Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to:	**Executive**
Date:	**03 May 2023**
Subject:	**Sexual Health Services Recommissioning**
Decision Reference:	**I028835**
Key decision?	**Yes**

Summary:

The provision of open access sexual health services is a mandatory responsibility of upper tier local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Lincolnshire County Council currently commissions the delivery of Sexual and Reproductive Health (SRH) services through a series of contractual arrangements with Lincolnshire Community Health Service NHS Trust (LCHS), registered charity Positive Health Lincolnshire (PHL), and with GP Practices and Community Pharmacies across Lincolnshire. Contracts for all current SRH services in Lincolnshire are due to end on 31 March 2024.

To support decision making about the future scope, commissioning, and procurement of these services a comprehensive review of the current contracts has been undertaken. The review included learning from service delivery, performance against contract measures and an analysis of current demand intelligence. The review findings have been considered alongside stakeholder feedback, current legislation, national strategies, and the emerging policy landscape surrounding Sexual Health services to inform the proposed service commissioning approach from 1st April 2024.

The current service model performs well, and effective elements will be retained in addition to several changes and refinements to the model, which are reflected in the recommendation, including:

- The scope of the Integrated Service will include all elements of the new national specification, including testing and treatment for sexually transmitted infections, the provision of HIV PrEP and provision of the full range of contraception.
- It will also include the pharmacy-based Emergency Hormonal Contraception (EHC) in line with the national direction for EHC services.
- There will be an increased focus on developing a digital offer which can provide more timely and efficient support, where appropriate.

- There will be an enhanced focus on prevention and health promotion, ensuring the population can navigate the sexual health system and access support at the most appropriate place.

The revised service seeks to ensure that most sexual health and contraceptive needs can be met at one site, often by one health professional, as recommended by the latest evidence.

This report presents the case for re-commissioning Sexual Health Services in Lincolnshire and seeks approval from the Executive to procure new contracts commencing 1st April 2024.

Recommendation(s):

That the Executive:

(1) Approves a procurement to be undertaken to deliver an Integrated Sexual Health Service contract, commencing on 1 April 2024 for a period of five years with the possibility of a further two-year extension.

(2) Approves the use of up to £500,000 from the public health reserve as a fund available to the successful tenderer for the Integrated Sexual Health Service contract to assist in the mobilising of an appropriate suite of delivery locations.

(3) Approves a procurement to be undertaken to deliver a Sexual Health Outreach, HIV Prevention and Support Services contract, commencing on 1 April 2024 for a period of five years with the possibility of a further two-year extension.

(4) Approves a procurement to be undertaken to deliver contracts for the provision of Long-acting Reversible Contraception, delivered by GP practices in Lincolnshire, commencing on 1 April 2024 for a period of five years with the possibility of a further two-year extension.

(5) Approves the inclusion in the procurement of separate lots leading to separate contracts for Sexual Health Services for North Lincolnshire Council and North-East Lincolnshire Council.

(6) Approves the entering into of an agreement under section 75 of the National Health Service Act 2006 between the County Council and National Health Service Commissioning Board (NHSE) for pooling of budgets and exercise of NHSE functions for the commissioning of NHS treatment and care alongside County Council sexual health services provision.

(7) Delegates to the Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Public Health and the Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners the authority to determine the final form of the contracts and to approve the award of the contracts and the entering into the contracts and other legal documentation necessary to give effect to the above decisions.

Alternatives Considered:

1. Negotiate revised contracts with the current providers.
   Continuing with the current providers is not viable as there is no legal basis on which

to extend the contracts.

2. To do nothing.
   As the Council has a statutory public health responsibility to commission comprehensive open access sexual health services, this is not a viable alternative.

3. Deliver some of the services in-house.
   The in-sourcing of some aspects of the service was explored, but due to the potential for duplication of resources, and the focus of the national service specification on the provision of integrated services, it was determined this was not a viable alternative and would not provide any additional benefit to residents.

Reasons for Recommendation:

1. The proposed service model will support the sexual health needs of adults and children across the county. The core Integrated Service will ensure that most sexual health and contraceptive needs can be met at one site, often by one health professional, as recommended by the latest evidence. This will include working towards the national target in the HIV Action Plan to achieving zero new HIV infections, AIDS and HIV-related deaths in England by 2030, and an 80% reduction in new HIV infections in England by 2025, detecting HIV earlier in Lincolnshire, increasing the amount of chlamydia screening undertaken and increase access to contraception. The only way to achieve this type of specialist service provision is via commissioning specialist providers.
2. Continuing NHSE funded HIV Treatment and Care through the ISHS (and associated Section 75 agreement) will enable joined up care and improve outcomes for people living with HIV in Lincolnshire as HIV treatment can be managed holistically as part of broader sexual health services.
3. Making the Integrated service provider responsible for managing pharmacy based sexual health provision will enable the ISHS to work with pharmacies to scale services up or down to meet need and will support closer working between the ISHS and pharmacies, which currently show low usage compared to statistical neighbours.
4. Maintaining a separately contracted Sexual Health Outreach, HIV Prevention and Support Service, will enable the continuation of good outcomes, engagement and innovation achieved through the current provision.
5. Maintaining a separately contracted GP LARC provision will help ensure wider participation of GP practices, maximising community access to the service, as well representing a lower cost solution.
6. Collaborating on the commissioning and procurement of sexual health services across the Greater Lincolnshire area will improve access to services, particularly in bordering areas and enable potential efficiencies to be realised through standardisation of services and a single competitive process.
7. The services address and support the statutory requirements for local authorities with a statutory public health responsibility to commission open access services for the provision of contraception and detection and treatment of STIs.
8. The alternatives considered have been deemed unacceptable in delivering the required outcomes of the service.

1. Background

1.1 Sexual Health Services, including health promotion and the provision of sexual and reproductive health and HIV services, make an important contribution to both individual and population health. Sexually transmitted infections (STIs) are often asymptomatic. If left untreated, they can cause several problems (e.g. infertility) and may be transmitted to other people. This highlights the need for early detection and treatment. The burden of STIs is not evenly distributed, with some communities disproportionately affected, including people living in more deprived areas, specific minority communities, and people living with HIV.

1.2 Provision of Sexual Health Services is a Statutory Responsibility of the Local Authority. We have a statutory public health responsibility to commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Since 01 April 2013 the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (the 2013 Regulations) require that each local authority "shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area":

- For preventing the spread of STIs
- For treating, testing and caring for people with such infections
- For notifying sexual partners of people with such infections, and
- Advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and
- Advice on preventing unintended pregnancy.

1.3 A recommissioning exercise is currently underway for the public health commissioned Sexual Health Services. All the current contracts expire on the 31 March 2024. A new national service specification, which forms part of the new national strategy, is expected to be published by the United Kingdom Health Security Agency (UKHSA) in the coming weeks, which will form the basis of the new integrated sexual health service for Lincolnshire.

2. Current Service Summary

2.1 A visual representation of the Council's current commissioned and contracted Sexual Health Services is shown at figure 1 below:

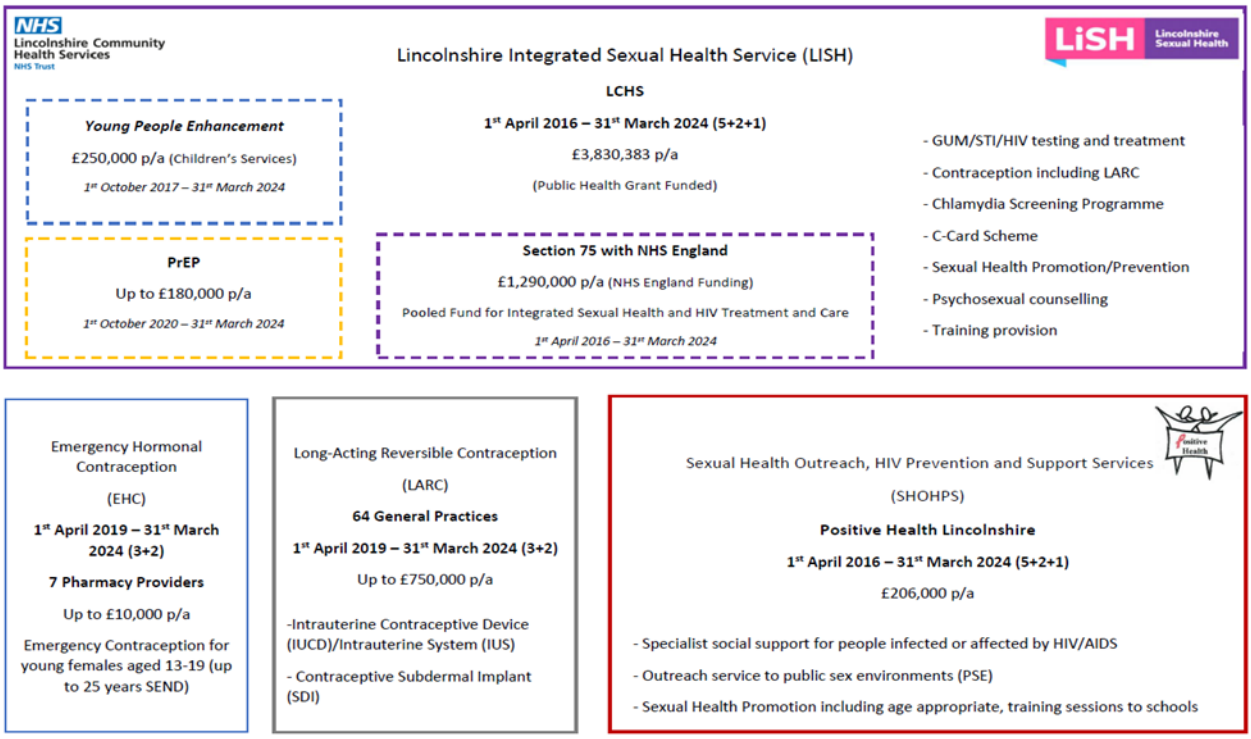


Figure 1: Current contracted Sexual Health Services

2.2 The above contracts were due to conclude on 31 March 2023, but in October 2022 were extended by a 12-month period to maintain the coterminous alignment of the contracts whilst emerging considerations are addressed, specifically:

2.2.1 to explore opportunities for a commissioning collaboration in SRH services as part of the Greater Lincolnshire Public Health Pilot; and,

2.2.2 to enable consideration of the content of the new National Sexual Health Specification, publication of which was expected imminently, and take account of that in the development and finalisation of the commissioning strategy for future SRH services in Lincolnshire and across Greater Lincolnshire.

