

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

11 AUGUST 2015

### PROPOSED DEVELOPMENT OF THE HEALTH SERVICE OR VARIATION IN PROVISION OF HEALTH SERVICE – COMMISSIONING OF AN INTEGRATED SEXUAL HEALTH SERVICE

Report from: Dr Alison Barnett, Director of Public Health

Author: Aeilish Geldenhuys, Head of Public Health Programmes

#### Summary

This report advises the Committee of the proposal to commission an integrated sexual health service from a new location in Medway.

#### 1. Budget and Policy Framework

- 1.1 The national framework for sexual health improvement recommends that the location of sexual health services needs to take into account rapid access to high quality services, including consideration of public transport as well as opportunistic access in locations frequented by younger adults but also discreet enough for other users.
- 1.2 “Making it work: a guide to whole system commissioning for sexual and reproductive health and HIV” recommends ensuring people experience integrated, responsive services.
- 1.3 Sexual health services are funded through the Public Health Grant.

#### 2. Background

- 2.1 Sexual health services for the population of Medway are the commissioning responsibility of Medway Council. The contracts for the provision of services and the locations from which services are currently provided were transferred from Medway PCT on 1st April 2013 as part of the transfer of public health responsibilities to the Council. The existing contraceptive and sexual health services (CASH) contract with Kent Community Healthcare Foundation Trust (KCHFT) allocates the responsibility for sourcing and providing suitable premises from which to operate with the Commissioner.

- 2.2 Whilst still under the control of the PCT the Chatham site for CASH services (Elm House) was closed and services located across a number of Healthy Living Centres instead. This caused clinicians and the public to raise concerns about reduced access to services particularly for young people.
- 2.3 It was recognised from April 2013, that there was a corresponding drop in annual attendance figures after the closure of Elm House and the absence of a Chatham based clinic. It was agreed that some existing locations were not fit for purpose and it was agreed that suitable locations in Chatham would be sought. Since 2013 Public Health have been working with KCHFT to identify premises in Chatham.
- 2.4 Medway NHS Foundation Trust (MFT) is currently considering how to make best use of its estate and has expressed a desire to relocate Genito-urinary Medicine (GUM) and HIV services away from the main hospital site.
- 2.5 Public Health are required to tender for sexual health services which novated to the Council in 2013. Extensive stakeholder and public engagement (details in Appendix A) took place as part of the sexual health needs assessment. This identified the need for an integrated sexual health service which would combine GUM, CASH and HIV services.
- 2.6 The re-commissioning plan for sexual health services is to commission an integrated sexual health service from one provider from 1 April 2016. This service will include CASH, GUM and HIV services.
- 2.7 As part of the integrated sexual health service it has been agreed to include the HIV Outpatient service commissioned by NHS England (NHSE). Cabinet approved the inclusion of HIV with the integrated sexual health service subject to a section 75 being in place between Medway Council and NHSE.
- 2.8 Currently CASH services are delivered from the following Health Living Centres: Lordswood; Balmoral Gardens; Keystone; Parkwood, Rochester; Twydall and Rainham. It is proposed to reduce the number of spokes and consolidate services into the Clover Street premises.
- 2.9 The Council has leased a property in Clover Street, Chatham that can accommodate a hub arrangement for CASH and GUM services. It is proposed that this is a substantial variation as services will move from the selected healthy living centres and the hospital site into a Chatham Hub.

### **3. Proposed service development or variation**

- 3.1 Co-location of CASH, GUM and HIV services at a Chatham based hub clinic. This will mean consolidating services from across healthy living centres and moving GUM out of MFT.

### **4. Advice and analysis**

- 4.1 The Chatham site has planning permission to enable later opening hours as well as weekend services. This means that the new integrated service will be more accessible for patients than services are now. Patients may have to travel to access the Chatham hub but the transport links to Chatham are as

accessible as the hospital site and more accessible than some of the HLC locations currently. The Chatham site is considered to provide a more accessible service (good transport links, popular location for young people and later opening).

- 4.2 Commissioning an integrated sexual health service will enhance integrated working between health services as there will be a single provider for contraception, sexually transmitted diseases and HIV, this will simplify referral pathways and ensure that individuals can have all their sexual health needs addressed within one setting. Currently GUM cannot provide contraception and CASH services do not offer symptomatic screening. The Chatham site is large enough to combine CASH, GUM and HIV services and therefore provide a full integrated sexual health hub.

