

CABINET

28 OCTOBER 2014

GATEWAY 1 PROCUREMENT COMMENCEMENT: SEXUAL HEALTH SERVICES RE-COMMISSIONING

Portfolio Holder: Councillor David Brake, Adult Services

Report from: Dr Alison Barnett, Director of Public Health

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SUMMARY

This report seeks permission to commence two separate procurements, one for a single provider to deliver an integrated sexual health service in Medway which includes Genito-Urinary Medicine (GUM) and Contraceptive and Sexual Health Services (CASH); the second for a contractor to carry out the refurbishment works on premises identified as a centre in Chatham.

This Gateway 1 report has been approved for submission to Cabinet after review and discussion at the Public Health Directorate Management Team Meeting on 2 October 2014 and the Procurement Board on 8 October 2014.

The Public Health Directorate Management Team has recommended that the project for the service be approved as a Category B, high risk procurement and the project for the refurbishment works be approved as a Category B medium risk procurement.

The service procurement has been given the category of high risk as these services will require development of a new clinical service model which is integrated and delivered by one service provider after previously being delivered by two providers. The service will be commissioned along with NHS England who is responsible for commissioning HIV treatment which is an integral part of sexual health services. Previous experience has found that the market is undeveloped locally.

1. Budget and Policy Framework

- 1.1 These procurements will be funded from the Public Health Grant. A price ceiling will be applied to the tariffs within the sexual health contract. The sexual health service is a mandated open access service and therefore activity levels cannot be capped.

- 1.2 Government Policy Framework:
- Public Health Outcomes Framework (PHE 2013)
 - Framework for sexual health improvement in England (DH 2103)
 - Making it work- A guide to whole system commissioning for sexual health, reproductive health and HIV (PHE 2014)
 - Contraceptive services with a focus on young people up to the age of 25 (Nice 2014).
- 1.3 Local policy framework:
Medway Council Core values and priorities
- Putting our customers at the centre of everything we do.
 - Giving value for money.
 - Children and young people having the best start in life.
 - Adults maintaining their independence and live healthy lives.

2. Background

- 2.1 Sexual health services are provided at three levels (1, 2 and 3). Levels 1 and 2 are specialist practitioner and Level 3 is a Consultant led service. Kent Community Healthcare Trust (KCHT) currently provides level 1 and 2 services. The CASH contract covers Outreach, Student Health Service and Sexual Health clinics. Level 3 GUM (Genito-Urinary Medicine) services are currently provided by Medway NHS Foundation Trust (MFT). Both providers are on rolled over contracts, which do not adequately meet the sexual health needs of Medway. The commissioning intention is to have one overall provider for both services.
- 2.2 Data collection from the providers prior to April 2013 was weak; this has improved in the past 12 months. It can now be used to begin to accurately identify the strengths and weaknesses of the service. Data is discussed at quarterly performance review meetings and has led to an improvement in service. However these improvements will not deliver fully an integrated service because of limitations in the structure.
- 2.3 Public and patient engagement has highlighted the need for an integrated service that can deliver all aspects of sexual health improvement in a “one stop shop” setting. There was consensus that adults would be willing to travel up to thirty minutes to a clinic but young people needed clinics closer to where they are (home, education or other). This would indicate that a hub and spoke model would be beneficial.
- 2.4 A Chatham town centre venue has been identified to act as an integrated Sexual Health services centre and it is anticipated that a centralised service will allow for an increase in opening hours, improve accessibility for all and ensure a full range of services are available. Other sites will be proposed by the single provider as part of the tendering process before being formally agreed with Medway Public Health.

2.5 Recent government guidance in 'Making it Work' has stated that fragmentation of services should be avoided. To that end discussions are taking place with NHS England around care for those living with HIV and for Cervical screening to ensure that, although funded by different organisations, the public will have a seamless service. Memoranda of understanding will be written to enable this.

2.6 NHS England Sexual Health Services

2.6.1 Locally commissioned NHS England sexual health services include adult HIV patients and routine cytology screening (this excludes cytology screening activity undertaken by GP practices). The national impetus is for these services to be commissioned by each local authority on behalf of NHS England through a Memorandum of Understanding (MOU).

