

# North Somerset Council



## Report to the Health and Wellbeing Board

**Date of Meeting:** 5<sup>th</sup> July 2023

**Subject of Report:** Recommissioning of the BNSSG Integrated Sexual Health Service

**Town or Parish:** All

**Lead officer:** Samuel Hayward, Consultant in Public Health

**Key decision:** Yes

**Reason:** The value of the decision is over £500,000 and will affect communities living or working in two or more wards in the area of the Local Authority.

### Recommendations:

- TO NOTE the outcome of the key decision from the Executive on the 21<sup>st</sup> June 2023 which agreed to North Somerset Council participating in the recommissioning of the BNSSG integrated sexual health services (see section 1).
- TO NOTE the outcome of the related agreements from the Executive on the 21<sup>st</sup> June 2023 (see section 1 Summary of Report).
- TO NOTE the findings from the North Somerset Sexual health services workshop held on 9<sup>th</sup> June 2023 (see appendix 1).
- TO COMMENT on further consultation opportunities not identified within this report or within Appendix 1 (see section 4 Consultation).

## 1. Summary of Report

This report describes the commissioning plan for integrated sexual health services that North Somerset Council is a party to. The report summarises the approval for the recommissioning of the North Somerset elements of the BNSSG Integrated Sexual Health Service that was sought at Executive on 21<sup>st</sup> June 2023.

Good sexual and reproductive health matters to individuals and communities, whose needs will vary according to a range of physical, emotional, social, cultural and economic factors. Core needs common to all include the availability of high-quality information and education to make informed decisions, freedom from stigma and discrimination, and access to high quality prevention, testing, diagnostic and treatment services, and interventions<sup>1</sup>. Local Authorities (LA) have been responsible for commissioning integrated sexual and reproductive health (SRHS) services as part of their mandated public health responsibilities since 2013<sup>2</sup>.

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<sup>1</sup> ADPH (2019) What good sexual and reproductive health looks like. Online: <https://www.adph.org.uk/wp-content/uploads/2019/10/What-Good-Sexual-and-Reproductive-Health-and-HIV-Provision-Looks-Like.pdf>

<sup>2</sup> House of Commons (2014) Local Authorities public health responsibilities (England). Online: <https://researchbriefings.files.parliament.uk/documents/SN06844/SN06844.pdf>

LA commissioned services include testing and treatment for sexually transmitted infections (STI's), HIV prevention and testing, sexual health outreach and health promotion, contraception services, including long-acting reversible contraception (LARC), and emergency hormonal contraception (EHC). NHS Integrated Care Boards (ICB) are responsible for commissioning termination of pregnancy services (TOPS).

In 2017, Bristol City Council, on behalf of Bristol, North Somerset, South Gloucestershire, and Bath & North East Somerset Council's, and Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG) jointly commissioned University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) to fulfil the delivery of the Integrated Sexual Health Service. This is a robust example of system-level collaborative commissioning. The service is currently called Unity Sexual Health Service, it is led by UHBW and delivered by a number of providers. UNITY's role is to promote, improve and protect sexual health for the BNSSG population and reduce inequalities in that regard. The original contract commissioned in 2017 expires on 31<sup>st</sup> March 2024, and has now been extended to the 31<sup>st</sup> March 2025.

To complement the main services, primary care providers (GPs and pharmacists) are separately commissioned to deliver LARC, EHC, chlamydia screening and condoms.

As the existing contract with UHBW is due to end on 31<sup>st</sup> March 2025, there is a requirement for North Somerset Council, and fellow BNSSG commissioners, to deliver a recommissioning process to procure a service/s provider/s from 1<sup>st</sup> April 2025. This commissioning includes a comprehensive sexual health needs assessment, which will be added to the Joint Strategic Needs Assessment in due course.

A North Somerset sexual health services stakeholder workshop was held on the 9<sup>th</sup> June 2023. Stakeholders provided local insight and feedback on current provision, population health needs, the commissioning plan, the draft model of delivery, and consultations plans. Summary recommendations have already informed the Executive meeting on 21<sup>st</sup> June and will be incorporated into the ongoing recommissioning of this service area. Stakeholder partners will be also support the procurement consultation process when launched.

## **Update from Executive**

On 21<sup>st</sup> June the Council Executive took a key decision and agreed to the recommissioning of the North Somerset elements of the BNSSG Integrated Sexual Health Service for up to a 10-year term. It was agreed that the Council will join Bristol City Council's procurement process (in collaboration with the NHS BNSSG Integrated Care Board, South Gloucestershire Council, and Bath and North East Somerset (BANES) Council) to deliver this tender.

