

**Name of proposal/activity/policy to be assessed**

Integrated Sexual and Reproductive Health Services - Recommissioning

**Directorate:** Adult Care & Health Services

**Service:** Integrated Sexual and Reproductive Health Services

**Name and job title of person doing the assessment**

**Name:** Suzie Watt/Marion Gibbon

**Job Title:** Public Health Programme Officer & Interim Public Health Consultant

**Date of assessment:** 01 November 2018 (start); 22/1/2019 (update)

**Scope your proposal**

**What is the aim of your policy or new service?**

Reading Borough Council's [RBCs] Integrated Sexual and Reproductive Health Services [SRH] will be retendered so that an effective, efficient and safe integrated service remains available for local population effective from 1<sup>st</sup> April 2020. The existing service is due to end on the 31<sup>st</sup> March 2020.

There is a proposal to reduce the financial envelop within which RBC commissions/negotiates with a prospective provider to deliver the main integrated SRH services. SRH services are a mandated provision under the Health and Social Care Act 2012. LAs are mandated to fund SRH provision for their resident's irrespective of point of access. Costs are met from the Public Health Grant. Provision is based on local need and there are also specific legal requirements ensuring the provision of certain services, which are set out in the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*.

**Who will benefit from this proposal and how?**

SRH services impact on the whole population - however proportionally it can have a greater impact on women because they are a higher user of ontraception services. England's open access model of service is essential to controlling infections, preventing outbreaks and reducing unwanted pregnancies. In addition, local stakeholders and partners refer to specialist services to support with complex cases. In some cases this contributes to reducing health inequalities. The specialist service is what this proposal refers too. Recommissioning a new SRH will ensure that RBC continues to meet this need.

Reducing the financial envelop for the main SRH service provides RBC with some financial security if commissioners are able to successfully negotiate contract for local service provision within this amount. There is risk that if the tender/negotiations are unsuccessful this could result in financial inefficiencies.

**What outcomes will the change to achieve and for whom?**

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Local authorities have the ability to make decisions about SRH provision based on local need, there are also specific legal requirements ensuring the provision of certain services, which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. RBC current commissions in accordance to this requirement, reducing the annual financial envelope within which services are commissioned will not impart RBCs responsibilities from this position. There is a possibility that RBC will be able to successfully award a contract which provides a service which meets local demand and provides future financial assurances in terms of cost.

### **Who are the main stakeholders and what do they want?**

The Public Health Consultation (November 2018 - January 2019) included questions on sexual health services. The outcome is being used to inform public health work, which includes the budget set for 2020/21, when the new contract is due to commence. Further engagement and consultation work is planned for the tendering work for example work around service specification, interviewing panel etc.

Respondents to the recent consultation commented that SRH services generally, and HIV support services in particular, are both important sources of support as taboos prevent many people from being able to talk openly about these issues and so understand how to manage their health in this area. Respondents noted the wider impact of poor sexual health practice, in particular the lack of access to contraception.

#### **Key stakeholders**

Reading residents - with a particular emphasis on women

Public Health Shared Team (Bracknell)

The 3 Berkshire Local Authorities recommissioning the service - Reading, Wokingham & West Berkshire

Berkshire East Local Authorities - Royal Borough of Windsor and Maidenhead, Slough and Bracknell.

Berkshire Clinical Commissioning Groups

Local Service provisions with a health remit e.g. Local Trust/s, GPs, Pharmacies, Midwifery, Community Nursing etc

Public Health England e.g. Health Protection Team

NHS England - interdependent services e.g. HIV treatment

Public Health Service Providers e.g. Drug and Alcohol Services, Youth Services, HIV services

It is reasonable to assume that stakeholders will want a continuation of efficient, effective and safe SRH service which remains integrated with other services, continues to help RBC meet mandate functions and can meet the needs of the local population, particularly those with complex needs.

In addition, a Berkshire SRH Needs Assessment was also completed in 2017. In summary, the level of need in Reading is higher than England average across a few areas - although we have seen improvements. Reading's population structure shows there are a higher proportion of people age 20 to 44 living in Reading; and a lower proportion of those aged 45 and over. In terms of predicted change in population size, we can expect an increase across all age groups. This is likely to impact on the demand for SRH services - which we need to account for in the new contract. Reading also have a local university and college, plus a transient population which all impacts on demand for SRH services.

**Assess whether an EIA is Relevant**

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc)

Yes  No

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, feedback.

Yes  No

If the answer is **Yes** to any of the above you need to do an Equality Impact Assessment.

If **No** you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Although there is a proposal to tender/negotiate within a reduced financial envelop - local authorities are legally obliged to provide '*open access service for the benefit of all persons present in the area*' and funding for residents/others as prescribed under the Health and Social Care Act [2012]. This means that anyone who is an area is entitled to use the services provided in that area, and services cannot be restricted only to people who can provide that they live in the area, or who are registered with a local GP, or who are referred by a local GP, or on other grounds such as they are an overseas national or just visiting the local area.

Signed (completing officer)

Date: 22/1/2019

Signed (Lead Officer)

Date:

**Assess the Impact of the Proposal**

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups,

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but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

**Example:** A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

### Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation proforma do it now. The checklist helps you make sure you follow good consultation practice. ([hyperlink to Consultation proforma](#))

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted

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### Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group.

#### Describe how this proposal could impact on Racial groups

Is there a negative impact?      Yes       No       Not sure

#### Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)

Is there a negative impact?      Yes       No       Not sure

#### Describe how this proposal could impact on Disability

Is there a negative impact?      Yes       No       Not sure

#### Describe how this proposal could impact on Sexual orientation (cover civil partnership)

Is there a negative impact?      Yes       No       Not sure

#### Describe how this proposal could impact on Age

Is there a negative impact?      Yes       No       Not sure

#### Describe how this proposal could impact on Religious belief?

Is there a negative impact?      Yes       No       Not sure

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies

<b>1. No negative impact identified</b>	Go to sign off	<input type="checkbox"/>
<b>2. Negative impact identified but there is a justifiable reason</b>		<input type="checkbox"/>
You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.		
<b>Reason</b>		
<b>3. Negative impact identified or uncertain</b>		<input type="checkbox"/>
<b>What action will you take to eliminate or reduce the impact? Set out your actions and timescale?</b>		

<b>How will you monitor for adverse impact in the future?</b>
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Signed (completing officer)	Date
Signed (Lead Officer)	Date