2.6.2 Discussions are on-going as to exactly how this will work, what information needs to be in a specification, what the KPIs will be and how these will be monitored. Funding for HIV services will come from NHS England. The funding for cytology services is still being unpicked from block contracts. Funding for the performance management of both these services will be the responsibility of NHS England. Performance management processes will be agreed through the MOU.

2.7 Parent Company Guarantee

2.7.1 A parent company guarantee will be sought where applicable.

3. Procurement Dependencies and Obligations

3.1 Project Dependency

The project to refurbish the premises in Chatham to form the central service hub will be completed ready for the start of the new integrated Sexual Health service.

3.2 Statutory/Legal Obligations

3.2.1 The Council has an obligation to provide a number of health service functions set out in section 2B of the NHS Act 2006 and the Local Authorities (Public Health functions and Entry to Premises by Local Healthwatch Representatives) Regulations. Part 2 section 6 relates to sexual health provision by the local authority.

3.2.2 Local Authorities have been statutorily responsible for commissioning and delivering public services for sexual health since 1st April 2013.

4. Business Case

4.1 Procurement Project Outputs / Outcomes

As part of the successful delivery of this procurement requirement, the following procurement project outputs / outcomes within the table below have been identified as key and will be monitored as part of the procurement project delivery process.

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
1. Reduction in Under 18 Conceptions	Continued decrease in teenage pregnancies as evidenced in national and regional statistics	Medway Public Health Public Health England	Annually and on-going aiming to see a reduction in teenage pregnancies to below the national and regional averages
2. Reduction in Diagnosis of chlamydia in those aged 15-24	Increased testing for chlamydia as evidenced by national and local statistics will result in an initial increase in positive diagnoses and increase in the prevalence of chlamydia. Over time as positive cases are identified and treated the activity will reflect a reduction in the prevalence of chlamydia	Medway Public Health Public Health England	Annually and on-going monitoring of diagnosis rates aiming at a target of 2300/100,000 with the proportion of the population being screened above both national and regional averages
3. Reduction in the late diagnosis of HIV	Decrease in percentage of people diagnosed with a CD4 count of less than 350 cells cubic mm	Medway Public Health Public Health England	Annually monitoring of late diagnosis to remain below both national and regional averages
4. A community that is more aware and responsible for its sexual health	<ul style="list-style-type: none"> Prevention is prioritised Clear accessible and up to date information about services providing contraception and sexual health for the whole population Targeted information for at those at highest risk of sexual ill health or least likely to access universal services 	Medway Public Health	On-going performance management to collate both qualitative and quantitative data that evidences the outcomes

	<ul style="list-style-type: none"> • Preventative work in school and educational establishments building on the work of Student Health Services • Practitioners across the health and social care workforce trained in sexual health to an appropriate level • Practitioners having easy access to sexual health dashboards and data • Purposeful and targeted outreach to those not accessing universal services including socially disadvantaged young people 		
<p>5. Evidence based, patient centred, outcome focussed provision</p>	<ul style="list-style-type: none"> • Increased development of evidence-based practice • Patient, Public Engagement used to constantly improve services and inform new services • Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including LARC (Long Acting Reversible Contraceptive) for all age groups • A reduction in unwanted pregnancies in all ages (as evidenced by teenage conception and abortion with emphasis on repeat abortion rates) through easy and rapid access to appropriate contraceptive services • A reduction in STIs (as evidenced by annual STI prevalence data) through easy and rapid access to STI testing • Increased uptake of HIV testing with 	<p>Medway Public Health</p>	<p>On-going performance management to collate both qualitative and quantitative data that evidences the outcomes</p>

	<p>particular emphasis on first time service users and repeat testing of those that remain at risk</p> <ul style="list-style-type: none"> • Within treatment services prevention is prioritised 		
6. A healthier community	<ul style="list-style-type: none"> • Increased diagnosis and effective management of sexually transmitted infections • Effective and robust partner notification procedures • Targeted provision to tackle inequalities with improved access to services among those at highest risk of sexual ill health as identified locally and nationally • Psychosexual support and counselling • Effective pathways to psychosocial support for those living with HIV 	Medway Public Health	On-going performance management to collate both qualitative and quantitative data that evidences the outcomes
7. Completion of refurbishment works on time and within budget	Successful completion of building works within the agreed programme and budget and to the specified standard of quality	Building and Design Services	Monitored throughout the contract period and at handover and completion

4.2 Procurement Project Management

4.2.1 Category Management will manage the procurement process for both projects working with the service department and Building and Design Services

4.3 Post Procurement Contract Management

4.3.1 Sexual Health Service

Quarterly reporting against KPIs set in the service specification that includes quantitative and qualitative data, service user feedback and activity on outstanding action plans.