To enable the alignment of decision making across the Collaborative commissioning partners the contract award has been delegated from the Executive to the Director of Public Health (this will also comply with Bristol City Council's procurement process).

Agreement was also made to anonymise the winning bidders' details on the Council website when Director award decision is published (to comply with Bristol City Council's procurement process). There was further agreement to follow Bristol City Council's Procurement Plan – so no separate NSC specific Procurement Plan will be produced by the Strategic Procurement Service for approval.

This was a key decision as the value of the decision was over £500,000 and will affect communities living or working in two or more wards in the area of the Local Authority.

## **2. Policy**

### **National**

The previous national Sexual and reproductive health and HIV: strategic action plan was published in 2015<sup>3</sup>. The new national Sexual and Reproductive Health Strategy is expected in 2023/24 and will inform this commission. The new national service specification for Sexual Health, which is required to inform the local specification, has recently been published<sup>4</sup>. New NHS procurement regulations, which will likely bring significant opportunities for these services is also expected during 2023/24<sup>5</sup>.

### **BNSSG**

As of 1st July 2022, the BNSSG CCG has been replaced by the new BNSSG Integrated Care Board (BNSSG ICB). Commissioning is no longer a core function within the new arrangement, with the focus being on collaborative system working, performance and delivery. Alongside the new ICB is our local Integrated Care System (ICS), the system is in its infancy, but there may be scope for a different system model for sexual health, as informed by the guidance. In accordance with the principles of the ICS this commission will bring together a range of partner organisations to help people stay happy, healthy and well for longer. Our integrated commission is designed to ensure that health and care services join up around individual sexual and reproductive health needs.

### **North Somerset**

This commissioning plan for the BNSSG integrated sexual health services supports a number of the Corporate Plan priorities<sup>6</sup>, including:

Being a council that empowers and cares about people:

- A commitment to protect the most vulnerable people in our communities.
- An approach which enables young people and adults to lead independent and fulfilling lives.
- A focus on tackling inequalities, improving outcomes.
- A collaborative way of working with partners and families to support children achieve their full potential.

Being an open and enabling organisation:

- Engage with and empower our communities.
- Empower our staff and encourage continuous improvement and innovation.
- Manage our resources and invest wisely.
- Embrace new and emerging technology.
- Make the best use of our data and information.
- Provide professional, efficient and effective services.
- Collaborate with partners to deliver the best outcomes.

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<sup>3</sup> Public Health England (2015) Sexual and reproductive health and HIV: strategic action plan. Online: <https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-strategic-action-plan>

<sup>4</sup> Office for Health Improvement and Disparities (2023) Integrated sexual health service specification. Online: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1143246/Integrated-sexual-health-service-specification-2023.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1143246/Integrated-sexual-health-service-specification-2023.pdf)

<sup>5</sup> NHS England (2022) NHS Provider Selection Regime. Online: <https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/>

<sup>6</sup> North Somerset Council (2020) Corporate Plan 2020-24. Online: <https://www.n-somerset.gov.uk/sites/default/files/2020-08/North%20Somerset%20Council%20Corporate%20Plan%202020-2024.pdf>

Provision of these services relates to meeting the challenges described in the Corporate Plan, including demographic change, inequalities and resource constraints. In particular new models of delivery will be more resource efficient and at the same time enhance accessibility to services.

Provision will support the priority of reducing the gap in life expectancy and healthy life expectancy between communities in North Somerset by supporting higher need populations with early intervention and prevention of disease. Further, the provision will be targeted through local area analysis to areas of deprivation and aim to tackle causes that drive inequalities, including disease diagnostics, and access and use of contraception. Underlying this commission is the collaborative approach to commissioning with BNSSG partners, with North Somerset Council having a key role in this strategic partnership of healthcare organisations and providers.

Service provision supports delivery of the vision in the North Somerset Health and Wellbeing Strategy through preventing health problems before they arise, intervening early in relation to existing health and wellbeing problems, and through supporting specific populations and communities to be connected, healthy and resilient<sup>7</sup>. Further, this commission will be delivered in accordance with the principles set out within the strategy.

The services in this commissioning plan are key to the commitments in PHRS ADS, including programme objectives related to the commissioning and provision of high-quality health and care services related to sexual health.

