Notice of Meeting

Leader Decisions

Date & time
Monday, 20 March 2017 at 2.30 pm

Place
Committee Room C, County Hall, Kingston upon Thames, KT1 2DN

Contact
Andrew Baird or Joss Butler
Room 122, County Hall
Tel 020 8541 7609 or 020 8541 9702

andrew.baird@surreycc.gov. uk
joss.butler@surreycc.gov.uk

Chief Executive
David McNulty

We're on Twitter: @SCCdemocracy

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andrew Baird or Joss Butler on 020 8541 7609 or 020 8541 9702
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Leader
Mr David Hodge CBE

AGENDA

1 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

i. Any disclosable pecuniary interests and / or
ii. Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

2 INTEGRATED SEXUAL HEALTH SERVICE

(Pages 1 - 20)

The Leader of the Council to take an urgent decision relating to extending contracts for the delivery of integrated sexual health services in Surrey .

In accordance with Access to Information rules 6.06(f) (Special Urgency) the Chairman of the Wellbeing and Health Scrutiny Boardmhas agreed that the decision cannot be reasonably deferred because of the urgent need to extend these contracts before they expire.

David McNulty
Chief Executive
Published: Friday, 10 March 2017

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SURREY COUNTY COUNCIL

LEADER OF THE COUNCIL

DATE: **20 MARCH 2017**

LEAD OFFICER: **HELEN ATKINSON, STRATEGIC DIRECTOR ADULT SOCIAL CARE AND PUBLIC HEALTH**

SUBJECT: **INTEGRATED SEXUAL HEALTH SERVICE**

SUMMARY OF ISSUE:

1. In 2013 Local Authorities became responsible for the commissioning of certain aspects of sexual health services, including open access contraceptive and GUM (genitourinary medicine) services. NHS England are responsible for HIV treatment and care.

2. Current sexual health service provision in Surrey is provided by Virgin Care Ltd, Ashford St Peters Hospital and Frimley Park Hospital.

3. Following engagement which included a concept day and market engagement, event Surrey County Council (SCC) and NHS England ran a joint procurement in 2016/17 for three contracts: an Integrated Sexual Health service, an HIV treatment and care service (NHS England) and Sexual Health services in prisons (NHS England). The services are of an interdependent nature and best practice guidance dictates that they are co-commissioned.

4. There was one bidder, Central and North West London NHS Trust (CNWL). The decision was made to award the Integrated Sexual Health contract to CNWL by SCC Cabinet on 20 September 2016. Neither NHS England nor SCC contracts have been signed.

5. During mobilisation, there has been a lack of clarity on the nature of interdependent local arrangements referenced in the national specification of the NHS England HIV treatment and care contract which was tendered. Throughout the mobilisation process NHS England and CNWL worked through a number of issues to refine the HIV treatment and care solution and ensure it met local requirements:

    a. The number of HIV patients within scope has fluctuated throughout the tender and mobilisation period due to inconsistency between local and national datasets.

    b. Through the clarification process CNWL sought to further understand the independent local arrangements of the HIV treatment and care service locally as this was unclear within the tender documentation.

    c. This has led to a delay and disruption to the full mobilisation of the services of both sexual health and HIV treatment and care.

6. In February 2017 CNWL raised concerns about their ability to safely transition the HIV treatment and care cohort of patients currently accessing services at Ashford St Peters Hospital (ASPH) within the available timescales. The

delays resulted in insufficient time to consult thoroughly with patients and staff before 1 April 2017.

7. The current contract with Frimley Park Hospital involves cross boundary dependencies with Hampshire. The delay to mobilisation has resulted in an inability of commissioners and CNWL to fully engage with this complex exit in the timescales available.

8. The exit of the total Virgin community contract of which sexual health and HIV is a part has been led by North West Clinical Commissioning Group. CNWL have fully engaged with the transfer of the Virgin cohort of HIV treatment and care patients into the new service.

RECOMMENDATION:

It is recommended that the Leader of the Council agrees to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers.