Quarterly review and performance management meetings

An annual report will be submitted

4.3.2 Centre Refurbishment

Building and Design Services will project manage the refurbishment works post procurement with support and clinical expertise from Public Health and Infection Control

5. Market Conditions and Procurement

5.1 Market Conditions

5.1.1 Sexual Health Service

Needs assessment and public consultation have revealed the need to alter the delivery method from a 2-tier system to fully integrated.

Nationally other local authorities are re-tendering their sexual health services often to an integrated approach

Willingness from the market for an integrated service to include a local HIV service

5.2 Procurement Process Proposed

5.2.1 Sexual Health Service

As the value of the contract for the CASH and GUM services will exceed the OJEU threshold for a services contract, this tender will follow an EU open process via the Kent Business Portal.

5.2.2 Centre Refurbishment

The procurement of the contractor to carry out the refurbishment works will be a open procedure (non-OJEU) via the Kent Business Portal

5.3 Evaluation Criteria

5.3.1 Sexual Health Service

It is proposed to use 70% quality 30% price split to achieve best value.

5.3.2 Centre Refurbishment

It is proposed to use 60% quality 40% price split to achieve best value

6. Risk Management

6.1 Risk Categorisation

1. Risk Category: Financial	Likelihood: Medium	Impact: High
Outline Description: Budget will be insufficient to implement the proposed service specification		
Plans to Mitigate: Existing data being used to understand current spend within the CASH block contract and GUM tariff. National tariff will be shadowed against current performance to refine that understanding. Service specification can be adjusted accordingly. Other local authorities have started to adjust the tariffs in contract		
2. Risk Category: Service Delivery	Likelihood: Low	Impact: High
Outline Description: This is a new service delivery model that is untested in Medway model could fail to meet objectives.		
Plans to Mitigate: Using ‘Integrated Sexual health Services: National Service Specification’ as basis for Medway service specification. ‘A Framework for Sexual Health Improvement in England’ underpins all aspects of the service specification. Local and national consultation has taken place on the service model proposed.		
3. Risk Category: Contractual Delivery	Likelihood: Medium	Impact: Medium
Outline Description: MOU that will allow HIV care to be delivered by same provider not yet in place.		
Plans to Mitigate: ‘Making it work’ document provides mechanisms to facilitate integration of HIV care to be delivered by sexual health service provider but funded by NHSE. NHSE have stated their intention to develop MOU. Medway Council will still be able to meet legal requirements even without HIV care being in place as this is responsibility of NHSE.		
4. Risk Category: Procurement process	Likelihood: Low	Impact: Medium
Outline Description: Unable to award contract due to lack of market interest or unsuitable bidders.		
Plans to Mitigate: Market engagement events have indicated market interest, much of which has been from organisations already operating sexual health services. Future market engagement planned to share proposed service specification. Current providers could be offered extensions to ensure continuity of service provision.		

5. Risk Category: Reputation / political	Likelihood: Low	Impact: Medium
Outline Description: Changes to service resulting in negative impact on the Council's reputation.		
Plans to Mitigate: New service will provide easier and more rapid access to the full range of sexual health services which will be promoted via a communications plan. Portfolio holder has visited current services and is aware of the plans to re-tender.		
6. Risk Category: Service delivery	Likelihood: low	Impact: High
Outline Description: New provider may fail to meet contractual obligations.		
Plans to Mitigate: Regular performance monitoring procedures, performance indicators and consequences of failure to meet them are set out in service specification.		

7. Consultation

7.1 Internal (Medway) Stakeholder Consultation

7.1.2 Sexual Health Service

The Medway Sexual Health Network, which consists of sexual health providers, third sector organisations and other interested parties, are aware of the proposals and agree with the need for an integrated model operating hub and spoke.

7.1.2 Centre Refurbishment

Medway Planners and STG Building control will be consulted during the refurbishment works

7.2 External Stakeholder Consultation

7.2.1 Sexual Health Service

Consultation and discussion has taken place with the public, providers and other commissioners. It is anticipated that this will continue throughout the tendering process.