## 5. Risk management

- 5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk
Premises are clinically inappropriate for Sexual Health services	Sexual Health services require clinically appropriate and accessible buildings that meet the infection control standards	Infection control lead for CCG and council has oversight and input into all building plans and developments
Co-dependencies between GUM and HIV services will be lost	We have considered guidance found in 'Clinical Co-dependencies of acute hospital services: A Clinical Senate Review', there is no requirement for sexual health services to be on the same site as other acute services. There is an expectation that providers of an integrated sexual health service would establish robust and effective care pathways between services on different sites.	The need for robust care pathways has been built into the service specification.

## 6. Consultation

- 6.1 Public and patient engagement through the sexual health needs assessment 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.

- 6.2 Consultation with stakeholders has taken place through the sexual health network. Stakeholders agree that the services should be jointly commissioned, delivered via a hub and spoke model and that Clover Street represents a suitable hub venue. The following stakeholders are members of the network: CASH; GUM; Marie Stopes; Public Health England; Metro; School Nursing; Youth Services; Substance Misuse Services; HACO; Social Services; Young Offenders Team; Prisons; NHS England; Medway Clinical Commissioning Group.
- 6.3 Medway Healthwatch are represented by Metro at the Sexual Health Network and engaged throughout the process from needs assessment to model design and location of services.

## **7. Financial implications**

- 7.1 A Provider of sexual health services will occupy this building under the terms of a lease, taking on the responsibilities of the lease for the length of the contract with the Council.
- 7.2 The cost of the premises will be covered by the tariff based contract that will go out to tender shortly.

## **8. Legal implications**

- 8.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.
- 8.2 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People’s Overview and Scrutiny Committee as set out in the Council’s Constitution.
- 8.3 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers (“responsible persons”) to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority’s area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.

- 8.4 The terms “substantial development” and “substantial variation are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.
- 8.5 In the previous protocol on health scrutiny agreed between Medway and NHS bodies a range of factors were listed to assist in assessing whether or not a proposed service reconfiguration is substantial.
- 8.6 The current DoH guidance suggests local authorities could find a systematic checklist useful in reaching a view on whether or not a proposed service reconfiguration is substantial and that this approach may also be helpful to NHS Commissioners in terms of explaining to providers what is likely to be regarded as substantial. Medway already has a questionnaire for use by responsible bodies wishing to consult Medway Council’s Overview and Scrutiny Committees on proposed health service reconfigurations (attached as Appendix A). The questionnaire has recently been updated.
- 8.7 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area or it has not been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

## **9. Recommendations**

- 9.1 The Committee is asked to consider the proposed variation to the sexual health service premises as set out in this report and Appendix A and decide whether the integration of sexual health services from Chatham location is a substantial variation.

### **Lead officer contact**

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### **Appendices**

Appendix A – Substantial Variation Assessment Questionnaire

Appendix B – Diversity Impact Assessment Screening Form

### **Background papers**

None

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**MEDWAY COUNCIL**

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## Health Overview and Scrutiny

### Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

A brief outline of the proposal with reasons for the change

#### Commissioning Body and contact details: Medway Council

**Current/prospective Provider(s): Medway Foundation Trust and Kent Community Healthcare Foundation Trust**

**Outline of proposal with reasons:** Sexual health services for the population of Medway are the commissioning responsibility of Medway Council. The contracts for the provision of services and the locations from which services are currently provided were transferred from Medway PCT on 1st April 2013 as part of the transfer of public health responsibilities to the Council. The existing contraceptive and sexual health services (CASH) contract with Kent Community Healthcare Foundation Trust (KCHFT) states it is the responsibility of the commissioner to source and provide suitable premises from which to operate. It was recognised from April 2013, that some existing locations were not fit for purpose and following the closure of the service clinic in Chatham by Medway PCT there was a poor access to services in this area of high need. It was agreed that suitable locations in Chatham would be sought. During the development of the commissioning plan we were advised that Medway NHS Foundation Trust (MFT) were considering how to make best use of its estate and expressed a desire to relocate Genito-urinary Medicine (GUM) and HIV services away from the main hospital site.

The re-commissioning plan for sexual health services is to commission an integrated sexual health service from one provider from 1 April 2016. This service will include CASH and GUM service operating in a Hub and Spoke model.