CONSULTATION:

9. The model of care proposed by CNWL will result in a significant change in location of service for ASPH cohort of patients. A six month extension to current arrangements will allow NHS England and CNWL to undertake appropriate levels of consultation with these patients.

Financial and Value for Money Implications

10. The new proposed service was expected to realise £2 million per annum of cashable savings for SCC from 2017/18. This is delayed for six months. There are the following consequences:

    a. To extend arrangements with ASPH and FPH for six months based on current contract baseline will cost circa £1,140,000.

    b. CNWL will deliver the sexual health service currently provided by Virgin from 1 April with a phased introduction of the services currently provided by ASPH and FPH. The majority of this service will be paid on activity with an agreed celling amount as per the September 2017 Cabinet paper. The proposed interim arrangements mean that CNWL will need to maintain existing cohort of Virgin staff for this interim period and will therefore be unable to begin transformation of services. The indicative cost of supporting this is £133K a month for a maximum of six months. It is anticipated that the overall payment to CNWL will be in the agreed ceiling amount because CNWL will not be able to access the level of activity as patient flows will still be going to some existing services during the interim period.

11. NHS England and SCC will undertake a rapid joint review with regard to the financial consequences of this change.

Section 151 Officer Commentary

12. The County Council is facing a very serious financial situation whereby it is having to identify unprecedented levels of savings to manage mounting pressures, particularly in relation to social care, and reduced Government funding in order to achieve a sustainable budget. A significant proportion of the savings for future years are currently still to be identified.

13. The Section 151 Officer notes that the Council's contractual obligations in relation to the provision of sexual health services mean it is no longer possible to deliver the full saving of £2m budgeted in the 2017/18 Medium Term Financial Plan. Given the Council's very serious financial position it is paramount that alternative savings or additional funding is identified to replace this as identified in paragraph 14.

Legal Implications – Monitoring Officer

14. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, National Health Service Act 2006, and Local Government and Public Involvement in Health Act 2007 require local authorities to arrange for the provision of sexual health services.

15. The contract extension can be lawfully undertaken under Regulation 72 (1) (b) or (c) of the Public Contract Regulations 2015 as a contract modification. A notice will need to be published following the contract extension.

Equalities and Diversity

16. An EIA was completed and attached to the Cabinet paper produced in September. This has been updated to reflect the changes in locations of services in relation to residents with protected characteristics. This is attached in Annex 1.

Safeguarding responsibilities for vulnerable children and adults implications

17. The terms and conditions of contract stipulate that the provider will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice as recommended by the Council. This will be monitored and measured through the contractual arrangements.

18. The service will operate a client centred approach, working collaboratively with other Health and Social Care Services.

Public Health implications

19. The specification of the new contract stipulates that the provider will develop links and referral mechanisms into other health improvement programmes such as services for young people: particularly Youth Support Service, early help, substance misuse services (including alcohol) and smoking cessation.

WHAT HAPPENS NEXT:

20. Subject to approval from the Leader of the Council, the following steps will be followed:

- seek retrospective approval at Sourcing Governance Meeting;
- agree and award extension to ASPH;
- agree and award extension to FPH;
- execute contract with CNWL; and
- publish the relevant notices altering the market of the contract awards.

Contact Officer:
Rachel Maloney, Category Specialist (Procurement) Tel: 0208 5417529
Lisa Andrews, Senior Public Health Lead Tel: 01483 519634

Consulted:
Diane Owens, Principal Solicitor
Ruth Hutchinson, Deputy Director of Public Health
Laura Forzani, Head of Procurement and Commissioning

Annexes:

Annex 1 - Updated Equalities Impact Assessment

Sources/background papers:
- All background papers used in the writing of the report should be listed, as required by the Local Government (Access to Information) Act 1985.

