Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 29 September 2021

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)

Clinical Lead: Dr Jane Harvey – GP and Tameside Sexual Health Clinical Lead

Reporting Officer: Dr Jeanelle de Gruchy, Director of Population Health

James Mallion, Consultant in Public Health

Subject: **TENDER FOR THE PROVISION OF A CHLAMYDIA AND GONORRHOEA SCREENING SERVICE**

Report Summary: This report outlines the proposed approach to the re-commissioning of a Chlamydia and Gonorrhoea Screening Service with an annual budget of £34,539-£44,802. The paper seeks authorisation to tender the Service for a new contract to start on 1 April 2022 for a period of three years. The total contract value over the three year period is £103,617-£134,406.

The Council will co-commission this service with Trafford MBC and Stockport MBC. Other Greater Manchester Local Authorities may also join this tender process, with Trafford MBC acting as the lead commissioner via a legally binding Inter-authority Agreement we will put in place. We are working with STAR procurement to re-tender the Service.

Recommendations: That Strategic Commissioning Board be recommended to:

(i) Give approval to tender the Chlamydia and Gonorrhoea Screening Service in Tameside to commence 1 April 2022 for a three year period, plus the option of a two year extension, dependent on a review of the Service during year 2 (2023/24) to ensure adequate performance and outcomes achieved. The contract term will include a termination period of six months.

(ii) Give approval to award the contract following the completion of a compliant tender exercise , subject to compliance with the Council's Procurement Standing Orders

(iii) Give approval to enter into an Inter-authority Agreement, as advised by STAR procurement, with Trafford MBC.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	Within Baseline Budgets
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons
The financial implications outlined in this paper will be to continue to invest in the delivery of a chlamydia and gonorrhoea screening service with annual costs of £35k-£45k. The current provision in place was done last year via a short-term contract that was awarded directly under COVID regulations due to the pandemic circumstances. The tender process will allow TMBC to procure a new longer term contract with more favourable terms and conditions. Recurrent budgets are already in place for this service and the results from the tender may release future savings.
Additional Comments Recurrent financial savings have already been identified from the NCSP budget: £15,000 per year from 2020/21. Tendering for this Service will ensure these savings are maintained as value for money will receive a high weighting within the tender process.

Legal Implications:

(Authorised by the Borough Solicitor)

The reasons for the procurement of service are set out in the main body of the report.

The project officers should ensure that advice is sought from STAR in relation to the expiry of the current contract and the procurement exercise to ensure that it is compliant with relevant legislation and internal procedures.

As it is proposed that the new contract term will be for 5 years advice should be sought from STAR to ensure that there are provisions within the contract terms to ensure continued delivery of good value for money for the whole of the contract term.

The contract will also require active contract management to ensure consistent service delivery and also continued value for money. Advice should be sought from STAR to ensure that there are clear and measurable KPIs in the contract to ensure this.

Whilst it is expected that there will be a collaborative working relationship with the other local authorities it is still advisable, as set out in the main body of the report, for there to be an inter authority agreement to ensure that all the authorities share any risk of liabilities equally should the need arise.

How do proposals align with Health & Wellbeing Strategy?

The proposals link with a several priorities in the Health and Wellbeing Strategy, in particular the Starting Well and Developing Well programmes.

How do proposals align with Locality Plan?

The proposals will support the locality plan objectives to:

1.1.1 Improve health and wellbeing for all residents

1.1.2 Address health inequalities

1.1.3 Protect the most vulnerable

1.1.4 Provide locality based services

How do proposals align with

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving

the Commissioning Strategy?	population health particularly: **1.1.5** Early intervention and prevention **1.1.6** Encourage healthy lifestyles
Recommendations / views of the Health and Care Advisory Group:	n/a
Public and Patient Implications:	The recommendations will ensure continued access to a national programme for chlamydia screening which aims to improve health and wellbeing and reduce inequalities.
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 a Chlamydia and Gonorrhoea Screening Service has a positive effect on health inequalities. The Service is delivered in part via groups and agencies that work with our more vulnerable young people, thereby helping to reduce health inequalities. Recently announced changes to the National Chlamydia Screening Programme will place a greater focus on testing for women as they are at greater risk of harm from infection.
What are the Equality and Diversity implications?	An Equality Impact Assessment has been undertaken. The Service will target sexually active young people aged under 25 years, with a primary focus on women. However, the Service is available regardless of sex, gender, race, disability, sexual orientation, religion or belief, pregnancy and maternity, and marriage and civil partnership. The Service in particular targets vulnerable young people to address health inequalities.
What are the safeguarding implications?	Any provision of sexual health related services have an important role in identification and response to abuse. The Service will be linked into the Child Sex Exploitation and Domestic Abuse services and will have pathways to safeguard children and vulnerable adults. Where safeguarding concerns arise the Safeguarding Policy will be followed.
What are the Information Governance implications?	As a large amount of personal identifiable data and special category data will be collected by the provider, a Data Protection Impact Assessment (DPIA) will be completed and appropriate data processing agreements/schedules will included in the contractual documents to ensure compliance with UK GDPR and the DPA 2018.
Has a privacy impact assessment been conducted?	A privacy impact assessment has not been carried out.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health. Telephone: 07970946485 e-mail: james.mallion@tameside.gov.uk

1. INTRODUCTION

1.1 This report is seeking authorisation to tender the provision of a Chlamydia and Gonorrhoea Screening Service to start on 1 April 2022.

2. IMPACT OF CHLAMYDIA AND GONORRHOEA IN TAMESIDE

2.1 Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in England and prevalence is highest in young sexually active women (15 to 24 year olds). The chlamydia detection rate per 100,000 young people aged 15-24 years in Tameside was 1,878 in 2019, similar to the rate of 2,043 for England.

2.2 Chlamydia infection is often asymptomatic: around 70% to 80% of people with chlamydia will be unaware that they have the infection, but if left untreated, it can have serious health complications in women including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI). Complications in men are much rarer and an infection will often resolve without treatment in those who are asymptomatic. Of those women with untreated chlamydia, 10 to 17% will develop PID and 35% of PID in women aged 16 to 24 is attributable to chlamydia.

2.3 Gonorrhoea is the second most common bacterial STI. The rate for gonorrhoea diagnoses in Tameside per 100,000 was 114, similar to the rate of 124 in England. However, the rate is increasing locally and nationally.

2.4 Gonorrhoea can also often be asymptomatic, with around 1 in 10 infected men and almost half of infected women not experiencing any symptoms. Gonorrhoea can lead to serious long-term health problems including pelvic inflammatory disease (PID) in women (infection of the womb) that may result in infertility and infection in the testicles in men. There are also newly emerging cases of drug resistant gonorrhoea, which makes gonorrhoea much harder to treat.

2.5 Chlamydia and gonorrhoea can be detected and treated easily and screening can reduce the risk of complications for an individual. Women who have a chlamydia screen have a 36% lower risk of developing pelvic inflammatory disease compared to those who have not.

3. NATIONAL CHLAMYDIA SCREENING PROGRAMME (NCSP)

3.1 The National Chlamydia Screening Programme (NCSP) was implemented on a phased roll-out basis in 2003, with national implementation by 2008. The aim was to prevent onward transmission and the harms of chlamydia though early detection and treatment.

3.2 Updated NCSP guidance was published in June 2021. The aim of the NCSP has changed from screening wider groups of younger people in order to reduce the prevalence of infection, to focus on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services (i.e, the purpose of the NCSP) will focus on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting. These changes will mean the programme will be better able to maximise the health benefits.

3.3 This change will bring the NCSP in line with the assessment by the English NCSP Evidence Review of the best available evidence.

3.4 The NCSP, which offers opportunistic screening for chlamydia, is one part of a wide range of sexual health interventions. Work on a new Sexual and Reproductive Health Strategy for England is underway, led by Department of Health and Social Care (DHSC).