### **3. Details**

#### **Governance**

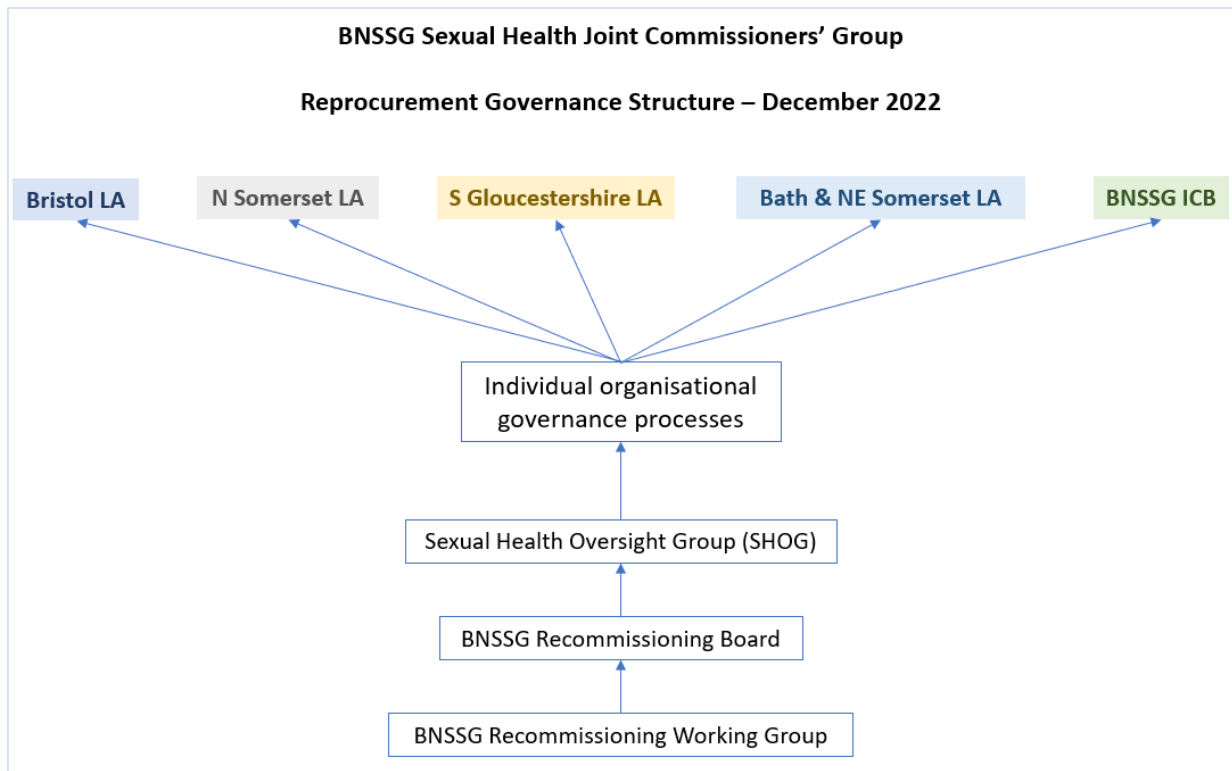
A collaborative commissioning agreement (CCA)<sup>8</sup> is in place between North Somerset Council, Bristol City Council, South Gloucestershire Council, BANES Council, and BNSSG ICB. The CCA sets out the terms under which Commissioners will collaborate in assessing the need for the Integrated Sexual Health Services, and how we will work together in procuring, negotiating and signing the commissioned contract for service provision. It also details how the contract and service will be managed throughout the term of delivery.

An integrated governance structure for the recommissioning has been put in place to oversee operational delivery of commissioning activity and to ensure clear lines of decision making and accountability are in place (Figure1).

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<sup>7</sup>North Somerset Health and Wellbeing Board (2021) North Somerset Health and Wellbeing Strategy 2021-24. Online: <https://www.n-somerset.gov.uk/council-democracy/priorities-strategies/health-wellbeing-strategy-2021-24>

<sup>8</sup> BNSSG&BANES Councils and BNSSGICB (2023) Collaborative commissioning agreement for the commissioning of an Integrated Sexual Health Service for Bristol, North Somerset and South Gloucestershire (including chlamydia screening programme for Bath and North East Somerset). Unpublished.