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Annex 1: Equality Impact Assessment

1. Topic of assessment

EIA title:	Re-commissioning of sexual health services

EIA author:	Lisa Andrews

2. Approval

	Name	Date approved
Approved by[1]	Helen Atkinson	17/03/2017

3. Quality control

Version number	4	**EIA completed**	17/03/2017
Date saved	17/03/2017	**EIA published**	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Lisa Andrews	Senior Public Health Lead	SCC	
Hannah Bishop	Public Health Lead	SCC	
Luke Burton	Policy & Strategic Partnerships Manager	SCC	

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	This Equality Impact Assessment relates to the provision of sexual health services in Surrey. Sexual health prevention services are funded wholly by the public health grant. Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services can have a positive effect on long-term health and wellbeing, as well as on individuals at risk. The provision of sexual health services is a statutory duty of Local Authorities. The provision of effective sexual health services has an active role in supporting the Council's Corporate Strategy and in particular the Strategic Goals of 'Wellbeing' and 'Resident's experience' as well as delivering against the council's nine priorities with a particular contribution being made to "keeping families healthy".

[1] Refer to earlier guidance for details on getting approval for your EIA.

2

Surrey's vision for sexual health services

- An integrated service aiming to offer a one-stop-shop for service users
- A service which has links with other services addressing risky behaviours, particularly in younger people examples include youth support service and Catch 22
- A service which is focussed on improving sexual health, reducing STIs and unintended conceptions; building self-reliance and resilience
- A cost effective and modern service meeting the needs and expectations of users, making full use of developing technologies
- Targeted universalism that will ensure services for all with additional support for those at risk of poorer sexual health

1.

In 2015 public health completed a sexual health needs assessment for Surrey.

Key messages from Surrey's Sexual Health Needs Assessment:

- Runnymede and Spelthorne boroughs have historically shown higher than the national average rates of teenage conceptions. Preston ward within Reigate and Banstead has the highest rate in Surrey. Guildford borough has the highest number of young people
- Over 60% of teenage conceptions result in termination.
- Woking has a higher than the national rate of HIV
- Chlamydia detection rates in 15-24 year olds are low (1296/100,000 in 2014)
- Consideration needed for the geography of Surrey
- Through engagement work it was identified that both adults and young people wanted better access to services, this included more flexible opening times such as evenings and weekends
- Both adults and young people felt that sexual health services could be promoted more effectively
- Services could be better promoted online i.e. through the Healthy Surrey website
- Surrey County Council Public Health must look for opportunities and work with our commissioning colleagues in CCGs and NHS England to ensure pathways are joined up in order to improve patient experience and health outcomes
- Variations in service provision across the county needs to be addressed during the re-commissioning of services. This will ensure resources are more effectively targeted to meet needs

	• Integration of services would allow needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience As sexual health services are open access there are around 15,000 attendances by Surrey residents to out of area (OOA) services. Around 50% of out of area attendances are made to bordering counties or London Boroughs. Lack of appropriate provision within Surrey could see a rise in out of area attendances . The full Sexual Health Needs Assessment is available here: https://www.surreyi.gov.uk/Resource.aspx?ResourceID=1678&cookieCheck=true.
What proposals are you assessing?	This EIA is assessing the introduction of a new provider of sexual health services in Surrey from April 2017. Current service contracts end on 31 March 2017. Following engagement with current and potential service providers and staff at a Concept Day in December 2015 and Market Engagement Event in April 2016, in May we went out to tender for an integrated sexual health service using a lead provider model. This service includes Contraception and Sexual Health (CASH) and Genito-urinary Medicine (GUM) clinical services as well as an outreach offer for those groups identified as most at risk in the sexual health needs assessment, young people, men who have sex with men (MSM), black Africans and sex workers. This re-procurement consolidates the three main existing providers of sexual health services in Surrey; • Virgin Care, • Ashford and St Peter's Hospital (ASPH) and • Frimley Park Hospital (FPH). After the restricted tender process we received one bid from Central and North West London. This integrated service will use some new ways of working to achieve a more efficient mode of delivery and achieve savings, whilst delivering all services required. We will work with the provider to ensure that staff have had the necessary training in order to support service users with protected characteristics, such as Trans Awareness and cultural sensitivity training.
Who is affected by the proposals outlined above?	*Sexual health services are open access for the whole population. The new service will be a universal service with targeted activity to increase access for at risk groups such as Men who have sex with Men, young people, Sex Workers and*

2

	Black Africans.