4. COMMISSIONING OF CHLAMYDIA AND GONORRHOEA SCREENING IN TAMESIDE

4.1 Tameside MBC has a responsibility to commission open access sexual and reproductive health services, which is a mandated function (Health & Social Care Act 2012), as well as the NCSP, which has mandatory requirements.

4.2 The Chlamydia and Gonorrhoea (C&G) Screening Service helps Tameside deliver the NCSP.

4.3 Gonorrhoea is tested for in addition to chlamydia, due to the harms caused by untreated infection and the rising rates of gonorrhoea in Tameside.

4.4 The RUClear Programme from Manchester NHS Foundation Trust was previously commissioned across Greater Manchester (GM) to provide chlamydia and gonorrhoea (C&G) screening and meet the NCSP requirements. This contract was due to end in June 2020, however the Service ceased with immediate effect in March 2020 due to the impact of the Covid-19 pandemic on laboratory and staff capacity.

4.5 Permission was sought and given by the Strategic Commissioning Board (SCB) in January 2021 to directly award a Covid-19 Emergency Contract Award for C&G screening to Brook to commence immediately for a period of 11 months. This included a 20% recurrent saving (£15,000) for this Service going forward. This arrangement was entered into alongside Trafford and Stockport local authorities with Trafford acting as the lead commissioner.

4.6 In November 2020 the contract with Brook was further extended to end 31 March 2022. This was approved via STAR and Trafford Council's legal department only, as the value of the contract was below threshold for needing SCB approval.

4.7 The rationale for this extension was:

- Good performance of the Service provided by Brook
- To await new national guidance on changes to the NCSP to be incorporated into the specification for the new Service. Initial information on these changes has only just been released during the summer of 2021.
- To align the C&G Screening Service contract term to other GM local authorities to give the opportunity for collaborative commissioning, service delivery and monitoring, which would benefit all parties in terms of better of value for money and effective use of resources. There is interest from Oldham, Bury and Rochdale to enter into a joint arrangement.
- To align with timescales for the main Integrated Sexual Health Service tender for Oldham, Rochdale, Bury, Stockport and Tameside, as providers bidding for that tender may be interested in incorporating C&G screening into their offer.
- To ensure Service continuity while a robust tender process is worked through.

4.8 Within the January 2021 SCB paper was set out the longer-term intention to go out to tender for C&G screening once market conditions stabilised after the initial impact of COVID, allowing for a full tender exercise.

5. CURRENT CHLAMYDIA AND GONORRHOEA SCREENING SERVICE IN TAMESIDE

5.1 The Service contributes to the prevention and control of STIs among young people under the age of 25 by ensuring that asymptomatic young people can obtain an opportunistic screen for C&G.

5.2 The Service arranges for:

- distribution and return of test kits
- laboratory processing of samples

- results notification
- treatment for patients diagnosed with an infection
- partner notification
- follow up with all patients diagnosed with an infection to confirm that the patient has received treatment.

5.3 Home self-sampling test kits are mainly available to order from the Brook website, but can also be accessed via key local young people agencies such as YOUthink, school nursing, CGL Branching out etc.

5.4 The Service also has responsibility to produce, publish and distribute promotional materials and patient information materials to advertise the Service and to encourage young people to obtain an opportunistic screen.

5.5 The Service is required to upload specified datasets to the HIV/STI portal in line with national reporting requirements.

5.6 The Service under the current providers has been running since January 2021. Between January and June 2021 (inclusive) Brook have issued 608 kits to Tameside residents, with a return rate of 26% and a positivity rate (of kits returned) of 12.6% for chlamydia and 2.5% of gonorrhoea. This compares to a national/regional positivity rate of 10%/11%, demonstrating that current provider is targeting the Service appropriately.

5.7 However, activity is low due to the previous provider abruptly ending the Service due to COVID resulting in a gap in Service delivery between March 2020 and December 2020, and low levels of publicity.

5.8 The current provider has delivered the Service with increased value for money compared to the previous Service, meaning that we were able to take £15k of recurrent savings from this budget line.