(Figure 1. Reprocurement governance structure)

### Scope of integrated commissioning for sexual health services

The commissioning and delivery of sexual health services is complex (Figure 2). There are 3 key commissioners of local sexual health services: Local Authorities, NHS ICB's and NHS England (NHSE). Responsibility and mandates for the commissioning of different elements of sexual health services sits within different parts of the local system<sup>9</sup>.

Local Authorities are responsible for commissioning of comprehensive sexual health services including:

- Contraception, including LARC.
- Emergency Hormonal Contraceptives (EHC).
- Prevention, testing and treatment of STI's.
- Sexual health promotion.
- HIV prevention, including pre-exposure prophylaxis (PrEP).
- Chlamydia screening.
- C-Cards (condoms).

ICB's are responsible for:

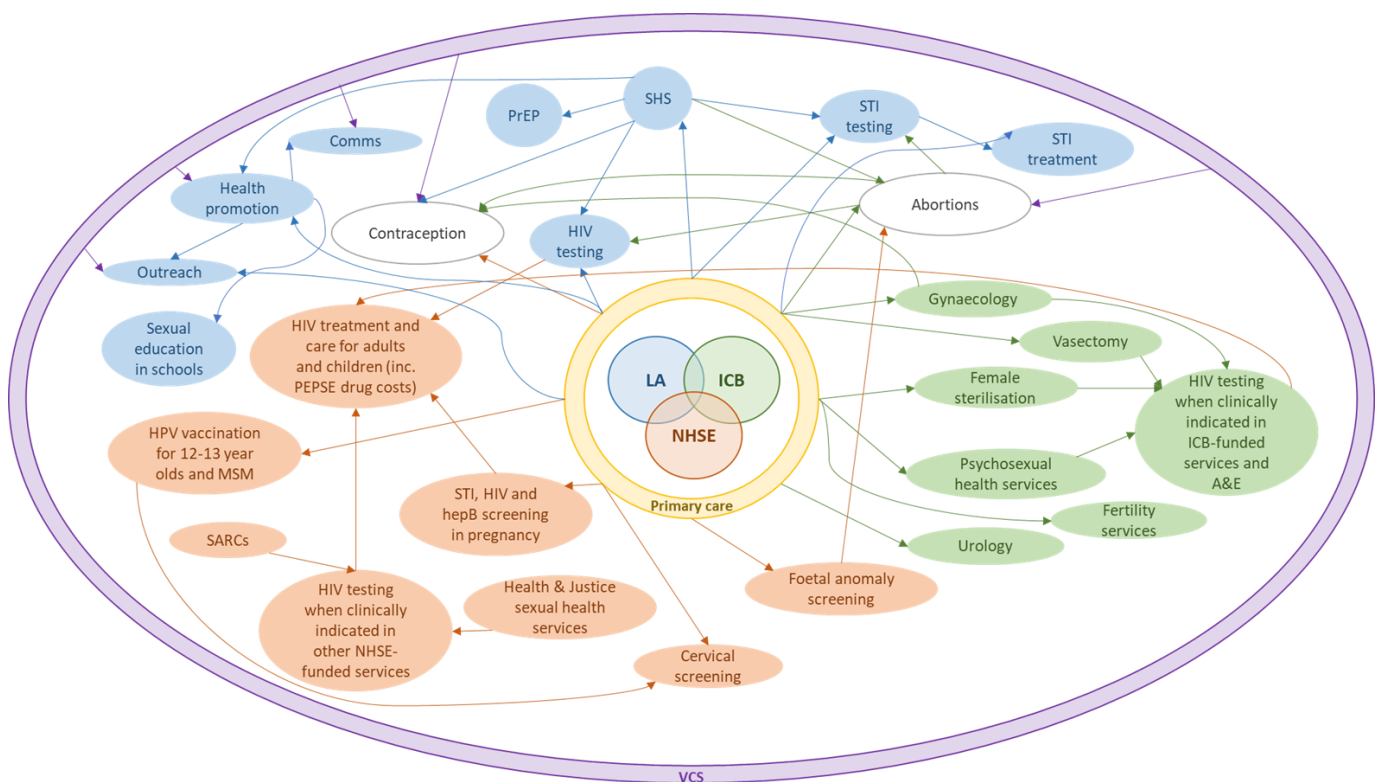
- Most termination services, including STI and HIV testing and post-termination contraception.
- Contraception provided as an additional service under the GP contract (including for non-contraceptive purposes).