The Council have leased a property in Clover Street, Chatham that can accommodate a hub clinic for CASH and GUM services. The building has permission to deliver sexual health services over extended hours of opening. The locations of spoke clinics will be established during the re-commissioning process and these will be based on accessibility for, and needs of, the target group and not necessarily based on geographical spread.

It is proposed that these changes are a substantial variation as services will move from healthy living centres and the hospital site into a Chatham Hub.

**Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

As part of the integrated sexual health service it has been agreed to include the HIV Outpatient service commissioned by NHS England (NHSE). Cabinet approved the inclusion of HIV with the integrated sexual health service subject to a section 75 being in place between Medway Council and NHSE. We are awaiting NHSE approval of the section 75 before we go out to tender. We anticipate going out to tender by October 2015. Locations of spoke clinics will be determined during the re-commissioning process as providers will submit details on spokes as part of their bids.

**Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

Recent government guidance on sexual health services in 'Making it Work' has stated that fragmentation of services should be avoided. In order to put people at the centre of commissioning, and base decisions on assessed needs it is advised that we take service user pathways as the starting point for commissioning, with the aim of ensuring people experience integrated, responsive services.

Commissioning an integrated sexual health service will enhance integrated working between health services as there will be a single provider for contraception, sexually transmitted diseases and HIV. This will simplify referral pathways and ensure that individuals can have all their sexual health needs addressed within one setting. Currently GUM cannot provide contraception and CASH services do not offer symptomatic screening in the vast majority of their clinics.

The delivery of an integrated sexual health service will support theme 4 of the JHWS (Improve physical and mental health and wellbeing). Increased use of CASH services that will support public health outcomes of a reduction in teenage pregnancy rates, a reduction in sexually transmitted infections and early diagnosis of HIV.



**Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):**

**Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

(i) Public and patient engagement through insight gathering by Ottaway Strategic Ltd for the sexual health services needs assessment. This consisted of 300 telephone surveys and 6 focus groups. It 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.

An additional survey among 180 young people has indicated that young people (the group at highest risk of sexual ill-health) would prefer sexual health services to be centred in either Chatham town centre or Gillingham town centre.

(ii) Consultation with stakeholders has taken place through the sexual health network. Stakeholders agree that the CASH, GUM and HIV services should be part of an integrated service, delivered via a hub and spoke model and that Clover Street represents a suitable hub venue. The following stakeholders are active members of the network: CASH, GUM, Marie Stopes, Public Health England, School Nursing, Metro, Youth Services, Substance Misuse Services; HACO; Social Care Services. YOT, Prison, NHSE and MCCG have been invited to all sexual health network meetings and have been kept abreast of developments

(iii) Medway Healthwatch are represented by Metro at the Sexual Health Network and engaged throughout the process from needs assessment to model design and location of services.

(iv) Stakeholders, patients and the public appear to view the proposed location as easily accessible, with good extended opening hours and an improvement on the fragmented services currently available.

(v) The views of stakeholders, patients and public have completely informed all decisions with respect to the sexual health re-commissioning and location of services.

## Test 2 - Consistency with current and prospective need for patient choice

The model for delivery of services is a hub and spoke. Whilst Medway Council will stipulate the location of the hub service, it will be the responsibility of the providers to identify how the spokes will meet patient need based on the needs assessment. This will form part of the tender evaluation.

## Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

- (i) Both clinical services have been consulted in the design and location of the service to ensure that the same or better clinical outcomes can be delivered.
- (ii) A DIA has been completed and did not find that any groups would be less well off.
- (iii) Yes – the proposal will help to meet the recommendations of “Making it Work” by delivering an integrated accessible service for Medway residents. “A framework for Sexual Health Improvement in England” calls for integration and innovation. A more accessible universal open access service based at a Hub, supported by targeted open access spoke clinics will also enable residents to address their sexual health needs better. This will contribute to a reduction in: teenage pregnancy, onward transmission of Sexually Transmitted Infections and late diagnosis of HIV.

## Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The hub and spoke model and service specification for integrated sexual health services has been presented to and endorsed by Medway CCG Clinical Advisory Group. This is an outpatient open access service so no patients will be moved nor will patient care be disrupted. The transfer of client records will take place as part of the mobilisation phase of the re-commissioned service

**Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

- a) There are 9194 attendances at GUM annually (made up of 6568 first attendances and 2626 follow up attendances) and 10,042 attendances at CASH clinic based services. It is not possible to calculate what percentage of these have attended both services as part of the same sexual health concern.
- b) No service will be withdrawn, services are being consolidated from across a number of healthy living centres and the hospital but the specification still requires the provider to establish spoke services for hard to reach groups or those not currently accessing universal services.
- c) No the services provided will be existing services but patients will be able to access all sexual health services from one site rather than needing to attend different settings
- d) Yes. The Chatham site has planning permission to enable later opening hours as well as weekend services. This means that services will be more accessible for patients than they are now. Patients may have to travel to access the Chatham hub but the transport links to Chatham are as accessible as the hospital site and more accessible than some of the HLC locations currently.

**Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

There is a growing population of younger people in Medway. Sexual health services are mostly used by young people aged 15 to 30 as they have a greater need for contraception and are at highest risk of a sexually transmitted infection. Chatham is easily accessed by people of this age group. Public transport links to and from Chatham to other areas of Medway are good. Chatham is a popular location for entertainment, leisure and shopping by young people.

**Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?



DIA sexual  
health.doc

(attached as Appendix B)

**Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

- a) Analysis of sexual health clinic activity shows that attendances at CASH clinics across Medway have dropped by approximately 400 a month since the closure of Elm House at the end of 2011. Conversely attendances at GUM clinics at MFT rose by approximately 400 a month in the same time period. It cannot be confirmed at this time that the shift in activity is a direct like for like shift. It is therefore expected that by combining CASH and GUM services in an accessible hub in Chatham the numbers will remain stable.
- b) The search for new hub premises in Chatham has been underway since around 2012 since the effect of the closure of Elm House was noticed in CASH figures. Combining CASH, GUM and HIV services within the hub is in part due it being a more cost effective solution but primarily as it offers a better service for Medway residents.
- c) "No change" will affect our ability to deliver a truly integrated service where residents can attend to have all their sexual health needs met and not be required to attend more than one venue for a service. It is likely that some people will not complete treatment if they are required to attend one setting for contraception and a different setting for sexual health screening.

**Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

- a) A suitable building has been obtained in Chatham and planning permission with D1 consent is in place. Architectural designs have had input from both clinical services and infection control specialist.
- b) The site has been chosen as Chatham is well supported with transport links including the new bus station and the train station. There are numerous car parks around the area. Chatham is also a good location for through traffic of young people on their way to and from school.

**Is there any other information you feel the Committee should consider?**

There is a move nationally toward integrated services as the best way to improve accessibility.

The re-commissioning of integrated sexual health services will be through open tender process. It is possible that existing providers may not be successful in securing the contract. Existing providers may not wish to lease exiting premises to a new provider. The Clover street site lease is ultimately held by the Local authority; this will ensure continuity of service when the service is commissioned again in 5+2 years time.

**Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

Yes we consider this proposal to be substantial as it involves moving services out of an acute setting and should go to Overview and Scrutiny for consultation.

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## Diversity Impact Assessment: Screening Form

<b>Directorate</b>	<b>Name of Function or Policy or Major Service Change</b>		
Public Health	Provision of Integrated Sexual Health Services		
Officer responsible for assessment	Date of assessment	New or existing?	
Aeilish Geldenhus – Head of Public Health Programmes	17 July 2015	New	
<b>Defining what is being assessed</b>			
<b>1. Briefly describe the purpose and objectives</b>	<p>It is proposed to re-locate CASH services from Lordswood Healthy Living Centre, Balmoral Healthy Living Centre and GUM/HIV services at MFT into a premises at 4 Clover Street, Chatham.</p> <p>To re-provide integrated sexual health services in central Chatham. Sexual health services are mostly used by young people aged 15 to 30 as they have a greater need for contraception and are at highest risk of a sexually transmitted infection. Chatham is easily accessed by people of this age group. Public transport links to and from Chatham to other areas of Medway are good. Chatham is a popular location for entertainment, leisure and shopping by young people.</p>		
<b>2. Who is intended to benefit, and in what way?</b>	This is intended to benefit the residents of Medway. Prior to 2012, CASH services were centralised at Elm House, New Road, Chatham. The services were temporarily moved to Lordswood HLC at the end of 2011, as Elm House was not fit for the provision of clinical services.		
<b>3. What outcomes are wanted?</b>	Increased use of CASH services that will support public health outcomes of a reduction in teenage pregnancy rates, a reduction in sexually transmitted infections and early diagnosis of HIV		
<b>4. What factors/forces could contribute/detract from the outcomes?</b>	Contribute  Re-location of services to a central Chatham location that is easily accessible	Detract  Delay in re-provision of services in central Chatham	
<b>5. Who are the main stakeholders?</b>	Service users in Medway		
<b>6. Who implements this and who is responsible?</b>	Public health directorate  Director of Public Health – Dr Alison Barnett		

