

**Record of
Executive
Decision
published
16/Nov/2020**



Elaine Waugh
Assistant Director of Law and Governance

Civic Centre
Sunderland

16 November 2020

Record of Executive Decisions Published: 16/Nov/2020

Decision Taker:

Executive Director of Public Health
and Integrated Commissioning

Appropriate Scrutiny Committee:

Health and Wellbeing Scrutiny
Committee

Date decision in force:

24 November 2020

Date of decision:

16 November 2020

Title and author(s) of written report:

Extension of the contract for the provision of Public Health Services in Primary Care – Report of the Executive Director of Public Health and Integrated Commissioning

Full description of decision:

The Director of Public Health will, in consultation with the Executive Director of Corporate Services and the Portfolio Holder for Health and Social Care, undertake the necessary steps to extend the contract for the provision of Public Health Services in Primary Care for a period of 24 months, utilising available optional extension periods of 2 x 12 month set out within the contract, which is held with various GPs and Pharmacies within Sunderland:

Pharmacies – 1st December 2020 – 30th November 2022

GPs - 1st January 2021 – 31st December 2023

Reasons for decision:

Further to the implementation of the Health and Social Care Act 2012, the Council has a range of responsibilities which aim to improve the health of the local population.

These responsibilities are partly delivered via a set of schemes that are implemented through local General Practices and Pharmacies (known collectively as Primary Care). These schemes are:

- Delivery of the NHS Health Checks programme (mandated)
- Delivery of Stop Smoking Services.
- Provision of Nicotine Replacement Therapy and Varenicline
- Provision of Healthy Start Vitamins
- Supervised Consumption of Controlled Drugs
- Needle Exchange within pharmacies
- Emergency Hormonal Contraception
- Long Acting Reversible Contraception
- Influenza Flu Vaccination to locally prioritised groups

In Sunderland, these services were put in place via an open procurement process carried out in 2017 which enabled participating providers to begin offering services from 1 December 2017. The contract for the services was let for an initial period of 3 years with the option to extend for 2 x 12-month periods.

Currently in Sunderland, almost all General Practices and pharmacies provide one or more of the services listed above. This enables good access to health improvement interventions across the city. For example, between 1 January 2019 and 30 June 2020, 2,065 local residents stopped smoking via primary care provision. Additionally, access to Emergency Hormonal Contraception is facilitated across Sunderland via over 20 pharmacies and supervised consumption of controlled drugs is offered by almost 40 pharmacies.

The existing contracting arrangements also offer a flexible method of engaging primary care to deliver public health services. In the event that providers wish to take on additional services, they are enabled to do so during the life of the contract. Additionally, new services can be added during the life of the contract; for example, a local influenza vaccination scheme has been developed this year to supplement the national vaccination scheme.

The prices for all services have been benchmarked against similar services across the region and are comparable. The services are also reimbursed on the basis on levels of activity carried out and therefore offer good value for money.

As a result of these factors, it is proposed to utilise extension available within the current contract for a period of 24 months. There will be no change to the original prices, except the Healthy Start Vitamin which will increase by £0.28p (originally £1.55 to £1.83). There will be no change to the original terms and conditions of contract. The annual cost of the extension is a maximum of £750,000.

The cost of the extension will be met from the Public Health budget.

Alternative options considered and rejected:

Do not extend the contracts – This is not deemed to be a viable option as the contracts enable the Council to implement a range of health improvement services in an accessible manner, and the current contract has an available extension period which can be utilised.

Undertake a Tender Process – This is not deemed to be a viable option as primary care services are now well established with the range of public health services offered by the Council in Sunderland. It would also cause avoidable instability in delivery.

Contact Officer: Ben Seale

Extension: 0191 561 7812

Email: ben.seale@sunderland.gov.uk

Is this a key decision:	Yes
Does the Decision contain Confidential/Exempt Information:	No
Declarations of Interest and Dispensations:	None

Decision Record

(For use in the case of Decisions (including Key Decisions) made by Officers under Delegated Powers)

Name and job title of Delegated Officer with power under the Constitution to make the decision:

Gerry Taylor, Executive Director of Public Health and Integrated Commissioning

Directorate: Public Health and Integrated Commissioning

Paragraph of Constitution relied upon:

Part 3, Section 3 (Delegations to Chief Officers) (Section 7 – Director of Public Health):

7.1 To exercise the functions of Director of Public Health in accordance with section 73A of the National Health Service Act 2006 and section 30 of the Health and Social Care Act 2012.