<sup>9</sup> PHE (2014) Making it work. A Guide to whole system commissioning for sexual health, reproductive health and HIV. Online: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/408357/Making\\_it\\_work\\_revised\\_March\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf)

- Opportunistic testing and treatment for STIs and patient-requested testing by GPs.
- Female sterilisation and vasectomy services.
- Psychosexual health services.
- Gynaecology services.
- HIV testing when clinically indicated in ICB-commissioned services (including A&E and other hospital department).

NHSE are currently responsible for the service listed below, some of these commissioning responsibilities are in the process of being transferred to NHS ICBs:

- HIV treatment and care for adults and children.
- Drug costs for HIV PrEP and post-exposure (PEP) prophylaxis.
- HIV testing when clinically indicated in other NHSE commissioned services.
- All sexual health elements of healthcare in secure and detained settings.
- Sexual assault referral centres.
- Cervical screening in a range of settings.
- Specialist foetal medicine services, including late surgical termination of pregnancy for foetal anomaly.
- HPV routine vaccination for school-aged children and opportunistic vaccination for men who have sex with men aged 45 and under.
- NHS infectious diseases in pregnancy screening programme, including antenatal screening for HIV, syphilis, and hepatitis B.



(Figure 2. System map of BNSSG sexual health services)

## Recommissioning cycle

The recommissioning of the BNSSG Integrated Sexual Health Service is following a standard commissioning cycle for Public Health Services<sup>10</sup> (Figure 3), and covers the following way points:

<sup>10</sup>NHS England (Undated) What is commissioning? Online: <https://www.england.nhs.uk/commissioning/what-is-commissioning/>

- Sexual health needs assessment
- Designing the new service model and developing the specification,
- Market engagement,
- Public consultation,
- Revising and finalising the details of the new service model using the consultation and feedback.
- Procurement process, tendering and mobilisation,
- Contract award,
- New service set up and go live.



Figure 3. Commissioning cycle (NHSE)

### **BNSSG Sexual Health Needs Assessment (SHNA)**

For the first time a sexual health needs assessment has been conducted for the combined Bristol, North Somerset, and South Gloucestershire area. The BNSSG SHNA aims to identify the sexual health needs of the population and how well these are being met. This is done by bringing together a wide range of evidence from published outcomes data, local service data, the views of the public, service users and professionals, and national policy and guidelines. Data analysis by demographics is carried out wherever possible, although the availability of data is sometimes a barrier to this.

A final draft of the BNSSG SHNA is due to be published, recommendations of which will be used to inform the design of services for the North Somerset population. However, key areas for action for North Somerset identified from the SHNA include:

- Reducing under 18 and 16 conceptions and Termination of Pregnancy (TOPs).
- Prevention / Relationships and Sex Education for young people in Weston-super-Mare, with focussed efforts in South Ward.
- Increasing service uptake from younger adults (18-24).
- Improving STI prevention work in young men (18-24).
- Improving access and uptake to HIV testing.

The draft SHNA also showed that current clinic provision does well to serve areas of deprivation in North Somerset, with higher uptake from areas of deprivation, and higher diagnosis in wards near to clinic sites (Uphill Ward and South Ward) (See Appendix 2).

### Designing the new service model and developing the specification

Meeting the needs identified through the SHNA will be challenging, however with the aim of delivering the best outcomes for our population, the process to design the new service model and specification will ensure the most cost effective and affordable use of the available budget and incorporate the constraints of wider budget pressures. The service model will be evidence based and incorporate national guidance. It will also be benchmarked to comparable areas commissioned services and commissioning intentions. To balance competing population health needs, prioritisation for incorporation in the service model will consider criteria such as current and future level of need, demand, and inequalities.

### Contract structure

The proposed contract will be between Bristol City Council (as the lead Commissioner) and the Provider. It will likely be based upon the national contract template for sexual health services. The current proposed term of the contract is up to ten years. As described, a collaborative commissioning agreement is in place between the Council and partner commissioners.

Robust contract arrangements and on-going contract management will be used to ensure proportionate delivery of services across different localities based on levels of investment and recognising distinct geographic needs. A multi-agency contract monitoring group will be established across all commissioners to lead this process.