2.3 The scope of the current arrangements is summarised as follows:

2.3.1 <u>Lincolnshire Integrated Sexual Health Service (LISH)</u>

A countywide integrated sexual health service delivered as the Lincolnshire Integrated Sexual Health Service (LISH), by Lincolnshire Community Health Trust (LCHS) under contract since 2016. The service aims to improve sexual health by providing access to services through 'one stop shops', where most sexual health and contraceptive needs can be met at one site, often by one health professional. The service has accessible opening hours and locations, delivering level 2 and 3 Genito-Urinary Medicine (GUM)/HIV/sexual health and community contraception (including LARC), psycho-sexual therapy (sexual health aspects), PrEP (pre-exposure prophylaxis) which is a medicine people at risk of HIV take to prevent getting HIV from sex, chlamydia screening and treatment in under 25s, C-card scheme and sexual health promotion. The LISH contract also includes £250,000 per annum of funding from Children's Services

to enhance delivery to young people (YP) aged 13 to 19 years (up to 25 SEND) following the insourcing of the Children's Health Service 0-19 in 2017.

2.3.2 The LISH service has predominately focussed on the following activities with young people:

- Promotional activity at fairgrounds, colleges, and skate parks across the county.
- C-Card activity and promotion. In 21-22 on average per quarter were 114 active sites delivering the C-Card scheme with 456 young people aged 13-19 years attending for condoms.
- Outreach services for local young people's services.
- Chat Health, a confidential text messaging service for young people.
- A school pilot with the outreach clinic unit. 9 schools and special education needs settings have participated in this pilot service to date.

2.3.3 LISH also provides HIV treatment and care (for adults) which is subject to a national standard specification and is funded by NHS England via a Section 75 arrangement. The Section 75 is important to enable joined up care and improve outcomes for people living with HIV in Lincolnshire. It enables their HIV treatment to be managed holistically as part of broader sexual health services. At present, NHSE funds the 'Treatment' aspect of HIV services, and the 'Care' element is a part of the ISHS funded through the Public Health Grant. However, we are in discussions with NHSE for the Section 75 to include 'Care' as well as 'Treatment' costs. This is already in place in several other LAs and we expect these costs to be covered by NHSE from 1st April 2023 (i.e. within the current contract). Due to the innovative nature of how this was set up, being one of the first areas nationally to explore this approach, the true cost of such service provision was not fully known when first established.

2.3.4 <u>Lincs Sexual Health Outreach, HIV Prevention and Support Services (SHOHPS)</u>
This service is commissioned to provide a sexual health outreach, HIV prevention and support service. This includes social care support to HIV/AIDs residents in Lincolnshire, outreach services, training sessions to schools and colleges, and sexual health promotion. The contract was awarded in 2016 to Positive Health Lincolnshire, a sexual health charity that has been providing support to those living with HIV in the county for over 20 years.

2.3.5 <u>Long-Acting Reversible Contraception (LARC)</u>
LCC has contracts with 64 GP Practices for provision of LARC. The service provides an intrauterine system (IUS), intrauterine device (IUD) and contraceptive implant insertion and removal service to females of childbearing potential. GPs are paid by activity and LCC is recharged by the ICS for the LARC device costs.

2.3.6 <u>Emergency Hormonal Contraception (EHC)</u>
LCC has contracts with 7 pharmacy organisations to offer free EHC services across 81 pharmacy settings to females of childbearing potential aged 13-19 and users with SEND up to 25 years of age. Pharmacies are paid per EHC consultation and drug costs are reimbursed where it is supplied.

2.4 In addition, LCC pays for Lincolnshire residents using out of area, non-contracted services through cross-charging arrangements with other local authorities.

3. Service Review

3.1 ***Lincolnshire Integrated Sexual Health Service (LISH)***
The LISH service has performed well overall and throughout the contract term since its inception in 2016. The most recent annual contract reviews conducted in 2019 and 2022 both resulted in an overall grade of 'Outstanding'. Lincolnshire Community Healthcare Service (LCHS) was also rated as Outstanding in 2018 during its most recent inspection by CQC.

3.2 Performance and service operations were impacted by the pandemic requiring adapted delivery in light of restrictions and risk-based working, implementing an enhanced telephone triage and remote prescription collection. Other service developments and changes were implemented during this period including re-procurement of laboratory services, patient management system, revised clinic locations and expansion of self-serve online STI testing.

3.3 Key Performance Indicator (KPI) measures for the service include measures around timely access to GUM services, access to HIV testing and late-stage HIV infection, Chlamydia positivity rates and LARC uptake. The service currently has 9 KPIs with service credits linked to 2 of these measures; Chlamydia positivity rate of 10% and timely access to GUM services (80% within 2 working days) for those with STI needs. Both of these measures, along with the majority of the remaining KPIs have returned to or are exceeding target levels following the disruption of the pandemic, including:

- 99% of new clients with STI needs being offered an appointment within 2 working days of contacting the service in 2022-23 to date (target 98%)
- Under 25s choosing LARC, average of 46% in 2022-23 to date (target 37%)

3.4 The number of attendances at the service for 2021/22 are:

Year 2021-22	Number of attendees
Contraceptive Services	6,692
GU Services	20,322
Young People	3,625

3.5 HIV PrEP forms part of HIV prevention and sits alongside health promotion, regular testing and swift initiation of HIV treatment where indicated. LISH agreed to be part of the initial PrEP pilot in October 2020. National funding was continued after this pilot and below are total number of attendees LiSH have seen for PrEP:

	2021/2022	**2022/2023 (April – February only)**
New Prep Appointment	131	126
Follow Up Prep Appointment	176	221

3.6 Chat Health is a confidential messaging service for young people age between 13 – 19 years old. The service allows them to access confidential advice and sign posting

information through one of the sexual health clinicians. Between Jan 2022 and Dec 2022 the chat health service received 315 text messages relating to sexual health queries.

3.7 LiSH are able to refer internally to a subcontracted psychosexual counselling service for a range of conditions. During April – Dec 2022 the service received 60 referrals and delivered 396 sessions.

3.8 Key findings from the LISH service review include;

- The thorough embedding of the integrated GUM and contraception delivery model through dual training and staffing aligned to the 'see, diagnose, treat' methodology.
- The inclusion of the HIV care and treatment as an element of the integrated service provides a seamless pathway from diagnosis, treatment and ongoing care, patients equally benefit from strong partnership working with Positive Health attending MDTs.
- Consideration of clinic locations, including accessibility in opening hours/days for young people.
- Improving service and health promotion activities
- Building on outreach clinical interventions for high risk and hard to reach groups to improve their access to sexual health provision.

3.9 ***Lincs Sexual Health Outreach, HIV Prevention and Support Services (SHOHPS)***
The SHOHPS contract has consistently met all contractual targets and provides additional value through its education offer to Lincolnshire schools and HIV Point of Care testing sessions. The service currently delivers individualised social care support to over 200 people living with HIV and their family/carers as required, around half of these individuals commenced support during the current contract term.

3.10 The outreach element of the service has maintained a highly effective presence at Public Sex Environments (PSE) sites and other identified venues to provide sexual health information, advice and condoms to high risk, hard to reach groups. The dedicated team have developed expertise in engaging and promoting testing with individuals who rarely access universal sexual health provision.

3.11 The education provision receives positive feedback from schools and colleges delivering over 200 funded sessions and a further 400 added value sessions in 2021-22 to over 17,000 attendees.

3.12 Overall, the contract has consistently maintained a low-risk rating and received an 'Outstanding' grading in annual contract reviews conducted in 2019 and 2022.

3.13 The service review has identified the distinct needs of the different cohorts of individuals supported by the service ranging from those newly diagnosed to people who have been living with HIV for many decades. In particular the needs of the 19% who are 60 years of age or above, many of whom are living with co-morbidities. Feedback from service users highlights the critical role of the support for individuals

living with HIV to maintain independence, manage their ongoing medical care and respond to changing circumstances and increasingly complex needs.