Part 4 – Section 8 (Procurement Procedure Rules), Paragraph 25.1: A contract may be extended before the expiry date where the extension is in accordance with its original terms, can be shown to offer value for money and with the approval of the applicable chief Officer and the Executive Director of Commercial and corporate Services.

Where the decision maker is an officer authorised by the Delegated Officer to make the decision (an Authorised Officer) the name and job title of the Authorised Officer and paragraph of Directorate delegation scheme relied upon:

Not Applicable

Date of decision: 12 November 2020

In the case of a Key Decision, date of implementation (subject to “call-in”):

23 November 2020

Statement of decision made:

To extend the contract for the provision of Public Health Services in Primary Care for a period of 24 months, utilising available optional extension periods of 2 x 12 month set out within the contract, which is held with various GPs and Pharmacies within Sunderland:

Pharmacies – 1st December 2020 – 30th November 2022

GPs - 1st January 2021 – 31st December 2023

Where applicable, report(s) considered (state the title and author of the report(s)) and list of background papers:

Report: Extension of the contract for the provision of Public Health Services in Primary Care

Equality Impact Assessment Template: Extension of the contract for the provision of Public Health Services in Primary Care

Reasons for the decision (including reference, where appropriate, to relevant impact assessments):

Further to the implementation of the Health and Social Care Act 2012, the Council has a range of responsibilities which aim to improve the health of the local population.

These responsibilities are partly delivered via a set of schemes that are implemented through local General Practices and Pharmacies (known collectively as Primary Care). These schemes are:

- Delivery of the NHS Health Checks programme (mandated)
- Delivery of Stop Smoking Services.
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The prices for all services have been benchmarked against similar services across the region and are comparable. The services are also reimbursed on the basis on levels of activity carried out and therefore offer good value for money.

As a result of these factors, it is proposed to utilise extension available within the current contract for a period of 24 months. There will be no change to the original prices, except the Healthy Start Vitamin which will increase by £0.28p (originally £1.55 to £1.83). There will be no change to the original terms and conditions of contract. The annual cost of the extension is a maximum of £750,000.

The cost of the extension will be met from the Public Health budget.

Alternative options considered and rejected:

Do not extend the contracts – This is not deemed to be a viable option as the contracts enable the Council to implement a range of health improvement services in an accessible manner, and the current contract has an available extension period which can be utilised.

Undertake a Tender Process – This is not deemed to be a viable option as primary care services are now well established with the range of public health services offered by the Council in Sunderland. It would also cause avoidable instability in delivery.

Members/Officers/others consulted:

Kathryn Bailey, Public Health Specialist
 Cllr Geoffrey Walker, Portfolio Holder for Health and Social Care
 Ben Seale, Public Health Lead
 Issy Langley, Category Manager

Where the decision was made under a specific express authorisation of Council, Cabinet, a Committee, Sub-Committee or Joint Committee, the name of any member who declared a conflict of interest in relation to the decision:

None

In respect of any declared conflict of interest, a note of any dispensation granted by the Council's Head of Paid Service:

None

Is the decision a key decision as defined in the Constitution? NO

If yes, on what basis?

Not Applicable

Does the decision contain Confidential / Exempt Information?

No

If applicable, ground on which information is confidential/exempt:

Not Applicable

Have you provided Governance Services with a copy of this decision record and any reports, other documents or background papers considered? YES

NOTE: Do not forward documentation for publication if it contains exempt or confidential information. If in doubt, take advice from Law and Governance Services

Signed..... 

Name: Gerry Taylor
Executive Director of Public Health and Integrated
Commissioning
(Officer making decision)

Dated: 16th November 2020

Signed:

.....
(Portfolio Holder/Chairman of Committee)

Name (print)

.....Cllr Geoff Walker.....

Dated: 16 November 2020

Counter Signed:

Name (print):

Position:

Dated:

For completion in respect of any decisions which have financial implications and regarding which consultation is required with the Executive Director of Corporate Services or his/her representative.

Signed:.....
(Executive Director of Corporate Services
or his/her representative)

Name (print).....

Position:.....

Dated.....

Notes:

[1] Officers are reminded to follow the procedure set out in the Guidance on the Making and Recording of Decisions by Officers, in order to ensure compliance with the law. This is particularly important in the case of "key decisions."

[2] A "Key Decision" is an executive decision which is likely

(a) to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or

(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards in the City.