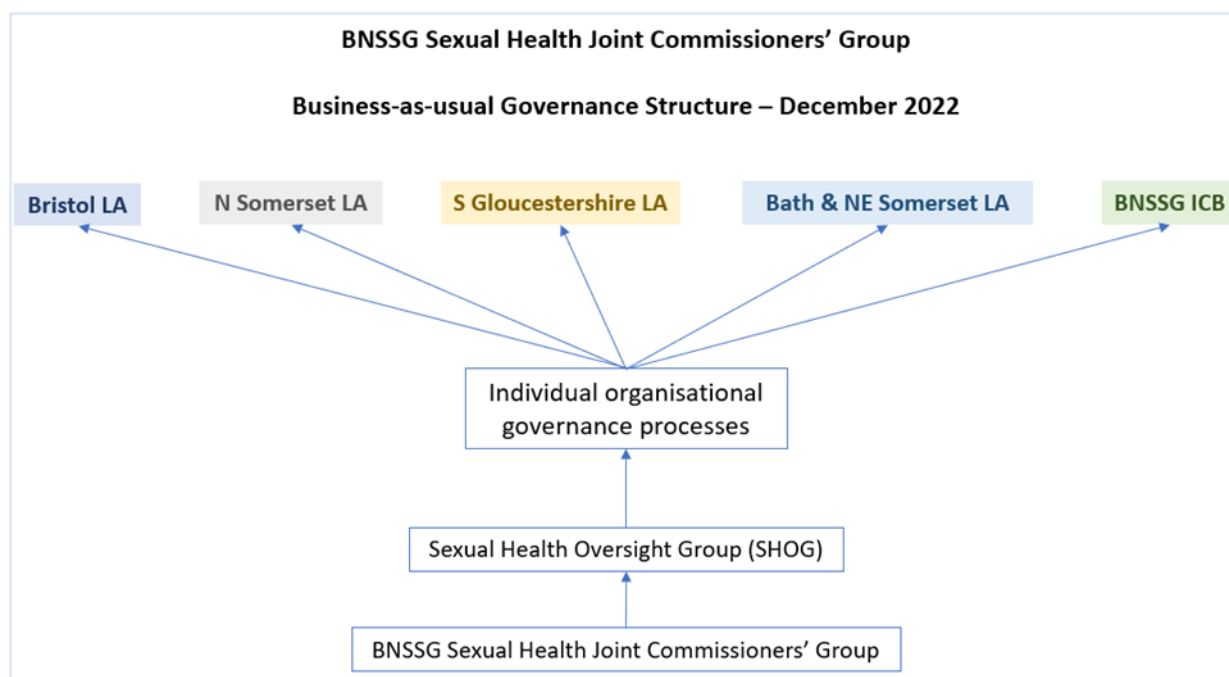


Figure 4. Governance for contract management



## Draft procurement timeframe

Activity	Date (TBC)	Status
Complete a sexual health needs assessment for BNSSG	March 2023	Complete
Publish prior information notice (PIN) to alert the market of the planned procurement and invite expressions of interest to join a provider consultation group	April 2023	Complete
Agree services to be recommissioned	May – June 2023	In progress
Draft commissioning intentions developed	May 2023	In progress
Provider consultation group meeting to discuss proposed commissioning intentions	May 2023	In progress
Draft service specifications developed	May – June 2023	Proposed
Internal sign-off from each commissioning organisation	June – October 2023	Proposed
Consultation across BNSSG on commissioning intentions	November 2023 – January 2024	Proposed
Commissioning intentions and service specifications finalised	January – March 2024	Proposed
Market engagement event	March 2024	Proposed
Notice given to existing providers at least 12 months in advance of end of contract	March 2024	Proposed
Open tender process begins (8 weeks)	April – June 2024	Proposed
JCG evaluation of tender submissions (4 weeks)	June – July 2024	Proposed
Commissioning organisations complete internal governance processes (4 weeks)	August 2024	Proposed
Initial award of contract	September 2024	Proposed
Standstill period (10 days)	September 2024	Proposed
Full award of contract	September 2024	Proposed
Contract finalisation	September – October 2024	Proposed
Mobilisation/implementation (6 months)	October 2024 – March 2025	Proposed
New contract starts	April 2025	Proposed

## 4. Consultation

As we (commissioners) don't always know what works best, a bespoke consultation schedule will be developed within the commissioning process. The consultation will run for 6-12 weeks. Views of as many people and communities in North Somerset as possible will be sought, with a focus on those most vulnerable or at risk. Public views may be collected through a range of methods, including meetings, surveys, focus groups and drop-in sessions. As part of the consultation process local representative stakeholder organisations will be invited to inform on the service model development and the procurement plan.