3.14 ***Long-Acting Reversible Contraception and Emergency Hormonal Contraception***
The EHC and LARC contracts are activity-based arrangements with no minimum delivery volume targets, although there are expectations related to training competencies for delivery staff within commissioned GP practices and pharmacies. Both service types were significantly impacted by the pandemic with delivery for EHC remaining well below pre-2020 levels, a key message from the review of these arrangements highlights the need for improved promotion and awareness within the target age cohorts. LARC delivery also remains in post-pandemic 'recovery' status, with around 70% of contracted GPs returning to active delivery. A key challenge identified for future provision surrounds maintaining training competences for LARC fitters and pooling resources across smaller GP practices, as well as a need to focus on maximising participation from Lincolnshire's GP practices and pharmacies to ensure broad accessibility to LARC and EHC services.

3.15 GP LARC delivery rates continue to improve post pandemic in Lincolnshire, as they do regionally and nationally. However, activity rates regionally now appear to be recovering more quickly than in Lincolnshire, which is likely to be down to a reduced number of practices in Lincolnshire now offering LARC. Engagement with GPs suggests a review of the financial model is needed, with an increase for implants now being worked into the costed model.

3.16 ***National Sexual Health Strategy***
The government in 2013 set out its ambitions for improving sexual health in its publication, 'A framework for sexual health improvement in England'. In December 2021, the government published an action plan towards ending HIV transmission, AIDS and HIV-related deaths in England 2022 to 2025. An overarching strategy for sexual health is now expected in 2023, complementing the new national specification for integrated sexual health services which was published on the 20th March this year. The National service specification covers the specialist integrated sexual health services that local authorities are responsible for commissioning including testing and treatment for sexually transmitted infections, the provision of HIV PrEP and provision of the full range of contraception. It is recognised that these services form part of a wider landscape of local provision, for which the new ISHS provider will become a system leader.

3.17 In addition, the NHS Long Term Plan highlights the importance of NHS services supporting action taken by local government in relation to sexual health service provisions. From January this year a contraception offer will be progressively rolled out across pharmacies who opt in to deliver basic oral contraception through to LARC services.

4. Demand and Financial Modelling

4.1 Demand for sexual health services was heavily impacted by the pandemic, but best estimates suggest that levels of social and sexual mixing have returned to pre-covid levels. Long-term impacts of the pandemic on behaviours are still unknown. However, increased numbers of people with poor mental health, problematic drug

and alcohol use, and lack of exposure or access to preventative or health promotion interventions (such as relationship and sex education), may also result in more risk-taking behaviours and case complexity, consequently leading to higher STI rates and GUM attendances.

4.2 An increase in preventative activities (such as PrEP and vaccinations) is likely as current interventions scale up and new interventions come online. This will increase GUM attendances (as seen in current activity data) but will result in a decrease in STI and HIV transmission.

4.3 Demand projections are estimated to 2030 using a combination of pre-pandemic activity, current activity and population projections to 2030. Demand modelling has considered the core activity areas of GUM services and LARC (split by ISHS delivered LARC and GP delivered LARC).

4.3.1 GUM: There is confidence that GUM services have recovered and stabilised following the impact of COVID-19 measures, as such current service activity provides a reliable baseline from which to project future activity. Demand for GUM services is expected to increase to 22,187 from a current baseline of 20,380. This would be an increase of 1,807 attendances a year from baseline to the end of the contract.

4.3.2 ISHS Contraception: The projections for ISHS contraception are based on rates returning to pre-pandemic levels, considering the population increases between now and 2030. There was an average of 7,492 contraception attendances in the two years prior to the pandemic. To return to this level would be a 26.28% reduction on the current level of attendances. Based on baseline projections for 2030 (see below), this is 2,818 fewer attendances, 7,904 in total.

4.3.3 GP LARC: GP LARC fittings were significantly affected by the pandemic and the latest service data shows GP LARC services still to be in recovery. In addition, Lincolnshire's payments for implant activity are low compared to comparator areas, and perceived as such by local GPs, with recent data showing this is likely having an impact on implant activity. A range of scenarios have been used to model GP LARC demand and cost, including changes to activity payments. Increasing access and choice for all women who want contraception, including LARC, is a strategic priority of the Women's Health Action Plan. As such, the local ambition is to increase GP LARC provision. Lincolnshire's 2017/18 and 2018/19 GP LARC rates provide an achievable and realistic target. This year the service is projected to fit 3,871 LARCs, which is expected to rise to 5,200 by 2030.

4.3.4 Emergency Hormonal Contraception (EHC): EHC is a very small element of the overall sexual health service and as such no detailed demand modelling has been undertaken for this element of the service.

4.4 Costs of the current LCC commissioned SRH services have previously been benchmarked against services delivered by statistical neighbour authorities using

the methodology set out in Public Health England's Spend and Outcomes Tool (SPOT) and have predominantly been over the average for spend per head in comparison to other areas. However, to allow for a more accurate reflection of the spend, the estimated cost of the NHSE element, described below, has been removed. The cost of ISHS, GP LARC and pharmacy services were included, in line with previous calculations.

4.5 The mean adjusted average cost per head per 15-64 age population of the nine local authorities compared is £8.89, compared to £8.58 in Lincolnshire. This means we will continue to spend in line with regional and comparable averages within the new model based on the proposed budget.

4.6 Further work is taking place with NHSE to determine the actual cost of the HIV treatment and care element of the section 75 agreement. Currently NHSE only cover the cost of treatment (drugs costs) leaving LISH/LCC to cover the cost of any ongoing care. For the cost analysis above it is estimated that the cost of the care element is approximately £500,000 per year, based on the cost per individual accessing care treatment within other models.

5. Budget and Cost Implications

5.1 The working assumption is that the new services will be commissioned within the current available budget. The current budget is £5,206,640, made up of £4,956,640 from the Public Health grant and £250,000 from Children's Services. In addition, there is up to £1.3 million from NHSE based on activity for the NHS treatment and care service. The LCC budget is due to underspend by approximately £100,000 this year.

5.2 It is recommended that the overall budget for 2024/25 be set at £4,890,314 (including the £250,000 from Children's Services) pending formal approval by Executive. The additional £1.3 million from NHSE (the Section 75 Agreement) is still under negotiation and is expected to increase to account for the "care" costs of HIV treatment and care.

5.3 This represents an overall budget reduction of £316,326 from the financial year 2024/25, not including the likely increase in the NHSE budget. However, mitigation for any associated cost pressures includes:

- Engaging with NHSE to cover the true cost of the HIV Treatment and Care as part of their own statutory responsibilities, estimated to be in the region of an additional £500,000 pa. Engagement with NHSE continues, and this exact amount for this agreement is still to be finalised.
- Development of an agreement to not cross charge across Greater Lincolnshire. Last year LCC spent £91,000 on out of area payments to the provider in North and North-East Lincolnshire, which is not reciprocal as Lincolnshire are a net exporter for sexual health services.
- Integration efficiencies to be explored during the tender process across the Greater Lincolnshire model.

5.4 In addition to the recurring budget, it is proposed a fund of up to £500,000 will be made available from current public health reserves to support the provider of the LISH with mobilising an appropriate suite of estates.

5.5 Demand and financial modelling indicate the budget allocated to the Sexual Health Services is adequate to meet expected demand and reasonable growth. The 'in principle' sufficiency of the proposed budget has also been explored and validated as part of the market engagement process.

6. Proposed Changes to Current Arrangements

6.1 *Greater Lincolnshire (GL) Collaboration*

The opportunity to collaborate with GL authorities, North and North-East Lincolnshire Councils (NLC and NELC), on the commissioning of Sexual Health Services for the Greater Lincolnshire (GL) population, has been explored as part of the GL Public Health Pilot. There is an appetite from all parties to do so. We have an in-principle agreement with NLC and NELC to pursue the collaboration and are working towards a joint specification for ISH and SHOHPS to standardise requirements as far as possible. We will utilise a single tender process but retain separate contracts for each participating Council through a tender lotting structure described at section 8. There is also appetite from the market for this Greater Lincolnshire approach. The key benefits of a Greater Lincolnshire approach would be:

- To the GL population, who should have improved access to services, particularly in bordering areas. A consistent service will be offered across Greater Lincolnshire due to the common core specification. If different providers are successful in the lots, there will be an expectation that they work together to achieve the consistent approach and marketing and service access across the Greater Lincolnshire area.
- The greater potential opportunity could stimulate the market for providers who may not have worked with the authorities before.
- The standardisation of requirements and the opportunity to be awarded a contract in all parts of Greater Lincolnshire is likely to result in delivery efficiencies benefitting all commissioning bodies.

6.2 The priority for LCC is to ensure that the needs of Lincolnshire residents are met through this procurement collaboration. There are some associated risks and dependencies relating to this outlined in section 7.

6.3 LCC will lead the procurement due to the comparative size and value of LCCs services. However, the specification, tender drafting, evaluation, and mobilisation will be completed by a team with representatives from all authorities.

6.4 As part of the development of the Greater Lincolnshire collaboration, several service models were explored including a fully integrated service. Extensive research and engagement have been undertaken with the market, service users, incumbent providers and other stakeholders to inform this proposal. The proposed lotted model as described in section 8 has been identified as the most achievable model

whilst offering additional benefits to residents of all authorities and potential efficiency of service delivery.

