamela Watt, Linsey Bell | Ongoing |

| **Signature of Contract / Commissioning Manager** | **Date** |
|---|---|
| | |
| **Signature of Assistant Director / Director** | **Date** |
| | |