6. PROPOSED SERVICE MODEL

6.1 The new C&G Screening Service will continue to prevent and control the spread of sexually transmitted infections in young people by providing asymptomatic C&G screening for young people (under 25) mainly via an online ordering system and local agencies.

6.2 The Service specification for the new tender will remain largely unaltered, other than the focus of the NCSP delivery changing from all young people under the age of 25, to women under the age of 25 in order to prioritise harm reduction, as per the updated NCSP guidance outlined in section 3. Men will continue to be tested as part of contact tracing pathways, and when appropriate as budget allows. The current provider has male:female:unknown ratio (of returned kits) of 74%:23%:3%.

6.3 The Service will ensure that any residents diagnosed with infection will receive the appropriate treatment either via local pharmacies or the local specialist sexual health service.

6.4 The Service will take responsibility for the full diagnosis and management pathway including all laboratory services, results management, treatment, partner notification and data reporting.

6.5 The Service will have a website to access this screening, which the Service will be responsible for promoting.

7. PROCUREMENT PROPOSAL

7.1 This report provides a value for money option for the delivery of a C&G Screening Service that supports the NCSP and returns longer-term savings due to reduced health complications for young people, and young women in particular.

7.2 This paper seeks permission to retender the C&G Screening Service in Tameside, which encompasses the NCSP offer, in a joint contract with Stockport and Trafford MBCs as a minimum, with Trafford MBC being the lead commissioner.

7.3 It is proposed that this will be for a contract period of three years (1 April 2022-31 March 2025), with the option to extend for a further two years, dependent on a review of the performance and outcomes achieved by the Service in year 2 (2023/24). The contract term will include a termination period of six months. This term is based on advice from STAR procurement and the start date of this contract aligns with the commencement of the main Integrated Sexual and Reproductive Health Service which has already gone out to tender for services starting on 1 April 2022, with a contract length of 5 years, plus the option to extend for a further 5 years.

7.4 STAR procurement is providing support and advice during this tender process.

7.5 In terms of cost, this is a needs-led, tariff based service, with an annual value of £34,539-£44,802. This already reflects a recurrent 20% (£15,000) saving from the overall amount allocated for this Service in the Population Health budget going forward.

7.6 Funding for the C&G Screening Service will continue to form part of the Public Health Grant allocation.

8. VALUE FOR MONEY

8.1 Recurrent financial savings have already been identified from the NCSP budget: £15,000 per year from 2020/21.

8.2 Tendering for this Service will ensure these savings are maintained as value for money will receive a high weighting within the tender process.

8.3 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.

9. ALTERNATIVES CONSIDERED AND DISCOUNTED

9.1 Various options for the procurement process have been considered and discussed and Commissioners have followed the advice given by STAR procurement. It is felt that the procurement proposal described above will give the best combination of flexibility, innovation, value for money and delivery, and therefore this is the recommended approach.

9.2 **Cease Delivery** - As the provision of the NCMP programme is a responsibility of Local Authorities, to cease the provision of this Service at the end of the current contract period would mean Tameside MBC would not be fulfilling our mandated responsibilities around

sexual & reproductive health. This approach would also be highly detrimental to health outcomes in our population in Tameside.

9.3 **Reduce Contract Value** - The option to reduce the financial investment in this Service has been considered. However, as there has already been a 20% saving identified from this budget in the current financial year, further reductions are likely to have a detrimental impact on the scope and quality of the Service able to be delivered. This needs to be considered in addition to the relatively low amount of spend per head on sexual health services in Tameside compared to other areas as described in section 8.

10. EQUALITIES

10.1 It is not anticipated that there are any negative impacts on equality and diversity as a result of this proposal. The changes to the NCSP guidance has already been considered by PHE and is reflected within the Tameside Equality Impact Assessment, which is in progress. This is a live document, which will continue to be updated on an ongoing basis. See **Appendix 1.**

11. CONCLUSION

11.1 The current contract for delivery of the NCSP in Tameside comes to an end on 31 March 2022. The above report outlines the proposals for the tender for a new Service commencing from 1 April 2022, supported by our aims to continue promoting good sexual health and reducing health inequalities amongst our young people.