6.5 *Future Structure of Services for Lincolnshire.*
The proposed new structure for Lincolnshire's services is visually represented in figure 2 below. In this structure, the ISHS provider becomes responsible for managing pharmacy sexual health provision, and LCC retains responsibility and separately contracts for GP LARC provision and sexual health outreach, prevention and promotion and HIV support services. This contains all the core elements of the current services for four key reasons:

i. This meets the Local Authorities Statutory Responsibility to provide sexual health services.
ii. The model aligns well to the national ISHS specification.
iii. The current service model is performing well for Lincolnshire people.
iv. Engagement work was supportive of the model.

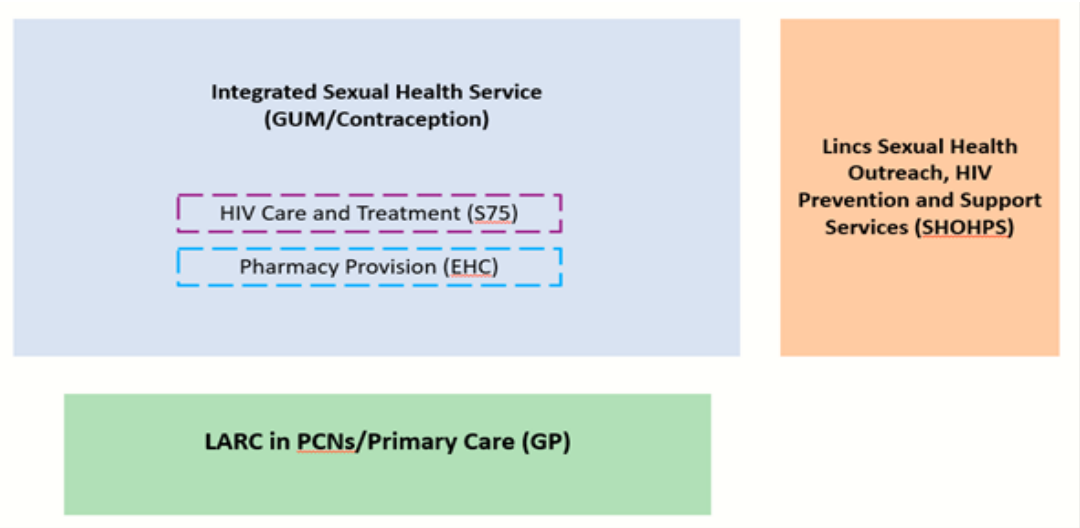


Figure 2: Proposed structure for Lincolnshire Sexual Health Services

6.6 This structure will:

6.6.1 Enable the ISHS to work with pharmacies to scale services up or down to meet need and will support closer working between the ISHS and pharmacies, which currently show low usage compared to statistical neighbours.
6.6.2 Retain the benefits of having a separately commissioned outreach, prevention and promotion, and HIV support service, which shows good outcomes, engagement and innovation as a separately commissioned service.
6.6.3 Retain benefits of continuing direct contracting relationships with GPs, which engagement has evidenced will ensure wider participating of GP practices as well as being a lower cost solution.

6.7 The scope of the Integrated Service will include all elements of the new national specification, including testing and treatment for sexually transmitted infections, the provision of HIV PrEP and provision of the full range of contraception. It will also include the pharmacy EHC in line with the national direction for EHC services, and

continuation of Section 75 for HIV (NHSE funded HIV treatment and care). The new Integrated service model will have a clearer focus on a digital offer for prevention and testing options, a more enhanced and evidence-based health promotion approach and the provider will be a system leader for sexual health services across Lincolnshire.

6.8 The continuation of the Section 75 is important to enable joined up care and improve outcomes for people living with HIV in Lincolnshire. It enables their HIV treatment to be managed holistically as part of broader sexual health services. At present, NHSE funds the 'Treatment' aspect of HIV services, and the 'Care' element is a part of the ISHS funded through the Public Health Grant. However, we are in discussions with NHSE for the Section 75 to include 'Care' as well as 'Treatment' costs. This is already in place in several other LAs and we expect these costs to be covered by NHSE from 1st April 2023 (i.e., within the current contract).

6.9 Under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2006 the Council may enter into partnership arrangements under section 75 as long as those arrangements are likely to lead to an improvement in the way in which the functions included in the arrangements are exercised. The arrangements in question have been proven over a number of years to improve services relating to HIV Treatment and Care. The proposals in this Report build on that to enable greater integration of the delivery of sexual health services.

6.10 Under the Regulations there is a requirement on the Council and the NHS Commissioning Board to jointly consult with such persons as appear to them to be affected by the arrangements. Consideration has been given to this but as the proposals represent a technical adjustment in the way that the arrangements work rather than a fundamental change to the arrangements themselves there are not considered to be any people affected by the proposals so as to require consultation.

7. Risks and Dependencies

7.1 Attractiveness of the contract – Through research and engagement with the market, it is understood that the market for sexual health services is small, with six organisations participating in the pre-tender market engagement exercise. That exercise highlighted estates as a potential barrier to entry to the Lincolnshire market for interested organisations not already based here. The proposed mobilisation fund is intended to increase the attractiveness of the ISHS contract, enabling new entrants/incumbent providers to meet the requirements of the new service specification.

7.2 Integrated Service – Engagement with the market showed that providers have contracts with other authorities for both integrated and non-integrated services. There is a risk that SMEs will be unable to bid for the ISHS as the service model carries a higher financial risk for them or they may be unable to meet the requirements. One advantage of maintaining a separate HIV outreach support contract in the new model, is that it enables SMEs to bid for a sexual health contract in Lincolnshire.

7.3 Greater Lincolnshire – The Greater Lincolnshire approach was explored as part of market engagement and the responses received were positive. Timescales to achieve the proposed collaboration are constrained, and there is a risk to LCC of GL partners not being ready to go out to tender at the same time. To mitigate the associated risks to continuity of SH services in Lincolnshire, clear deadlines and expectations have been set with GL partners to ensure the tender documentation can be published on time. Additionally, in the event that different providers are successful for Lincolnshire and Northern Lincolnshire contracts, a high level of partnership working to achieve the outcomes and benefits of the Greater Lincolnshire approach will be required.

8. Commercial Model

8.1 Taking account of the findings from the review work undertaken including the market engagement feedback, demand and financial modelling and service user engagement, it is proposed the commercial model for the new services will be structured as summarised below.

8.2 Delivery for the LISH contract will be by a single provider of a countywide service, which will also include the EHC contracts with community pharmacies which has previously been separately tendered and contract managed. The tender phase will not preclude bids from consortia and sub-contracting models which should help to maximise the level of competition.

8.3 Delivery of the GP LARC contracts will be a multiple provider framework model to ensure broad coverage across the county. There will be no limit to the number of providers who can be awarded a LARC contract, but all successful providers will have to demonstrate their ability to meet the minimum standards in line with the tender award criteria.

8.4 Delivery of the SHOHPS contract will be by a single provider of a countywide service. The tender phase will not preclude bids from consortia and sub-contracting models which should help maximise the level of competition.

8.5 It is proposed to maximise the attractiveness of the contracts and to meet the different requirements of each of the three authorities, the tender will be separated into the following lots:

8.5.1 Lot 1 – Lincolnshire Integrated Sexual Health Service
8.5.2 Lot 2 (a) and (b) – Northern Lincolnshire Integrated Sexual Health Service
8.5.3 Lot 3 – Lincolnshire Long-Acting Reversible Contraception
8.5.4 Lots 4 (a) and (b) - Greater Lincolnshire Sexual Health Outreach, HIV Prevention and Support Services

8.6 The tender will allow providers to bid and be successful in one or more lots which should help to maximise the level of competition.

8.7 All authorities will have an individual contract for each of their lots. The following contracts will be completed:

8.7.1 Lot 1 - Lincolnshire Integrated Sexual Health Service
8.7.2 Lot 2 (a) - North Lincolnshire Integrated Sexual Health Service
8.7.3 Lot 2 (b) - North-East Lincolnshire Integrated Sexual Health Service
8.7.4 Lot 3 - Lincolnshire Long-Acting Reversible Contraception
8.7.5 Lot 4 (a) - Lincolnshire Sexual Health Outreach, HIV Prevention and Support Services
8.7.6 Lot 4 (b) – North-East Lincolnshire Sexual Health Outreach, HIV Prevention and Support Services

9. Payment and Performance

9.1 Payment for the LISH and SHOHPS services will by way of a fixed sum (block payment) in arrears for the delivery of the services, with periodic review points to take account of inflationary cost pressures, with any uplifts given subject to the public health grant allocation and evidence of need. Prices will be competed on at tender stage and form part of the contract award criteria.

9.2 Payment for the LARC service will be by way of activity payment with no minimum delivery targets. The tariff of payments will be set by the Council with periodic review points to take account of inflationary cost pressures with any uplifts given subject to the public health grant allocation and evidence of need.

10. Contract Commencement and Duration

10.1 The existing Sexual Health Services contracts concludes on 31 March 2024, with the new contracts needing to commence on 01 April 2024.

10.2 The proposed duration of these contracts will be for an initial period of five years with an extension period of two years. The attractiveness of this approach was tested as a part of the market engagement process, and the views of the market provided validation that the proposal is a realistic, reasonable and an attractive term for the contracts.