Population groups, through representative organisations, to be engaged include, but are not limited to:

- North Somerset residents
- Children and Young People
- Sexual Health service users
- Homeless people
- Looked After Children
- Care leavers
- People with learning disabilities
- Commercial sex workers (male and female)
- People who misuse substances
- Migrants, asylum seekers and refugees
- Lesbian, gay, bisexual and transgender people (inclusive of people who identify with terminology other than cisgender and heterosexual)
- Men who have sex with men
- Informal carers
- Ethnic Minorities
- People with Black African and Caribbean ethnicity
- People with Roma, Gypsy, or Traveller ethnicity
- People living in areas of high deprivation
- People who have experienced or are at high risk of sexual coercion and/or violence, including trafficking
- People living with HIV
- Young people
- Offenders
- People with mental illness
- People representing diverse faith groups & religion
- People with a disability
- People who are 50+
- Children who are educated at home.

Stakeholder representative organisations include, but are not limited to:

- Healthwatch
- Local Medical Committee
- Local Pharmaceutical Committee
- Local schools, Sixth Forms, College and University
- SARSAS
- North Somerset Safeguarding Adults Board
- North Somerset Council Adult Social Services
- Neighbouring Councils, including Somerset Council
- Neighbouring ICB's including Somerset ICB
- OHID/UKHSA
- NHS Locality Partnerships

The proposed consultation groups, stakeholders and organisations will be amended with feedback from the North Somerset Sexual health service workshop (Appendix 1).

The Health and Wellbeing board members may have additional recommendations on who, and how to consult with individuals, groups, and organisations. Recommendations and opportunities can be shared with:

- Rebecca Keating, Health and Care Public Health Service Leader:  
[Rebecca.Keating@n-somerset.gov.uk](mailto:Rebecca.Keating@n-somerset.gov.uk)

From the period of engagement and consultation conversations we will identify key areas being raised. These key areas will be used to inform the service model and incorporated into the service specification/s.

## **5. Financial Implications**

As this is recommissioning an existing service, there are no new spending commitments known. Consideration will be given throughout the procurement process as to how we commission contracts that achieve best value and will be set out in the Procurement Plan.

## **Costs**

### Previous budget envelope

The Council's current financial commitment to the Integrated Sexual Health Service is £1,142,540 per annum. The previous contract value for North Somerset was £7,997,780 for a period of 5 plus 2 years (April 2017-March 2024). This was extended by an additional year in 2024/25 at a cost to the Council of £1,142,540.

Across the three BNSSG partners the total contract value for the Integrated Sexual Health Service was £8.4million per annum. Since the original commission, new mandatory requirements have been embedded into the service provision, including the provision of HIV PrEP. Annual budget for PrEP in North Somerset has been approximately £50,000.

### Projected budget envelope

The projected allocations for the Public Health Grant require spending constraints within this commission. For the new commission North Somerset Council's budget allocation will remain consistent with the current annual combined budget for the Integrated Sexual Health Service and PrEP. The available budget envelope is projected to be approximately £1.2million per annum.

Across the three BNSSG partners it is estimated that the available budget for the commissioning of the Integrated Sexual Health Service will be consistent with the current allocation of c£8.4million per annum.

### On-costs

Further direct costs to the Council associated with the commission are acceptable and similar to those within the 2022-23 financial year. On-costs include but are not limited to: Member time; senior Public Health & Regulatory Services staff commissioning and contract management time; Legal & Governance; Finance; and Procurement staff time.

## **Funding**

Delivery of the North Somerset Council elements of the Integrated Sexual Health Service will be funded by the Public Health ringfenced grant. It is anticipated that this will continue during the contract period. NHS commissioned elements of the service will be funded from the ICB budget.

## **6. Legal Powers and Implications**

The services considered in this commission are statutory requirements, local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, advice on, and reasonable access to, a broad range of contraception, and advice on preventing unplanned pregnancy.

In keeping with the Health and Social Care Act 2012, local authorities have been responsible for commissioning sexual health services as part of their mandated public health functions since 2013. Under Section 82 of the NHS Act 2006, NHS bodies and local authorities have a statutory duty to cooperate when exercising their functions to secure and advance health and welfare.

Statutory commissioning responsibilities for sexual health are currently under transition. The introduction of the Health and Care Act 2022 changed the commissioning landscape with the advent of Integrated Care Boards. In addition, the introduction of the NHS Provider Selection Regime is awaited and may influence this commission.