6. Sources of information

Engagement carried out
• Discussion around contract negotiations with Virgin, ASPH and FPH • Engagement activities carried out as part of the re-procurement process for the Integrated Sexual Health Service • Sexual Health Needs assessment included focus groups with young people and surveys with health professionals and service users
Data used
• Sexual Health Services Concept Day • Sexual Health Services Market Engagement Event • User feedback through contract monitoring • Sexual health needs assessment

7. Impact of the new/amended policy, service or function
7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic[2]	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS	EVIDENCE
Age	All age groups are welcome to access the service should they need it for their contraception or STI screening needs. Under 25s typically don't access clinical services compared with those aged over 25, as such they will be targeted by the outreach service. The outreach element of the service will ensure that safer sex messages are being communicated to younger age groups (16 – 24 year olds) particularly those who engage in risky sexual behaviour. The service specification details that this service must work with and align to services for young people to minimise harm and increase access. Integration of services allows needs to be met holistically. Dual trained clinicians would	Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	The most at risk and vulnerable young people in Surrey do not engage well with existing services

[2] More information on the definitions of these groups can be found here.

	mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.		
Disability	This information is currently not being collected. The tender specifications includes a requirement that this information is captured and reported. This will help the commissioners to monitor use of the service by disabled people. Accessible Information Standard: By **1 April 2016** all organisations that provide NHS or publicly funded adult social care must identify and record information and communication needs with service users: • At the first interaction or registration with their service • As part of on-going routine interaction with the service by existing service users. Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same	Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities. The tender will require all potential providers to provide evidence that they can address accessibility issues. Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	

	clinicians, improving patient access and experience. There will be increased access to online testing.		
Gender reassignment	Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.	Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	
Pregnancy and maternity	Public Health commissioned sexual health services are key providers of contraception to girls and women in Surrey. Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing. Sexual health services provided during pregnancy such as Chlamydia screening will continue to be provided by maternity. Existing links to maternity and GPs will be maintained	Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	It is widely understood that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and related factors. There is also a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage motherhood. Teenage pregnancy rates are a well established and evidence based indicator of deprivation and inequality with 50% of all teenage conceptions occurring in the top 20% most deprived wards in England. Poor self-esteem, lack of aspiration and alcohol misuse increase the likelihood of a teenage girl falling pregnant. The babies of teenage mothers can face more health problems such as premature birth or low birth weight and higher rates of infant mortality; than those of older mothers. Teenage mothers themselves may also have experience health problems. For example, post natal depression is three times more common in teenage mothers; smoking in pregnancy is also three times more common in teenage mothers than older mothers and teenage mothers are one third less likely to breast feed.

Race	The service specification requires the provider to work with groups most at risk of sexual ill health. In Surrey the Black African population at risk of HIV will be targeted by the service. The service specification includes outcome measures for at-risk groups. Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.	Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	Based on data from England and Wales, HIV prevalence in the UK was 26 per 1,000 among black African men and 51 per 1,000 among black-African women. Over the past five years, an estimated 1,000 black-African men and women probably acquired HIV in the UK annually. Approximately half (52%, 1,560/2,990 in 2011) of all infections among heterosexuals were probably acquired in the UK. This proportion has increased over recent years, up from 27%.
Religion and belief	The outreach service will ensure that communities at risk who are part of faith groups are engaged. Links with HIV providers and developing relationships will allow fact based inclusive information to be delivered in a sensitive way to encourage community figures to deliver safer sex messages. Services are open access and will be offered on days and times to suit service users)	Targeting of faith groups in relation to sexual health may not be well received by some communities. Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	

	Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.		