11. Procurement Implications

11.1 The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. A Contract Notice will be published in June 2023 and a Contract Award Notice will be issued on any award to a successful bidder.

11.2 In undertaking the procurement, the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination.

11.3 The procurement process shall conform with all information as published and set out in the Contract Notice.

11.4 All time limits imposed on bidders in the process for responding to the Contract Notice and Invitation to Tender will be reasonable and proportionate.

11.5 Subject to the maximum available budget and a commitment to deliver the service volume expectations, which have been profiled as described at section 5, the final cost of the service will be determined via competition.

11.6 The tender evaluation will focus on a combination of service cost and quality, and the capability of a provider and any organisations they may wish to form sub-contracting arrangements with, to deliver the required volume of service and quality outcomes across the county.

12. Public Services Social Value Act

12.1 In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

12.2 Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises (SMEs) in the delivery of the services. Evaluation methodologies will incentivise the delivery of a skilled and trained workforce.

12.3 Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

13. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision-making process.

The purpose of the service is to improve sexual and reproductive health outcomes and reduce inequalities associated with sexual and reproductive health. The service will have open and equitable access, as well as a strong focus on prevention and health promotion. This will include providing a universal service whilst targeting prevention and treatment to population groups who are at greater risk of poor health outcomes. The service will harness technology to improve access across Lincolnshire.

An Equality Impact Assessment (EIA) has been undertaken and is available at Appendix A. The changes the service provisions will likely see wider engagement with most populations identified in the EIA. The national service specification is clear that the service provider should demonstrate how they will adapt services to ensure individuals with disabilities are also to access equitable provisions, and this will represent an award-criteria as part of the competitive tender process.

Joint Strategic Needs Assessment (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) in coming to a decision.

There are clear links with supporting reducing health inequalities within the Sexual Health JSNA topic. Integrated SRH services have an integral role running across and contributing to all of the seven priorities of the JHWS. However, more specifically, ISHS can play a pivotal role in supporting, Mental Health and well-being for both young people and adults.

All of the service lots across the four main service areas play a vital role in contributing to all aspects of the JSNA for Sexual and Reproductive Health. The new service model will also strongly consider the areas of need and local demographics, as the service is remodelled.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

This service is unlikely to directly contribute to the furtherance of the section 17 matters.

14. Conclusion

14.1 Re-procuring the service supports the Council in fulfilling its statutory duties under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to commission open access services for the provision of contraception and detection and treatment of STIs. The new integrated service will have open and equitable access, as well as a strong focus on prevention and health promotion. This will include providing a universal service whilst targeting prevention and treatment to population groups who are at greater risk of poor health outcomes. The service will harness technology to improve access across Lincolnshire.

14.2 The proposed model is in alignment with the new national sexual health services specification and the NHS Long Term Plan objective to progressively roll out a contraception offer across pharmacies who opt to deliver those services, from basic oral contraction through to LARC services.

14.3 It is expected that the proposed changes and improvements to the sexual health services through the proposed structure for contracts, specification and associated

processes, including standardisation of services across the Greater Lincolnshire area, will enable the Council to maximise the service impact and benefit to end users as well as improving the ability to evidence value for money.

14.4 Revised Key Performance Indicators (KPI) measures will also help to ensure that the required service levels, outcomes and impact are optimised.

15. Legal Comments:

The Council has the power to commission the services and enter into the contracts proposed.

The proposed procurement process is compliant with the Council's legal obligations.

The decision is consistent with the Policy Framework and within the remit of the Executive if it is within the budget.

16. Resource Comments:

The budget agreed by Council in February 2023 includes £6.507m for adults and children's sexual health services including those supported by NHS England funding. Adult Care MTFP incudes the proposed changes contained in this paper including the £0.500m mobilisation costs earmarked in the Public Health Grant reserve.

The report includes the mean adjusted average cost per head per 15-64 age population and indicates that the proposed spend for Lincolnshire is now within the regional average.

17. Consultation

a) Has Local Member Been Consulted?

n/a

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 5 April 2023 and the comments of the will be reported to the Executive.

d) Risks and Impact Analysis

Attached at Appendix A

18. Appendices

These are listed below and attached at the back of the report	
Appendix A	Equality Impact Assessment

19. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Lucy Gavens, who can be contacted on lucy.gavens@lincolnshire.gov.uk.

Equality Impact Analysis

Purpose

The purpose of this document is to:

(i) help decision makers fulfil their duties under the Equality Act 2010 and
(ii) for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence evolves on proposals for a:

- project
- service change
- policy
- commissioning of a service
- decommissioning of a service

You must take into account any:

- consultation feedback
- significant changes to the proposals
- data to support impacts of the proposed changes

The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker. The Equality Impact Analysis must be attached to the decision-making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics. By evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms.
(ii) remove any unlawful discrimination, harassment, victimisation, and other prohibited conduct.
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics.
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an impact analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision-making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.

Impact

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this ask simple questions:

- who might be affected by this decision?
- which protected characteristics might be affected?
- how might they be affected?

These questions will help you consider the extent to which you already have evidence, information and data. It will show where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to decide where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable, then it must be clearly justified and recorded as such. An explanation must be stated as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option

If more than one option is being proposed, you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background information

Details	Response
Title of the policy, project or service being considered	Re-Commissioning of Lincolnshire's Sexual Health Services
Service area	Public Health, Adult Care and Community Wellbeing, Children's Services
Person or people completing the analysis	Matthew Bell, Sam Crow
Lead officer	David Clark
Who is the decision maker?	Lucy Gavens
How was the Equality Impact Analysis undertaken?	Desktop exercise, linking in with market research, service review and direct engagement and feedback.
Date of meeting when decision will be made	Executive on 03 May 2023
Is this a proposed change to an existing policy, service, project or is it new?	Update to service provision across all areas of sexual health services.
Version control	V1
Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?	Re-Commissioning
Describe the proposed change	Lincolnshire County Council Public Health is recommissioning the Sexual Health Services in Lincolnshire. The new contract for services will run from 01 April 2024. Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy. Local authorities commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Some specialised services are directly commissioned by ICBs and at the national level by NHS England.

Details	Response
	Local authorities commission: • comprehensive sexual health services including most contraceptive services and all prescribing costs • STI testing and treatment, chlamydia screening and HIV testing • specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies ICB's Commission: - most abortion services - sterilisation - vasectomy - non-sexual-health elements of psychosexual health services - gynaecology including any use of contraception for non-contraceptive purposes NHS England commissions: - contraception provided as an additional service under the GP contract - HIV treatment and care (including drug costs for PEPSE) - promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs - sexual health elements of prison health services - sexual assault referral centres - cervical screening - specialist fetal medicine services Across England there is considerable regional variation in how sexual health services are provided and commissioned. They vary from distinctly separate general practice and community-based contraceptive provision with hospital-based abortion and genito-urinary medicine (GUM) services, to fully integrated sexual health services in the community. The variations occur because of differences in commissioning and contractual models used in local areas. Health and Social Care Act 2012 divided commissioning responsibilities for sexual and reproductive health (SRH) and

Details	Response
	HIV services between local authorities, clinical commissioning groups (CCGs) and NHS England. Local authorities have a legal duty to commission open access services for the provision of contraception and detection and treatment of STIs. Since 01 April 2013 the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (the 2013 Regulations) require that each local authority "shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area": • For preventing the spread of STIs; • For treating, testing and caring for people with such infections; • For notifying sexual partners of people with such infections, and • Advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and • Advice on preventing unintended pregnancy.

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.

To help you do this, consider the impacts the proposed changes may have on people:

- without protected characteristics
- and with protected characteristics

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify, please state 'No perceived benefit' under the relevant protected characteristic.

You can add sub-categories under the protected characteristics to make clear the impacts, for example:

- under Age you may have considered the impact on 0-5 year olds or people aged 65 and over
- under Race you may have considered Eastern European migrants
- under Sex you may have considered specific impacts on men

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page.

If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information on the protected characteristics for our workforce on our website. Managers can obtain workforce profile data by the protected characteristics for their specific areas using Business World.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics. If there is no positive impact, please state *'no positive impact'.*

<table>
<tr><th>Protected characteristic</th><th>Response</th></tr>
<tr><td>Age</td><td>No perceived positive impact. As under the current service, the re-commissioned service will be open to all ages (as appropriate), with a need. The council will place a requirement in the service specification to offer an equal and accessible service, which will be monitored through contract management. Therefore, individuals of any age should be able to access the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. People with protected characteristics will be engaged with more proactively given the move to a more sophisticated health promotion element.