- South East 7 group
- Public consultation consisting of 300 telephone interviews plus user surveys and focus groups
- Stakeholder survey and GP Survey
- Site visits to areas already operating an integrated model of service delivery
- Monitoring the English Sexual Health Commissioners forum.

8. Procurement Board

8.1 The Procurement Board considered this report on 8 October 2014 and supported the recommendations set out in paragraph 12 below.

9. Service Implications

9.1 Financial Implications

9.1.1 The sexual health service procurement requirement and its associated delivery (as per the recommendations at Section 12, will be funded from the Public Health grant.

9.1.2 The refurbishment of the service centre will be funded from the capital programme with funds transferred from the Public Health grant, which was approved in August 2014.

9.1.3 Further detail is contained within Section 1.1 Finance Analysis of the **Exempt Appendix** that accompanies this report.

9.2 Legal Implications

9.2.1 The sexual health services which are under consideration in this report are Part B services, and so the requirement to comply with the formal

publication procedures set out in the Public Contracts Regulations 2006 (“the 2006 Regulations”) does not strictly apply.

- 9.2.2 However, the 2006 Regulations do require that procurement exercises to which the formal procedures do not apply should still follow the principles of non-discrimination, equal treatment, transparency, mutual recognition and proportionality.
- 9.2.3 Although not mandatory, using the OJEU Open Procedure gives a high degree of confidence that the above requirements are met.
- 9.2.4 The refurbishment works constitute works for the purposes of the 2006 Regulations. However, they are below the financial threshold which would require a full OJEU procedure.
- 9.2.5 However, the procurement process in respect of the refurbishment works must meet the principles set out in 7.1.2 above.
- 9.2.6 Again, the proposed process gives a high degree of confidence that these principles are complied with.
- 9.2.7 The proposed procedure gives a high degree of confidence that the Council’s primary objectives for procurement are met, as required by Rule 1.2.1 of the Council’s Contract Procedure Rules (“the CPRs”).
- 9.2.8. The services should also be advertised on the Kent Business Portal in order to comply with the Contract Procedure Rules advertising provisions (rule 3.3.1).

9.3 TUPE Implications

- 9.3.1 TUPE will apply for the teams from Medway Foundation Trust and Kent Community Health Trust. Medway will only be required to pass any TUPE information from these providers to potential bidders during the tender process.

9.4 Procurement Implications

- 9.4.1 As per the Contract Procedure Rules under section 3.3.1: ‘All requirements above £100,000 must be advertised on the Council’s Website, the Kent Business Portal and in the OJEU (where above the EU tender thresholds for goods, services or works).’
- 9.4.2 The value of the procurement for the sexual health service means the service should be advertised to comply with these rules, and to support the Council’s procurement strategy to provide best value.
- 9.4.3 Category Management will run a full OJEU open procedure for this procurement as the value will exceed the EU threshold for a services contract of £172,514.
- 9.4.4 In terms of the procurement for the contractor to carry out the refurbishment works, again, as per the Contract Procedure Rules this

will be advertised on the Council's website and on the Kent Business Portal.

9.4.5 Category Management will run an open procedure (non-OJEU) for this procurement.

10. Other Considerations

10.1 Diversity & Equality

Diversity Impact assessment screening has been completed and no concerns have been raised.

10.2 Social, Economic & Environmental Considerations

This procurement supports the council's strategic priority of "adults maintain their independence and live healthy lives" by providing a local service for users who will be able to access more sexual health services in one central location.

11. Other Information

11.1 These projects will be procured individually and will be progressed to the next stages of the procurement process via separate Gateway 3 reports.

12. Recommendations

12.1 The Cabinet is requested to approve the procurement of a service provider via the Kent Business Portal to deliver the Integrated Sexual Health services in Medway.

12.2 The Cabinet is requested to approve the procurement of a contractor to carry out the refurbishment works to the proposed premises for the service hub for the integrated sexual health services in Medway

13. Suggested Reasons for Decision

13.1 The proposed procurement will provide the opportunity to deliver improved sexual health services as detailed in section 4.1 of this report, whilst performing against Council strategic objectives including local and national public health obligations.