Sex	Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.	Young men are less likely to access contraception services in the community or GPs Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	http://www.sexeducationforum.org.uk/evidence/data-statistics.aspx#Use of sexual health services
Sexual orientation	Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing. MSM will be targeted by the service as an at-risk group.	Lesbian, Gay and Bisexual people may experience Sexual health fatigue as they are a group heavily targeted. Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	MSM (men who have sex with men) remain the group most affected by HIV with 47 per 1,000 living with the infection. This is equivalent to an estimated 41,000 (37,300-46,000) MSM living with HIV in 2012, of whom 7,300 (18%; 3,700-12,300) were unaware of their infection (18%).

Marriage and civil partnerships	Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. Partner notification of positive STI test results will continue to be offered by the service allowing service users to remain anonymous if they choose to. There will be increased access to online testing.	Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	
Carers[3]	Integration of services allows needs to be met holistically. Dual trained clinicians would mean GUM and CASH services could be delivered by the same clinicians, improving patient access and experience. There will be increased access to online testing.	Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	

[3] Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family; partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

8. Amendments to the proposals

Change	Reason for change

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
All age groups are welcome to access the service should they need it for their contraception or STI screening needs. The outreach element of the service will ensure that safer sex messages are being communicated to younger age groups (16 – 24 year olds) particularly those who engage in risky sexual behaviour.	The service specification details that this service must work with and align to services for young people to minimise harm and increase access	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
Data on disability is not currently being collected. The tender specifications will include a requirement that this information is captured and reported. This will help the commissioners to monitor use of the service by disabled people.	Implementation of AIS Accessible Information Standard: By **1 April 2016** all organisations that provide NHS or publicly funded adult social care must identify and record information and communication needs with service users: • At the first interaction or registration with their service • As part of on-going routine interaction with the service by existing service users.	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
Potential barriers to access are physical accessibility and communication with	The tender will require all potential providers to provide evidence that they can address	Through mobilisation and by Q3 of	Lisa Andrews and CNWL

2

people with sensory impairments and learning disabilities.	accessibility issues and provide accessible communications The contract stipulates that services must be compliant with the Equality Act 2010.	new service	
Targeting of faith groups in relation to sexual health may not be well received by some communities.	Develop a fully inclusive engagement plan to get sexual health messages to different population groups taking into consideration different faiths and cultures.	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
Young men are less likely to access contraception services in the community or GPs	Engagement with young men through services for young people and outreach arm of service	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
MSM may experience Sexual health fatigue as they are a group heavily targeted.	Engagement with MSM through service mobilisation and outreach arm of service	Through mobilisation and by Q3 of new service	Lisa Andrews and CNWL
Reconfiguration of services will mean a change in location of services for some service users, particularly in relation to those currently accessing services at ASPH, FPH and the current spoke clinics provided by Virgin Care	Phased transfer of services from ASPH and FPH will enable engagement and consultation with service users. Defined spoke locations earlier than planned while CNWL hold Virgin cohort of staff and patients.	By Q3 of new service.	Lisa Andrews and CNWL

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	• Focus groups and surveys with service users and health professionals • Stakeholder engagement events prior to going out to tender (Concept day and Market Engagement Event) • Sexual Health Needs Assessment for

	Survey (published February 2016) • Discussions with current contract holders • Multi-agency project group leading on recommissioning process within Surrey County Council
Key impacts (positive and/or negative) on people with protected characteristics	• Services are universal access i.e. for all ages; • Improving data collection on disability • DDA Compliance and accessibility of new service; • Young men less likely to access contraception services in the community and GPs; • Fatigue of groups regularly targeted with sexual health messages i.e. MSM.
Changes you have made to the proposal as a result of the EIA	Identified key actions to take place during the mobilisation period
Key mitigating actions planned to address any outstanding negative impacts	Maintain oversight of the implementation of the service specification and of service development to ensure identified actions are carried out including; • Align to and engage with services for young people; • Reviewing DDA compliance; • Approach of outreach service targeting at-risk groups including young people, young men and MSM.
Potential negative impacts that cannot be mitigated	None

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