Lincolnshire population by age

<table>
<tr><th></th><th><15</th><th>16-24</th><th>25-34</th><th>35-44</th><th>45-64</th><th>65+</th></tr>
<tr><td>Boston</td><td>12,915</td><td>6,196</td><td>9,261</td><td>8,806</td><td>18,039</td><td>14,847</td></tr>
<tr><td>East Lindsey</td><td>20,279</td><td>10,578</td><td>12,849</td><td>12,402</td><td>41,432</td><td>43,159</td></tr>
<tr><td>Lincoln</td><td>15,619</td><td>21,509</td><td>14,462</td><td>11,140</td><td>21,152</td><td>15,316</td></tr>
<tr><td>North Kesteven</td><td>19,237</td><td>9,685</td><td>13,449</td><td>13,603</td><td>33,002</td><td>27,868</td></tr>
<tr><td>South Holland</td><td>15,986</td><td>7,925</td><td>10,700</td><td>10,699</td><td>26,317</td><td>23,292</td></tr>
<tr><td>South Kesteven</td><td>24,621</td><td>11,470</td><td>14,458</td><td>16,422</td><td>41,079</td><td>33,556</td></tr>
<tr><td>West Lindsey</td><td>15,357</td><td>7,839</td><td>9,863</td><td>9,965</td><td>27,873</td><td>24,240</td></tr>
<tr><td>Lincolnshire</td><td>124,014</td><td>75,202</td><td>85,042</td><td>83,037</td><td>208,894</td><td>182,278</td></tr>
</table>
Source: ONS 2020 mid-year population estimates</td></tr>
<tr><td>Disability</td><td>The re-commissioned service will be open to all with a Sexual Health need. People with a disability should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.

The national and current service specifications are clear that service provision should be made under the Equality Act 2010 to ensure that everyone receives a comprehensive and equal service regardless of disability. There's specific reference to ensuring that premises are compliant with requirements in the EA and Disability Discrimination Act; that appointments are adjusted to accommodate people with disabilities and their carers (for example through longer</td></tr>
</table>

<table>
<tr><th>Protected characteristic</th><th>Response</th></tr>
<tr><td></td><td>appointments); that marketing and communication considers the needs of people with disabilities; that services work with services for those with disabilities as key stakeholders; and that EIAs are used for service planning.</td></tr>
<tr><td>Gender reassignment</td><td>No perceived positive impact. People who have been through or are going through gender reassignment should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.</td></tr>
<tr><td>Marriage and civil partnership</td><td>No perceived positive impact. People who are married or in a civil partnership should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.</td></tr>
<tr><td>Pregnancy and maternity</td><td>No perceived positive impact. People who are pregnant or on maternity should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.</td></tr>
<tr><td>Race</td><td>No perceived positive impact. People of any race should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.

Within Lincolnshire and Greater Lincolnshire, a lower proportion of people identify as Black, Black British, Black Welsh, Caribbean or African when compared to the UK. Only 0.6% of people identified in this category in both Lincolnshire and Greater Lincolnshire, compared to 2.5% nationally.

Within Boston, 19.4% (n=13,698) of people identified as being ‘White: Other White’, which is higher than the national average of 6.2%. In South Holland this rate was 11.3% (n=10,764), also higher than the national average. This reflects the high number of Eastern European migrants living and working in the Boston and South Holland districts.

Table 3 – ethnic group by Lincolnshire district
<table>
<tr><th></th><th colspan="2">White: English, Welsh, Scottish, Northern Irish or British</th><th colspan="2">Asian, Asian British or Asian Welsh</th><th colspan="2">Black, Black British, Black Welsh, Caribbean or African</th><th colspan="2">White: Other White</th><th colspan="2">Mixed or Multiple Ethnic Groups</th></tr>
<tr><th></th><th>%</th><th>Number</th><th>%</th><th>Number</th><th>%</th><th>Number</th><th>%</th><th>Number</th><th>%</th><th>Number</th></tr>
<tr><td>Boston</td><td>74.5</td><td>52,540</td><td>2.1</td><td>1,443</td><td>0.7</td><td>467</td><td>19.4</td><td>13,697</td><td>1.4</td><td>1,015</td></tr>
<tr><td>East Lindsey</td><td>95.6</td><td>136,036</td><td>0.9</td><td>1,134</td><td>0.2</td><td>292</td><td>1.7</td><td>2,414</td><td>1.0</td><td>1,484</td></tr>
<tr><td>Lincoln</td><td>82.7</td><td>85,891</td><td>3.3</td><td>3,347</td><td>1.4</td><td>1,466</td><td>8.5</td><td>8,818</td><td>1.4</td><td>2,068</td></tr>
<tr><td>North Kesteven</td><td>96.0</td><td>111,304</td><td>1.0</td><td>1,160</td><td>0.4</td><td>818</td><td>2.4</td><td>2,830</td><td>1.2</td><td>1,368</td></tr>
</table></td></tr>
</table>

Protected characteristic	Response
	South Kesteven 90.5 129,741 1.8 2,529 0.7 875 4.8 6,822 1.0 1,951 South Holland 84.4 80,244 1.3 1,176 0.5 517 11.3 10,764 1.3 1,225 West Lindsey 94.5 89,964 1.2 1,136 0.3 388 1.8 1,691 1.1 1,081 **Lincolnshire 89.2 685,720 1.6 11,925 0.6 4,823 6.1 47,036 1.3 10,192** North East Lincolnshire 92.6 145,362 1.6 2,437 0.5 846 3.3 5,156 1.0 1,617 North Lincolnshire 88.7 150,554 3.3 5,622 0.5 820 5.0 8,548 1.1 1,820 **Greater Lincolnshire 89.6 981,636 1.8 19,984 0.6 6,489 5.5 60,740 1.2 13,629** Source: Census 2021 data.
Religion or belief	No perceived positive impact. People of any religion or belief should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.
Sex	No perceived positive impact. People of any sex should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic. The 2021 Census showed the size of the usual resident population in Lincolnshire was 768,400 people. Office for National Statistics (ONS) 2020 Mid-Year Population Estimates show a 49% male and 51% female breakdown.
Sexual orientation	People of any sexual orientation should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic. Gay, bisexual and men who have sex with other men (GBMSM) populations will be engaged with more proactively than in the current service, which may represent a positive impact, if it's taken up.

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Positive impacts
Potential positive impacts have been identified through enhancements made to the new service, such as a more sophisticated health promotion service, engaging wider audiences with versatile and themed timely content, creating targeted media and communications to focus on harder-to-reach groups and areas of the population less likely to engage with mainstream health and wellbeing services. Continued enhancement of the existing digital offer of the provision will also be a theme of the new service, with engagement with the public showing a want for quick and easy online access to services, which could include treatment, information and advice and signposting to face to face frontline services. The recommissioning will also include the continuation of the positive health element of the services which targets support at: - Specialist social support for people infected or affected by HIV/AIDS - Outreach service to high-risk GBMSM populations - Sexual Health Promotion All of these areas identified could potentially have a positive impact on service provision and be realised by all members of the public not just those specifically covered by the protected characteristics in the Equality Act 2010.

Adverse or negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is:

- justified
- eliminated
- minimised or
- counter-balanced by other measures

If there are no adverse impacts that you can identify, please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact, please state *'No mitigating action identified'*.

Protected characteristic	Response
Age	No perceived adverse impact. No mitigating action identified.

Protected characteristic	Response
Disability	No perceived adverse impact. No mitigating action identified.
Gender reassignment	No perceived adverse impact. No mitigating action identified.
Marriage and civil partnership	No perceived adverse impact. No mitigating action identified.
Pregnancy and maternity	No perceived adverse impact. No mitigating action identified.
Race	No perceived adverse impact. No mitigating action identified.
Religion or belief	No perceived adverse impact. No mitigating action identified.
Sex	No perceived adverse impact. No mitigating action identified.
Sexual orientation	No perceived adverse impact. No mitigating action identified.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Negative impacts

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders).

You must evidence here who you involved in gathering your evidence about:

- benefits
- adverse impacts
- practical steps to mitigate or avoid any adverse consequences.

You must be confident that any engagement was meaningful. The community engagement team can help you to do this. You can contact them at engagement@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place. Include:

- who you involved when compiling this EIA under the protected characteristics
- any organisations you invited and organisations who attended
- the date(s) any organisation was involved and method of involvement such as:
    - EIA workshop
    - email
    - telephone conversation
    - meeting
    - consultation

State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted or engaged with.

Objective(s) of the EIA consultation or engagement activity
To inform the development of the new model and specification, a range of engagement has taken place with stakeholders to: • Increase the engagement of people that currently access sexual health services in Lincolnshire. • Assess whether services are meeting all the perceived sexual health needs of residents. • Understand how aware local people are of local sexual health services. • Understand how services are accessed, including preferences and barriers to accessing services, including accessing services out of area. • Identify opportunities to innovate and improve services. • Identify key priorities for future sexual health services. • Inform the development of a local sexual health strategy and service specification/s. • Identify the factors that prevent (and enable) the provision of Long-Acting Reversible Contraception (LARC) services in primary care and the potential interventions (short-term and long-term) to better support those in primary care to deliver LARC services. • To understand the benefits of education setting related support currently offered by Positive Health. Summary of the scope and need for the engagement:

Objective(s) of the EIA consultation or engagement activity

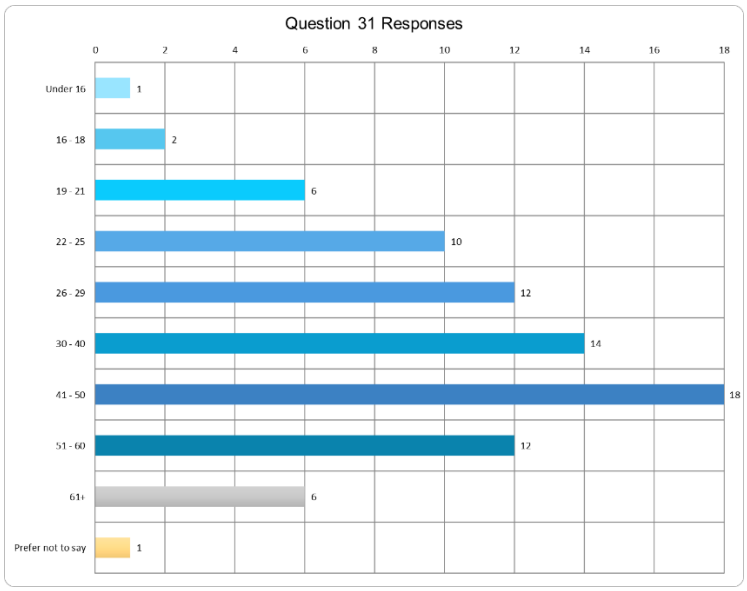
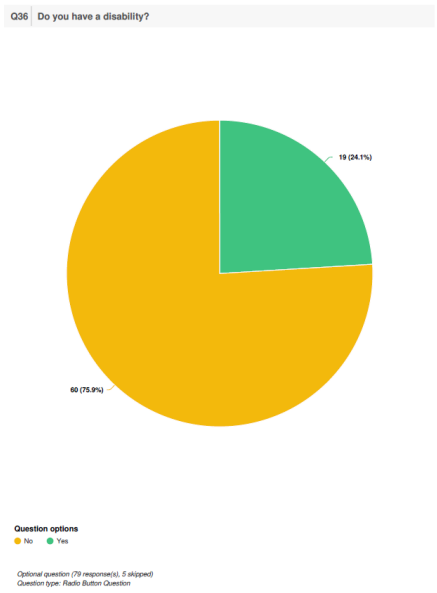
- We wanted to hear views and feedback on the current Sexual Health Services in Lincolnshire on what works well and what doesn't work well, to help improve services for all who are likely to access them in the future, as part of the new service.
- We attempted to reach as many people as possible, including those that use the service and those who might not be using the service at this time but have sexual health needs, so we can attempt to meet the needs of all Lincolnshire residents and find out what is working well currently and what can be targeted for future improvement.
- Our key priority was to ensure all the responses fed into the service review to help shape the subsequent re-procurement of sexual health services.
- We wanted to find out what people thought about the ease of access and availability of the current service provision.

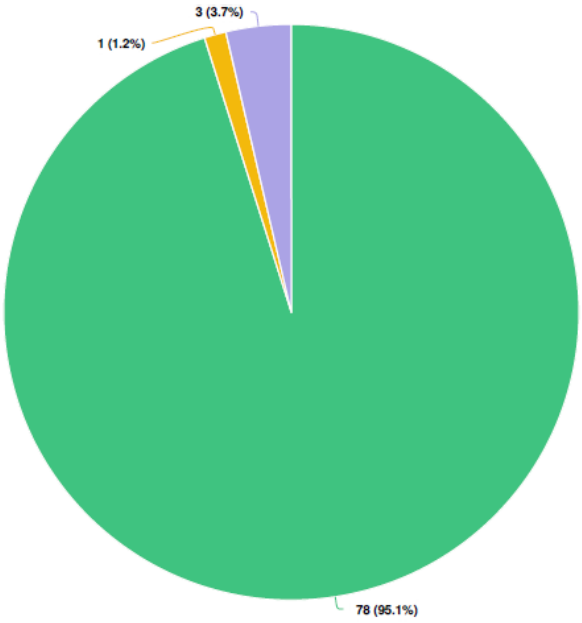
The approach taken:

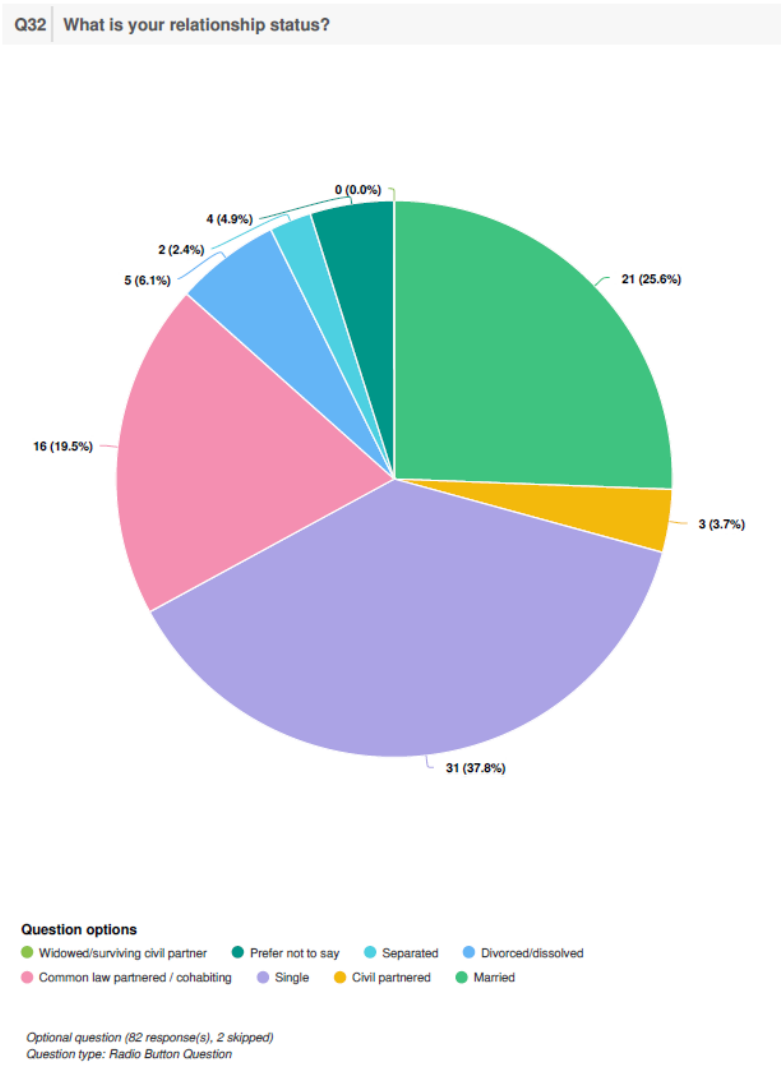
- The public survey was published on the Let's Talk Lincolnshire Platform, paper copies were also available. The survey was promoted via LCC's Commissioned Providers (LISH & Positive Health), but also via the University of Lincoln and through Int-Comms/School News. A total of 252 people viewed the survey on the online platform, and this generated a total of 84 responses from a diverse group of respondents.
- The stakeholder survey was published on the Let's Talk Lincolnshire Platform only, specifically targeting local stakeholders working with vulnerable groups at higher risk of poor sexual and reproductive health. This stakeholder survey focussing on engaging hard to reach groups. Emails were then sent to key stakeholders directly, with messaging also going out in Int-Comms and via provider leads at LCC. This generated a total of 36 responses.
- Work has also been undertaken on engaging the Pharmacies and GPs targeting Emergency Hormonal Contraception (EHC) and LARC provision respectively. These surveys have been circulated by email to the Primary Care Networks and via Community Pharmacies Lincolnshire, as well as the Lincolnshire Local Medical Committee (LMC).
- Ad-hoc engagement has also been carried out at a Maternity Event in Skegness attended by members of the public and fellow Health Professionals. The LCC Commercial Team has also supported in gathering staff feedback from the two Commissioned Providers.

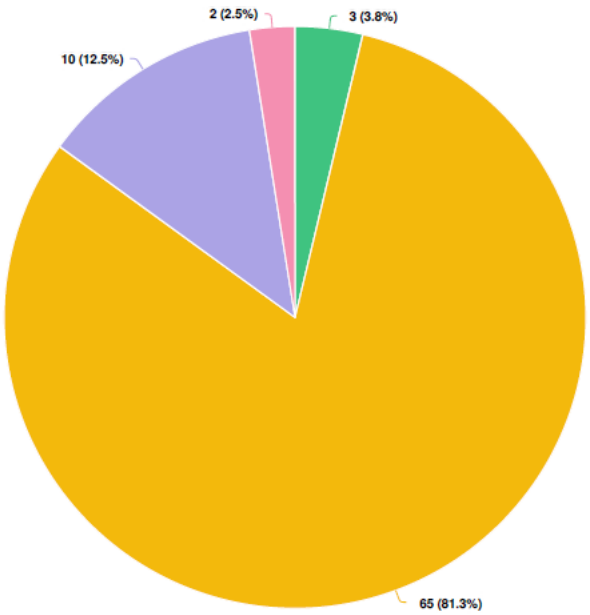
Who was involved in the EIA consultation or engagement activity?