12. RECOMMENDATIONS

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

APPENDIX 1

Subject / Title	Sexual & Reproductive Health Offer

Team	**Department**	**Directorate**
Health Improvement	Population Health	Population Health

Start Date	**Completion Date**
August 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 current Chlamydia and Gonorrhoea (C&G) Screening Service offers C&G testing to asymptomatic young people under the age of 25 years. The service also delivers the National Chlamydia Screening Programme (NCSP) which screens the general population of young people young people (aged under 25 years) for chlamydia. The NCSP guidance was updated in June 2021 to target women only. The C&G Screening Service is being retendered. The service specification for the new tender will largely remain the same, other than being updated to reflect the new NCSP guidance.
1b.	**What are the main aims of the project, proposal or service / contract change?**	The C&G Screening Service contributes to the prevention and control of STIs among young people under the age of 25 by ensuring that sexually active asymptomatic young people can obtain an opportunistic screen for C&G. The aim of the updated NCSP is to reduce the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services (i.e, the purpose of the NCSP) will focus on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting. These changes will mean the programme will be better able to maximise the health benefits.

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 is no change to the age group the service is targeting.
Disability			✓	There is no change to how people with a disability will access the service.
Ethnicity			✓	There is no change in how people from different ethnic groups access the service.
Sex	✓			There is major changes to how people of different sex will can access the service. Men, including transgender women and non-binary people (assigned male at birth), will no longer be targeted via the NCSP.

Religion or Belief			✓	There is no change in how people with different religions or beliefs access the service.
Sexual Orientation		✓		There is no direct change on how people access the service based on sexual orientation, but there will be indirect impact for men who have sex with men (MSM) due to their sex.
Gender Reassignment	✓			Transgender women will no longer be targeted via the NCSP.
Pregnancy & Maternity			✓	There is no change in service for this group of people.
Marriage & Civil Partnership			✓	There is no change in service for people with different marriage or civil partnership status 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			✓	There is no change for people with mental health issues.
Carers			✓	There is no change for people based on their carer status.
Military Veterans			✓	There is no change in service for people based on their military service.
Breast Feeding			✓	There is no change for people that are breastfeeding.

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**
Non-binary	✓			Non-binary people (assigned male at birth), will no longer be targeted via the NCSP.

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.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
		✓	
1e.	**What are your reasons for the decision made at 1d?**	The focus of the NCSP aspect of the new C&G Screening Service is being changed from all young people, to just women. As this means there will be a direct impact/relevance 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 current Chlamydia and Gonorrhea Screening Service, provided by Brook, contributes to the prevention and control of Sexually Transmitted Infections among young people under the age of 25 by ensuring that sexually active asymptomatic young people can obtain an opportunistic screen for C&G. The Service arranges for distribution and return of self-sampling test kits, laboratory processing of samples, results notification, treatment for patients diagnosed with an infection, partner notification, follow up with all patients diagnosed with an infection to confirm that the patient has received treatment.
The service also encompasses the delivery of the National Chlamydia Screening Programme (NCSP) which previously focussed on screening the general population of young people (aged under 25 years) for chlamydia in order to reduce the prevalence of infection.

Chlamydia infection is often asymptomatic: around 70% to 80% of people with chlamydia will be unaware that they have the infection, but if left untreated, it can have serious health complications in women including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI). Complications in men are much rarer and an infection will often resolve without treatment in those who are asymptomatic. Of those women with untreated chlamydia, 10 to 17% will develop PID and 35% of PID in women aged 16 to 24 is attributable to chlamydia.