A new national Sexual and Reproductive Health Strategy is awaited, and a national sexual health service specification was published in March 2023<sup>11</sup>.

## **7. Climate Change and Environmental Implications**

A thorough risk assessment will be completed by the multi-agency procurement team, and the results will be threaded throughout the tender process (in line with Bristol City Council's Procurement Regulations).

Key examples related to climate change and environment appertaining to the current and future Integrated Sexual Health Services contract will be travel, transportation, and disposal of clinical waste and other equipment. In particular by ensuring efforts continue to be made to reduce the carbon footprint, such as:

- a) Reducing the number of unnecessary patient/client journeys to clinics (by providing more services online).
- b) Reductions in the number of frequent road transport deliveries for clinical supplies.
- c) The appropriate collection and disposal of clinical and non-clinical waste and equipment.
- d) Ensuring energy used on clinical sites is supplied from renewable energy sources.

The new national guidance and regulations may provide opportunity for further climate and environment action within this commission. Commissioners may also use this commission as a case study in decarbonisation through commissioning of sexual health services.

## **8. Risk Management**

As this is an integrated commission the risk management process sits with Bristol City Council as the lead commissioner. An initial thorough risk assessment was completed by the joint project team across the authorities when setting out the Collaborative Commissioning Agreement (CCA). The resulting risks are reviewed and mitigated at each project board meeting. This is monitored and actioned through the relevant groups (Figures 1 & 4).

Internal risk governance sits within the Public Health and Regulatory Services, with the Sexual Health Commissioning Manager, Health and Care Public Health Service Leader, and Consultant in Public Health, forming the internal project team who contribute to the Joint Commissioning Groups (Figures 1 & 4).

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<sup>11</sup>OHID (2023) Integrated Sexual health Service Specification. Online: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1143246/Integrated-sexual-health-service-specification-2023.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1143246/Integrated-sexual-health-service-specification-2023.pdf)

Identification, recording and reporting of North Somerset specific, and shared, risks will be delivered through the joint commissioning team/s and recorded in the integrated commission risk register. In accordance with the risk monitoring and reporting guidance within the local risk management framework risks will be reported from NSC officers through the PHRS governance structure and associated reporting and monitoring flow chart<sup>12</sup>. Where appropriate they will be escalated and added to Directorate and Corporate risk registers.

Assessment of risk within the integrated commission is delivered through a standardised risk management matrix of likelihood and impact. Risks associated with the recommission will cut across all risk themes including, finance and resources, transformational activity, the climate emergency, residents and communities, and corporate governance. Risk analysis and control measures will be implemented to remove, accept, mitigate and exploit risk as appropriate against individual risk items. The risk register will be maintained and updated through a process of re-evaluation.

### **Clinical risk**

As a clinical service and as a collaborative commission with NHS partners, the design of the service model and specification will adhere to, and embed, requirements against the seven pillars of clinical governance, including:

1. Evidence based care and effectiveness.
2. Risk management.
3. Patient and public involvement (PPI).
4. Clinical Audit.
5. Staffing and staff management.
6. Education and training.
7. Information & IT.

## **9. Equality Implications**

Commissioners are actively considering equality issues throughout this project as the provision of integrated sexual health services has a number of equality implications. Key equality issues will be considered and built into the commissioning process. As outlined for consultation, considerations for the project will be set out/summarised in the service specification and procurement plan. An Equality Impact Assessment (EIA) will be delivered at an appropriate stage within the commissioning and procurement cycle. As advised by the Inclusion and Corporate Development Manager there is no need to complete a separate NSC EIA at this stage.

## **10. Corporate Implications**

There are no corporate implications.

## **11. Options Considered**

The provision of Sexual Health Services is a statutory duty and therefore we must recommission these services.

### **Author:**

Samuel Hayward,

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<sup>12</sup> North Somerset Council (2022) Risk management strategy. Internal intranet: [https://nsomerset.sharepoint.com/sites/the-source/authoring/Documents/Risk%20management%20strategy%202022\\_FINAL.pdf](https://nsomerset.sharepoint.com/sites/the-source/authoring/Documents/Risk%20management%20strategy%202022_FINAL.pdf)

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**Appendices:**

1. North Somerset Sexual Health Services Workshop summary report
2. Sexual Health Needs Assessment – North Somerset Summary
3. Glossary of terms

**Background Papers:**

- BNSSG Sexual Health Needs Assessment (Due to be published June 2023)