For the purposes of (a) above, "significant" means expenditure of £250,000 or more in relation to capital expenditure or £100,000 or 1% of the relevant net revenue budget head, whichever is greater.

[3] A key decision will come into force and may be implemented on the expiry of five working days after publication, unless it is "called in".

[4] It is a requirement of the Constitution that Chief Officers will consult the relevant portfolio holder and/or the Chairman of the relevant Committee prior to taking action where the action has policy or significant financial implications or where the portfolio holder or Chairman has given prior indication that he or she wishes to be consulted on the matter or type of matter. Ward members should also be consulted as appropriate.

November 2020

Extension of the contract for the provision of Public Health Services in Primary Care

Report of the Executive Director of Public Health and Integrated Commissioning

1. Purpose of the Report

- 1.1** The purpose of the report is to provide notification of the decision to extend the contract for the provision of Public Health Services in Primary Care in Sunderland. This will enable the continued delivery of a wide range of accessible services to improve the health of the local population.

2. Description of Decision (Recommendations)

- 2.1** The Director of Public Health will, in consultation with the Executive Director of Corporate Services and the Portfolio Holder for Health and Social Care, undertake the necessary steps to extend the contract for the provision of Public Health Services in Primary Care in Sunderland for a period of 24 months, utilising the optional 2 x 12 month extension periods available within the contract.

3. Introduction/Background

- 3.1** Further to the implementation of the Health and Social Care Act 2012, the Council has responsibility for improving the health of the population in Sunderland. In order to meet this responsibility, the Council commissions a wide range of Public Health services from local General Practices and Community Pharmacies.
- 3.2** Following a procurement exercise carried out in 2017, these services began being provided under the current contract with the Council from 01 December 2017.
- 3.3** The Contract was let for an initial period of 3 years, with the option to extend for a total period of 24 months via 2 x 12 month extension periods. These extension periods can be utilised at the discretion of the Council, based on continued evidence of need and satisfactory performance of the contract.
- 3.5** The services are purchased using the Public Health Grant for Sunderland.

4. Current Position

- 4.1** The services within the scope of the contract are as follows:
- a. NHS Health Check Programme – a mandatory public health service provided within General Practices.
 - b. Stop Smoking Services – services to allow residents to access smoking cessation support via their local General Practice or community pharmacy.
 - c. Provision of Nicotine Replacement Therapy (NRT) and Varenicline – evidence-based medication products given to support the wider range smoking cessation behavioural interventions via community pharmacies.
 - d. Provision of Emergency Hormonal Contraception (EHC) via community pharmacies to reduce unplanned pregnancies.

- e. Provision of supervised consumption of controlled drugs – measures to ensure that medications provided in support of treatment for substance misuse are taken safely and at the correct doses.
- f. Harm Reduction – provision and return of clean injecting equipment for people using substances intravenously
- g. Healthy Start Vitamins – voucher scheme to enable the provision of Healthy Start Vitamins for eligible women and children.
- h. Long Acting Reversible Contraception – scheme provided in General Practices to enable wider access to safe and effective long-term contraception to help reduce unplanned pregnancies.
- i. Influenza Vaccination Scheme – scheme designed to supplement the national flu immunisation scheme by enabling locally identified priority groups to receive a vaccine (added in 2020 in the light of the Covid-19 pandemic).

- 4.2** We are currently seeing the impact of COVID-19 on the NHS and social care and, this winter, we may be faced with co-circulation of COVID-19 and flu. Flu immunisation is a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter. We therefore added the Influenza Vaccination Scheme the scope of the contract in late 2020.
- 4.3** In order to deliver these services, each practice or community pharmacy must demonstrate that they have staff who have achieved the relevant professional competencies for each service.
- 4.4** Collectively, this method of delivering these services offers significant levels of access to health improvement interventions across Sunderland. For example, between 1 January 2019 and 30 June 2020, 2,065 local residents stopped smoking via primary care provision. Additionally, access to Emergency Hormonal Contraception is facilitated across Sunderland via over 20 community pharmacies and supervised consumption of controlled drugs is offered by almost 40 community pharmacies.
- 4.5** The existing contracting arrangements also offer a flexible method of engaging primary care to deliver public health services. In the event providers wish to take on additional services, they are enabled to do so during the life of the contract. Additionally, new services can be added during the life of the contract; for example, a local influenza vaccination scheme has been developed this year to supplement the national vaccination scheme.
- 4.6** The prices for all services have been benchmarked against similar services across the region and are comparable. The services are also reimbursed on the basis on levels of activity carried out and therefore offer good value for money.
- 4.7** As a result of these factors, it is proposed to utilise extension available within the current contract for a period of 24 months. There will be no change to the original prices, except the Healthy Start Vitamin which will increase by £0.28p (originally £1.55 to £1.83). There will be no change to the original terms and conditions of contract. The maximum annual cost of the extension is £750,000, based on historic levels of activity.
- 4.8** The cost of the extension will be met from the Public Health Grant, within which appropriate allocations are currently identified.