<b>Assessing impact</b>		
<b>7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i>?</b>	YES	Brief statement of main issue It is anticipated that any impact would be positive as currently BME groups are under represented in CaSH clinics. Greater capacity and scope for targeted clinics would reduce inequalities.
	NO	
<b>What evidence exists for this?</b>	Sexual health needs assessment	
<b>8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i>?</b>	YES	Brief statement of main issue HLCs are DDA compliant. The new premises would be DDA compliant with scope for disabled parking
	NO	
<b>What evidence exists for this?</b>	Sexual health needs assessment	
<b>9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i>?</b>	YES	Brief statement of main issue Males are under-represented in CaSH clinics (94% to 6%). The move to a bespoke building would allow the environment to be designed in a Male friendly way, with positive images of males. In HLCs no alterations can be made to the environment. Extended opening hours would be possible in a new premises – restricted opening hours have been cited by males as a barrier to services.
	NO	
<b>What evidence exists for this?</b>	Sexual health needs assessment Service Monitoring data	
<b>10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i>?</b>	YES	Brief statement of main issue LGB community are under represented in CaSH clinic attendance figures (0%). The move to a bespoke building would allow the environment to be designed in a LGB friendly way, with positive images displayed. In HLCs no alterations can be made to make the environment. Extended opening hours would be possible in a new premises enabling targeted clinics if deemed necessary, whilst still maintain universal service provision.
	NO	
<b>What evidence exists for this?</b>	Sexual health needs assessment Service Monitoring data	
<b>11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i>?</b>	YES	Brief statement of main issue No differences identified.
	NO	
<b>What evidence exists for this?</b>	Sexual health needs assessment	



<b>12. Are there concerns there <u>could</u> be a differential impact due to people's age?</b>	YES	Brief statement of main issue Sexual health services are mostly used by young people aged 15 to 30 as they have a greater need for contraception and are at highest risk of a sexually transmitted infection. Chatham is easily accessed by people of this age group. Public transport links to and from Chatham to other areas of Medway are good. Chatham is a popular location for entertainment, leisure and shopping by young people.
	NO	
<b>What evidence exists for this?</b>	Sexual health needs assessment Service Monitoring data	
<b>13. Are there concerns that there <u>could</u> be a differential impact due to <i>being transgendered or transsexual</i>?</b>	YES	Brief statement of main issue Trans community are under represented in CaSH clinic attendance figures (0%). The move to a bespoke building would allow the environment to be designed in a Trans friendly way, with positive images displayed. In HLCs no alterations can be made to make the environment. Extended opening hours would be possible in a new premises enabling targeted clinics if deemed necessary, whilst still maintain universal service provision.
	NO	
<b>What evidence exists for this?</b>	Sexual health needs assessment Service Monitoring data	
<b>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)?</b>	YES	If yes, which group(s)? Having access to a bespoke building would improve access to Sexual Health Services
	NO	
<b>What evidence exists for this?</b>		
<b>15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)?</b>	YES	Brief statement of main issue None Identified
	NO	
<b>What evidence exists for this?</b>		

### Conclusions & recommendation

<b>16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?</b>	YES	Brief statement of main issue
	NO	

17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?	YES	NA
	NO	
Recommendation to proceed to a full impact assessment?		
<b>NO</b>	<b>This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.</b>	
<b>NO, BUT ...</b>	<b>What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?</b>	
<b>YES</b>	<b>Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)</b>	

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

<b>Planning ahead: Reminders for the next review</b>		
<b>Date of next review</b>	As part of the re-commissioning process for sexual health services, Autumn 2014	
<b>Areas to check at next review (e.g. new census information, new legislation due)</b>	As part of the tender documentation and bid response, ask bidders where they would suggest locating other clinics in Medway, given the existence of a centre in central Chatham	
<b>Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?</b>	No	
<b>Signed (completing officer/service manager)</b>	<b>Date</b>	
<b>Aeilish Geldenhuys</b>	<b>17<sup>th</sup> July 2015</b>	
<b>Signed (service manager/Assistant Director)</b>	<b>Date</b>	
<b>Dr Alison Barnett – Director of Public Health</b>	<b>17<sup>th</sup> July 2015</b>	

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