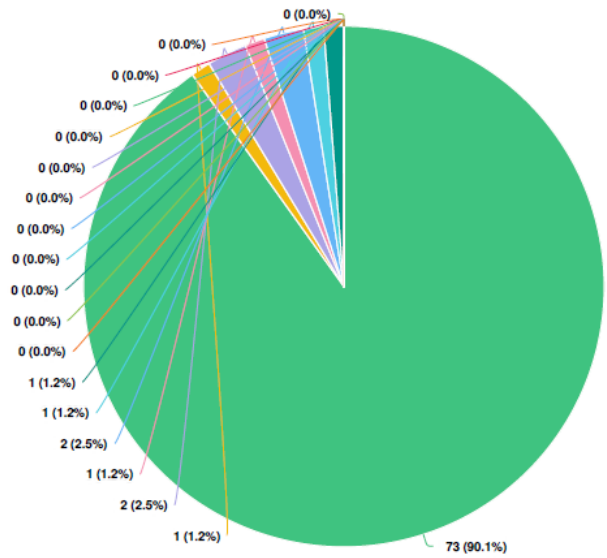
Detail any findings identified by the protected characteristic.

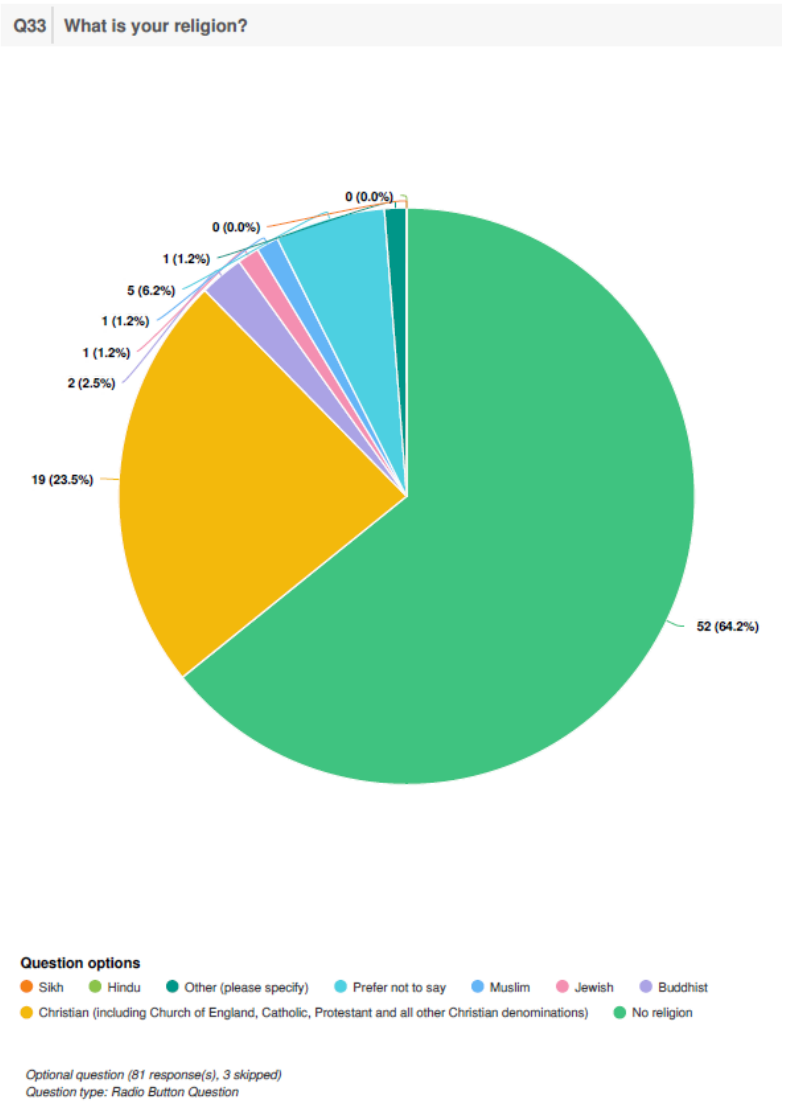
Protected characteristic	Response
Age	The engagement carried out was accessible and promoted to all ages, responses received to the public survey – age breakdown is below: 
Disability	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose whether they had a disability. Survey results are below: 

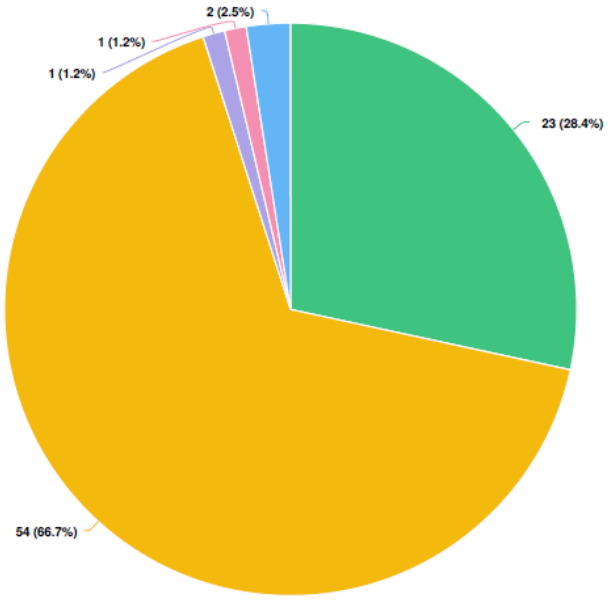
Protected characteristic	Response
Gender reassignment	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose whether they identified as the same sex they were assigned at birth. Survey results are below: Q29 Does your gender identify the same as the sex you were assigned with at birth?  Question options Prefer not to say No Yes *Optional question (82 response(s), 2 skipped)* *Question type: Radio Button Question*
Marriage and civil partnership	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose what their relationship status was. Survey results are below:

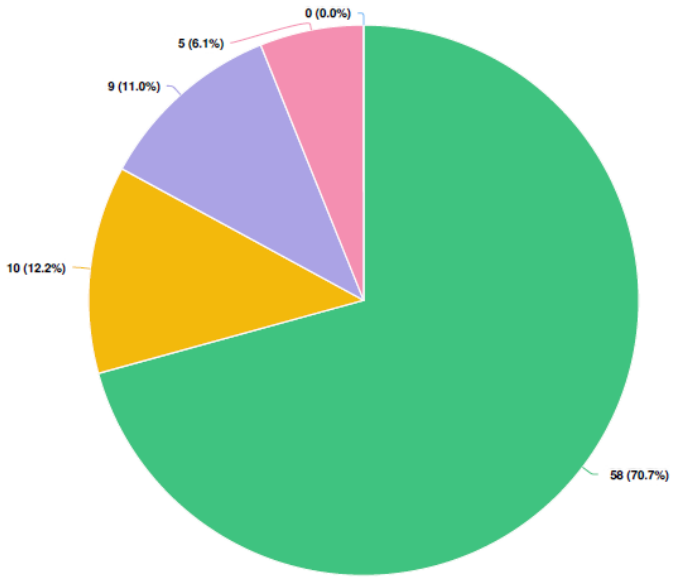
Protected characteristic	Response
	
Pregnancy and maternity	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose whether they were pregnant. Survey results are below:

Protected characteristic	Response
	Q34 Are you currently pregnant?  *Optional question (80 response(s), 4 skipped)* *Question type: Radio Button Question*
Race	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose what their race was. Survey results are below:

Protected characteristic	Response
	Q22 To which of these ethnic groups do you belong?  **Question options** Other ethnic group · Other ethnic group – Arab · Black or Black British – Any other Black background · Black or Black British – Caribbean · Asian or Asian British – Any other Asian background · Asian or Asian British – Chinese · Asian or Asian British – Bangladeshi · Asian or Asian British – Pakistani · Asian or Asian British – Indian · Mixed – Any other Mixed background · Mixed – White and Asian · White – Roma · White – Gypsy or Irish Traveller · Prefer not to say · Black or Black British – African background · Mixed – White and Black African · Mixed – White and Black Caribbean · White - Any other white background · White – Irish · White – English, Welsh, Scottish, Northern Irish or British *Optional question (81 response(s), 3 skipped)* *Question type: Radio Button Question*
Religion or belief	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose what their religion or belief was. Survey results are below:

Protected characteristic	Response
	
Sex	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose what their sex was. Survey results are below:

Protected characteristic	Response
	Q28 Which of the following options best describes how you think of yourself?  Question options In another way (please specify) Prefer not to say Non-binary Female (including trans woman) Male (including trans man) *Optional question (81 response(s), 3 skipped)* *Question type: Radio Button Question*
Sexual orientation	The engagement carried out was accessible and promoted to all, people completing the survey also had the opportunity to disclose what their sexuality was. Survey results are below:

Protected characteristic	Response
	Q30 Which one of the following best describes your sexuality?  Question options Lesbian Prefer not to say Bi-sexual Gay Heterosexual / Straight *Optional question (82 response(s), 2 skipped)* *Question type: Radio Button Question*
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes, stakeholders and members of the public, with a range of responses shared by people with protected characteristics, to help inform and populate the Equality Impact Analysis.

Protected characteristic	Response
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	Continued monitoring and engagement through Contract Management arrangements with the successful provider(s) carried out by the Commercial Team. The Public Health Team will continue to be involved to monitor and review areas identified in the Equality Impact Analysis and changes will continue to be made to the service where necessary to mitigate/reduce any adverse impacts, in line with service provision and updated sexual health service guidance.

Further details

Personal data	Response
Are you handling personal data?	No
If yes, please give details	

Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	N/A	N/A	N/A

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V1	Initial EIA Document created	Matthew Bell	10/02/2023	Lucy Gavens	22.03.2023