Chlamydia can be detected and treated easily and screening can reduce the risk of complications for an individual. Women who have a chlamydia screen have a 36% lower risk of developing pelvic inflammatory disease compared to those who have not.
An Expert Peer Review Group (EPRG) considered the evidence regarding chlamydia infection and control and recommended changes to the NCSP. The result is a change in focus from aiming to reduce the prevalence of chlamydia infection to preventing adverse consequences of untreated chlamydia infection and harm reduction.
Harmful effects of chlamydia occur predominately in women, so this means focusing on identifying and treating infections in young women as early as possible in order to maximise health gain and discontinuing the offer of opportunistic screening to young men outside sexual health services.
The updated NCSP guidance was published in June 2021.
The C&G Screening service is now being retendered with a contract start date of 1st April 2022. The contract length will be 3 years, will the option to extend for a further 2 years. The service specification for the new tender will largely remain the same, other than being updated to reflect the new NCSP guidance.
Services commissioned by Tameside Council need to be consistent with the law and our obligations under the public sector equality duty across all nine protected characteristic groups. The nine protected characteristic groups are – race / ethnicity, sex, disability, age, sexual orientation, religion & belief, sex reassignment, pregnancy & maternity, and marriage & civil partnership.
The tender process will set out this expectation and potential providers and compliance with the obligation under the equalities act is monitored throughout the duration of the contract.
A number of protected groups will be affected by the change in focus. The issues to be considered for each group of people are described in section 2b. Section 2c goes on to explain the impact, and section 2d how this can be mitigated.
The key method of mitigation is to ensure clear and consistent communication and marketing amongst this service, the wider sexual and reproductive health services and professionals to ensure men are clear where to access good quality sexual health services and understand their responsibilities in regard to sexual health, and to ensure the people from trans and non-binary communities still access quality sexual health services and do not feel excluded.
References to women in this EIA include cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

2b. Issues to Consider

Sex
It is against the law for a service to discriminate against someone on the grounds of any 'protected characteristic' including sex. However, there are some exceptions under the Equality Act 2010. The Act states it is lawful to provide separate services for men and women if:

- a joint service for persons of both sexes would be less effective
- the extent to which the service is required by persons of each sex makes it not reasonably practicable to provide separate services

There is no consistent evidence that screening of both men and women at the levels that can be feasibly achieved has measurably reduced the prevalence of chlamydia infection in the population.

Chlamydia infections are concentrated in men with more partners, but infection will often resolve without treatment in those without symptoms, so men who have chlamydia are at much lower risk of harm. In comparison, infections are more evenly distributed across levels of risk amongst women and harmful effects of chlamydia occur predominately in women. Therefore the health benefit of offering opportunistic screening only to young women outside of specialist sexual health services is a lawful, evidence based and proportionate means to achieve the aim of reducing the harm from untreated chlamydia.

Young men who are partners of women testing positive for chlamydia through the screening programme will be tested and treated through the partner notification process.

Sexual orientation.

Excluding men from NCSP would disadvantage young MSM more than heterosexual young men as rates of STIs are higher amongst MSM than heterosexuals.

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.

Transgender men and non-binary (assigned female at birth) people may be at the same risk of reproductive health harm as cisgender women however, professionals may misinterpret or misunderstand 'women only'.

The new NCSP programme does not include transgender women and non-binary people (assigned male at birth) as they do not experience the same level of harm from untreated chlamydia as cisgender women.

2c. Impact/Relevance

Sex
References to women includes cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.
An opportunistic offer of chlamydia screening outside sexual health services could be considered an unnecessary burden for young men when the majority of harm from untreated chlamydia exists in women. Removing this aspect from the programme could have a positive impact on young men, reducing their potential anxiety about chlamydia infection. In addition, high risk males will be

targeted through partner notification, which would find more infection than a non-selective population screening approach. This process should be improved as part of the proposed changes.
However, excluding men also reduces the reduced likelihood to be diagnosed with, and/ or treated for, chlamydia and will result in fewer opportunities to engage in their sexual health and provide them with information about wider range of services available, undermining young men's role and responsibility in achieving good sexual health. This may have negative impacts on their health seeking behaviour and lead to reduced access to specialist sexual health services.
The re-prioritisation of resources away from opportunistically screening young men to screening women, improving partner notification and re-testing of those found to be positive, is expected to reduce the rate of progression to reproductive health harms, thereby maximise the health gain from the programme for women.
The improved cost effectiveness of the programme will reduce likelihood of disinvestment in the programme which would adversely affect women.
On the other hand, the changes to the NCSP could place the burden of responsibility for young people's sexual health on young women and in turn increase stigma for young women.