LEAD OFFICER CONTACT

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BACKGROUND PAPERS

The following documents have been relied upon in the preparation of this report:

Description of Document	Location	Date
Public Health Outcomes Framework (PHE 2013)	https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency	24/09/14
A framework for Sexual Health improvement in England (DH 2013)	https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england	24/09/14
Making it work- A guide to whole system commissioning for sexual health, reproductive health and HIV (PHE 2014)	https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services	24/09/14
Contraceptive services with a focus on young people up to the age of 25 (Nice 2014)	http://www.nice.org.uk/guidance/PH51	24/09/14

Diversity Impact Assessment: Screening Form

Directorate Public Health	Name of Function or Policy or Major Service Change Commissioning of an integrated sexual health service with a hub and spoke model of delivery		
Officer responsible for assessment Steve Chevis	Date of assessment 02/09/14	New or existing? New	
Defining what is being assessed			
1. Briefly describe the purpose and objectives	<p>To commission a single service to replace those currently provided by Genitourinary medicine (GUM) and Contraceptive and Sexual Health clinics (CaSH) which will give users a 'one stop shop' where their sexual health and contraceptive needs will be met.</p> <p>Objectives: The service will support delivery against the three main sexual health Public Health Outcome Framework¹ measures:</p> <ul style="list-style-type: none"> • Under 18 conceptions • Chlamydia diagnoses (15-24 year olds) • People presenting with HIV at a late stage of infection <p>This is supplemented by a local aim to commission a patient centred and positive approach to sexual health services across Medway. This service will support the delivery of:</p> <p>A more aware and responsible community</p> <ul style="list-style-type: none"> • Prevention is prioritised • Clear accessible and up to date information about services providing contraception and sexual health for the whole population • Targeted information for at those at highest risk of sexual ill health or least likely to access universal services • Preventative work in school and educational establishments building on the work of Student Health Services • Practitioners across the health and social care workforce trained in sexual health to an appropriate level • Practitioners having easy access to sexual health dashboards and data • Purposeful and targeted outreach to those not 		

	<p>accessing universal services including socially disadvantaged young people</p> <p>Evidence based, patient centred, outcome focussed provision</p> <ul style="list-style-type: none"> • Increased development of evidence-based practice • Patient, Public Engagement used to constantly improve services and inform new services • Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including LARC (Long Acting Reversible Contraceptive) for all age groups • A reduction in unwanted pregnancies in all ages (as evidenced by teenage conception and abortion with emphasis on repeat abortion rates) through easy and rapid access to appropriate contraceptive services • A reduction in STIs (as evidenced by annual STI prevalence data) through easy and rapid access to STI testing • Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk • Within treatment services prevention is prioritised <p>A healthier community</p> <ul style="list-style-type: none"> • Increased diagnosis and effective management of sexually transmitted infections • Effective and robust partner notification procedures • Targeted provision to tackle inequalities with improved access to services among those at highest risk of sexual ill health as identified locally and nationally • Psychosexual support and counselling • Effective pathways to psychosocial support for those living with HIV
<p>2. Who is intended to benefit, and in what way?</p>	<p>Although an open access service it is primarily being designed to meet the sexual health needs of all residents of Medway with particular focus on those who are at greatest risk of STIs or unplanned pregnancy.</p>
<p>3. What outcomes are wanted?</p>	<ul style="list-style-type: none"> • Reduction in HIV and other STIs • Reduction in Teenage pregnancy • Reduction in unplanned pregnancy • Rapid and easy access to all forms of

	<p>contraception</p> <ul style="list-style-type: none"> • Rapid and easy access to STI and HIV diagnosis • Increase in prevention advice and services • Increase in opportunity for people to self manage their sexual health • Clear and robust care pathways to ensure a smooth patient journey 	
4. What factors/forces could contribute/detract from the outcomes?	<p>Contribute</p> <ul style="list-style-type: none"> • Inclusive and easy to access services • De-stigmatising access to sexual health services • Integrated 'one-stop-shop' approach to sexual health service delivery • Outreach function to engage with those not accessing universal services 	<p>Detract</p> <ul style="list-style-type: none"> • Fragmentation of sexual health service • Lack of engagement with young people and men
5. Who are the main stakeholders?	<p>Sexually active residents of Medway Public Health, Medway Council Sexual health service providers Medway Sexual Health Network</p>	
6. Who implements this and who is responsible?	<p>Health Improvement Programme Team (Sexual Health) Medway Public Health.</p> <p>Aeilish Geldenhuys / Steve Chevis</p>	

