

Diversity impact assessment

TITLE
Recommissioning of the Integrated Sexual Health Service (ISHS) Contract
DATE
28/08/2024
LEAD OFFICER.
Claire Hurcum Health Improvement Programme Manager (Substance Misuse and Sexual Health)
1 Summary description of the proposed change
What is the change to policy / service / new project that is being proposed? How does it compare with the current situation?
<p>The existing contract for the Medway Integrated Sexual Health Service (ISHS) ends on the 31st March 2025. Public Health intend to recommission the contract to start on the 1st April 2025 for an initial period of 3 years + a 2 year (24 months) extension.</p> <p>Commissioners are presenting to Procurement Board and Cabinet the case to award to the incumbent provider using the Direct Award Process C under the Provider Selector Regime.</p> <p>The core elements of the service specification will remain unchanged. The new specification includes reference to the newly established Medway Sexual Health Network, and the need for the provider to be an active member in system wide partnership working that aims to identify system barriers/gaps and improve access to sexual health services for residents.</p> <p>The service specification also requires the provider to support the development and mobilisation of the Women's Health Hub Model in Medway, identifying collaboration opportunities with the ICB that will improve access to sexual health services for women.</p>
2 Summary of evidence used to support this assessment
E.g. Feedback from consultation, performance information, service user. E.g. Comparison of service user profile with Medway Community Profile
<ul style="list-style-type: none"> • Sexual health need assessment written in late 2022 which included primary research with stakeholders and other evidence • Quarterly performance review meetings between commissioners and provider. This includes service user feedback. • Service user demographics from provider data, GUMCAD and OHID

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3 What is the likely impact of the proposed change?

Is it likely to:

Adversely impact on one or more of the protected characteristic groups

Advance equality of opportunity for one or more of the protected characteristic groups

Foster good relations between people who share a protected characteristic and those who don't

(insert Yes when there is an impact or No when there isn't)

Protected characteristic groups (Equality Act 2010)	Adverse impact	Advance equality	Foster good relations
Age	No	Yes	No
Disability	No	Yes	No
Gender reassignment	No	Yes	No
Marriage/civil partnership	No	No	No
Pregnancy/maternity	No	Yes	No
Race	No	Yes	No
Religion/belief	No	Yes	No
Sex	No	Yes	No
Sexual orientation	No	Yes	No
Other (e.g. low income groups)	No	Yes	No

4 Summary of the likely impacts

Who will be affected?

How will they be affected?

The ISHS prevents, detects and treats sexually transmitted infections, delivers services to prevent unplanned pregnancy, and provides clinical and outreach services to reduce barriers to access.

The aim of the service is to offer an accessible and innovative service using digital interventions to improve the patient experience, increase access to services and increase clinician availability to see patients in person with complex sexual ill-health needs.

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The additional involvement in women's health and engagement with the wider system to support the health needs of residents will advance equality, particularly amongst the ticked protected characteristics above.

Access to service amongst other protected characteristics are likely to improve as the provider works in collaboration with the partners as part of the Sexual Health network to address any gaps in the system and increase access to sexual health services.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

What alternative ways can the Council provide the service?

Are there alternative providers?

Can demand for services be managed differently?

Commissioners do not see there being any adverse impact on equality as a result of the recommissioning process.

The incumbent provider offers an accessible service and has seen an increase in numbers accessing the service in recent years. Service user feedback is captured on a regular basis, and demonstrates service users are satisfied with service provision.

The service specification continues to include a range of services that aim to reduce health inequalities. For example, outreach services that target vulnerable groups such as young people, sex workers, rough sleepers and those with complex health needs. face multiple disadvantages. The service will also continue to engage with the LGBTQ+ community, and run clinics that reach gay, bisexual and other men who have sex with men (GBMSM), such as a regular clinic at the ME1 Sauna.

Commissioners are aware that some ethnic and religious groups face additional barriers and stigma when needing sexual health support. Providers will develop appropriate pathways and services.

Commissioners meet with the provider on a quarterly basis to review performance and identify action plans for any improvement needed. These will continue during the new contract, alongside monthly commissioner and provider catch ups between the Commissioner and the Sexual Health Head of Service.

The Medway Sexual Health Network managed by Medway Council will aim to identify any inequality risks or gaps in sexual health provision. These will be recorded via an action plan, with clear tasks for network members, and reviewed on a regular basis by Public Health.

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6 Action plan

Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
Monitor demographics of people accessing service and adapting services to remove barriers for underrepresented groups.		Quarterly review at performance reviews meetings.
Analysing and interpreting national data on access to sexual health services and presenting any areas of concern to the sexual health network for discussion for improvement, and include in the network action plan where necessary.	Sexual Health Network – managed by Public Health	

7 Recommendation

The recommendation by the lead officer should be stated below. This may be: to proceed with the change, implementing the Action Plan if appropriate, consider alternatives, gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

To proceed with the re-procurement of the Integrated Sexual Health Service.

8 Authorisation

The authorising officer is consenting that the recommendation can be implemented, sufficient evidence has been obtained and appropriate mitigation is planned, the Action Plan will be incorporated into the relevant Service Plan and monitored

Assistant Director

Signed

Date of authorisation

30.08.24