Sexual orientation

MSM are less likely to be screened for chlamydia as a result of the changes. However, having a chlamydia only screen may miss other STI infections. Opportunities to engage with MSM may also be reduced, leading to less referrals to specialist sexual health services where a full STI screen can be offered
Conversely, removing the option of a chlamydia-only screen may encourage MSM to seek a full STI screen as recommended, thereby advancing their equality of opportunity.

Gender reassignment

Transgender men and non-binary (assigned female at birth) people might not be offered screening opportunistically or face barriers if they ask for a test. They may also feel that a service that they are eligible for is inappropriately worded as being for 'women'.

The proposed policy focuses on reproductive harms of untreated chlamydia and therefore does not include transgender women and non-binary people (assigned male at birth) as they do not experience the same level of harm from untreated chlamydia as cisgender women. However, it is noted that in practice they may be offered a chlamydia screen.

2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)	
Sex	The new provider, and the wider sexual health system that includes the specialist sexual and reproductive health provider, will continue to raise awareness that good sexual health is the responsibility of all young people, including by engaging with young men through a variety of different mechanisms such as Relationships and Sex Education and condom distribution schemes. Chlamydia testing will still be available to young men through sexual health services and specialist sexual health services, and this needs to be communicated clearly to all stakeholders, including users. Young men will continue to be contacted and tested through partner notification procedures. PHE will support work to raise awareness that good sexual health is the responsibility of all young people. Within the new C&G Screening Service specification, it is highlighted that men will continue to be tested within the C&G programme as part of contact tracing pathways, and when appropriate as budget allows.
Sexual orientation	MSM will be encouraged to seek a full STI screen through provision of guidance and promotional material and through other relevant interactions with MSM. Professionals will also be reminded to encourage young MSM to seek a full STI screen Communications should include MSM who don't identify as gay or bisexual.
Gender reassignment	It should be made clear in any guidance and public facing communications, as well as to professionals, that the programme's aim is to reduce reproductive

	health harm, communicating that transgender men and non-binary people (assigned female at birth) are eligible for this service. Anyone of any gender who is concerned they might be at risk of chlamydia or other STIs will be encouraged to contact their local sexual health service or GP for professional health advice about whether to get tested. Learning should be sought from experience in other areas of healthcare such as cervical screening.
Ensuring equitable access to services	The Equality Impact Assessment is an ongoing process that will be reviewed regularly at Contract Performance meetings. Services need to be designed with accessibility in mind, so that they are delivered in a way that is consistent with the law and our obligations under the public sector equality duty across all nine protected characteristic groups. The nine protected characteristic groups are – race / ethnicity, sex, disability, age, sexual orientation, religion & belief, sex reassignment, pregnancy & maternity, and marriage & civil partnership. There is an expectation that services commissioned by the council comply with its obligations under the equalities act. The terms and conditions issued to contracted services clearly outline this expectation. Compliance with the obligation under the equalities act is monitored throughout the duration of the contract.
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

PHE (2021) Summary profile of local authority sexual health (SPLASH), Tameside
https://fingertips.phe.org.uk/profile/sexualhealth/data#page/13/gid/8000057/pat/6/par/E12000002/ati/202/are/E08000008/iid/90742/age/1/sex/4/cid/4/tbm/1

Disability Discrimination (Amendment) Act 2005
https://www.legislation.gov.uk/ukpga/1995/50/contents

Public Health England (2021). NCSP: programme overview.
https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview

Public Health England (2021) Changes to the National Chlamydia Screening Programme: Information on the changes.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992294/NCSP_Information_on_the_changes_June_2021.pdf

Public Health England (2021) Changes to the National Chlamydia Screening Programme. Public Sector Equality Duty Assessment. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/995179/NCSP_Public_Sector_Equality_Duty_Assessment_June_2021.pdf

2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
Ensuring equitable access to services 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**