Assessing impact		
7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i>?	YES	Across all current sexual health provision in Medway there are some ethnicities who do not access proportionally. The integrated model has performance indicators to monitor demographic information of those attending. The contract will include an element of outreach to those who are not currently accessing universal services – this element will be used to ensure ethnic groups are represented proportionally.
	NO	
What evidence exists for this?	Performance monitoring data Service specification Public Engagement	
8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i>?	YES	Venues and material should be accessible to those with disability. Venues will be assessed to ensure that they comply with or exceed relevant legislation. Materials should be available in a variety of formats and where possible available online in a suitable format. Performance monitoring data will be used to ensure that those with disabilities are proportionally represented in services. Outreach element of contract will be used to ensure equitable service provision.
	NO	
What evidence exists for this?	Performance monitoring data Venue assessment checklist Service specification	
9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i>?	YES	GUM has an even distribution of males and females. Males are currently under-represented in CaSH at a significantly higher proportion than would be expected (6% male, 94% female). The majority of early prevention messages should be given out in CaSH settings. By integrating the service and moving the focus from 'family planning' onto wider sexual health it is anticipated that the proportion of men will increase.
	NO	
What evidence exists for this?	Performance monitoring data Service specification Public Engagement	
10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i>?	YES	Sexual ill health is not spread equally across the spectrum of sexual orientation. Therefore it is unlikely there will be proportionality in attendance. Groups who have the highest need will be targeted whilst retaining the open access nature of the service. Performance monitoring data and patient public engagement will allow commissioners to ensure the service is accessible.
	NO	
What evidence exists for this?	Performance monitoring data Public Health England STIs/sexual orientation data	

	Service specification Public Engagement	
11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i>?	YES	A full range of contraception advice and products will be available to help support those with religious concerns. Staff will be expected to have completed Equality and diversity training and have an awareness of religious requirements that may need the service delivery to be adapted. By integrating the service it will conceal why people are attending and thereby enabling people of all faiths to access the level of service they need without facing stigmatisation from the community.
	NO	
What evidence exists for this?	Performance monitoring data Service specification	
12. Are there concerns there <u>could</u> be a differential impact due to people's age?	YES	Sexual ill health and contraception needs are not spread uniformly across the age range. Young people are likely to have the greatest needs and services will be assessed to ensure they are accessible using the "you're Welcome" criteria. People of all other ages may have other sexual health needs and the open access nature of the service will mean they can easily access help. Age ranges will be monitored in performance data. Public patient engagement will allow for the accessibility to be assessed.
	NO	
What evidence exists for this?	Performance monitoring data Service specification Public Engagement	
13. Are there concerns that there <u>could</u> be a differential impact due to <i>being transgendered or transsexual</i>?	YES	The open access nature of the integrated service will ensure transgender and transsexual people can attend services. Staff will receive equality and diversity training. Status will be monitored in performance data. The move to an integrated service, and away from a contraception focus at levels 1 and 2 will improve prevention services to the trans communities. The outreach element of the contract can be used to ensure equitable service provision.
	NO	
What evidence exists for this?	Performance monitoring data Service specification	
14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)?	YES	If yes, which group(s)? Not Applicable
	NO	

What evidence exists for this?		
15. Are there concerns there <u>could</u> be a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)?	YES	Not applicable
	NO	
What evidence exists for this?	Not applicable	

Conclusions & recommendation		
16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?	YES	Due to the combination of performance monitoring, patient/public engagement – including user feedback, the open access and integrated nature of the service it is unlikely that any discrimination or differential impact would go unnoticed. Action plans would be used to address concerns highlighted should they occur. Some elements of the service will target those who have or are likely to face the greatest need, for example Young people and Men who have sex with Men, but this will not impede access to the service by others.
	NO	
17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?	YES	Not applicable
	NO	
Recommendation to proceed to a full impact assessment? NO		
NO	This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.	
NO, BUT ...	What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?	Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported)
YES	Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)	

Action plan to make Minor modifications		
Outcome	Actions (with date of completion)	Officer responsible

Planning ahead: Reminders for the next review		
Date of next review		
Areas to check at next review (e.g. new census information, new legislation due)		
Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?		
Signed (completing officer/service manager)	Date	
Steve Chevis / Aeilish Geldenhuys	23/09/14	
Signed (service manager/Assistant Director)	Date	

NB: Remember to list the evidence (i.e. documents and data sources) used