5. Reasons for the Decision

- 5.1 The terms and conditions of the current contract include the option to extend for a maximum of 24 months, using 2 x 12-month extension periods. This will enable continued delivery of the services for local residents.
- 5.2 Current delivery of the services offers good levels of access and value for money; they also support a wide range of public health priorities in Sunderland.

6. Alternative Options

- 6.1 The following options were also considered and rejected:
- a. Do nothing – do not extend the contract. This is not viable as the terms and conditions of the contract enable an extension and service delivery is critical in supporting public health priorities in Sunderland. Appropriate levels of funding are available via the current Public Health Grant allocations.

7. Impact Analysis

By their nature, Public Health services and interventions aim to reduce inequalities by providing accessible and targeted interventions to those that are most likely to experience poor health outcomes. Impacts are analysed below:

- (a) **Equalities** – a full equality assessment on the proposal has been completed. There are no negative impacts associated with the proposal.
- (b) **Co-operative Values** – the public health services described here each aim to reduce health inequalities by offering interventions universally and to those communities that have highest levels of need.
- (c) **Financial Implications** – The costs of the services will be met from the Public Health Grant utilising existing allocations.
- (d) **Crime and disorder** – Provision of supervised consumption of controlled drugs helps to reduce illicit drug use and diversion of prescription drugs.
- (e) **Privacy** – There are no identified implications in relation to privacy associated with this proposal.
- (f) **Employee Implications** – There are no identified implications for the Council's workforce.
- (g) **Legal Implications** – Extension of the contract shall be undertaken in compliance with the Public Contracts Regulations 2015 and the Council's own Procurement Procedure Rules.
- (h) **Policy Implications** – The proposal is consistent with the overarching design principles of the Health and Wellbeing Strategy. In particular, equity, early intervention, prevention, independence and self-care and joint working.

It is also consistent with the vision of 'Aiming high, working together for children and families'.

- (i) **Health & Safety Considerations** – There are no current identified Health & Safety Considerations associated with the proposal.
- (j) **The Public / External Bodies** – Any changes to service delivery associated with the proposal will be carried out in consultation with the public and other relevant stakeholders.
- (k) **Compatibility with European Convention on Human Rights** – The proposal will be carried out in accordance with the provisions of the Human Rights Act 1998. Advice will be sought from the Assistant Director of Law and Governance should it become necessary.
- (l) **Procurement** – Corporate Procurement have been informed regarding the proposed extension to the current contract. All work will be undertaken in consultation with the Corporate Procurement team.

Section A - EQUALITY ANALYSIS TEMPLATE

You must complete this in conjunction with reading Equality Analysis Guidance

Name of Decision:

Extension of the contract for the provision of Public Health Services in Primary Care

Date: 02/11/2020

Version Number: 1

Equality Analysis completed by:

Name: Ben Seale

Job title: Public Health Lead (Business Management)

Responsible Officer or Group:

Name: Gerry Taylor

Job title: Executive Director of Public Health and Integrated Commissioning

Is the Activity:

New/Proposed ()

Changing/Being Reviewed (X)

Other ()

Part 1. Purpose and Scope

Purpose

In this section outline briefly:

- what the policy, decision or activity is and what the intended outcomes/benefits are (linked to the Corporate Outcomes Framework)
- over what period of time the outcomes will be achieved
- why it needs to be implemented or revised
- what populations are affected by the proposal
- who is expected to benefit and how, i.e. young people, older people, carers, BME groups, ward areas/communities, etc
- whether there are any overlaps with regional, sub-regional, national priorities.

[Further Guidance](#)

Proposed Decision

The proposed decision is to extend the contract for the provision of Public Health Services in Primary Care in Sunderland for a period of 24 months. This will enable the continued delivery of a wide range of accessible services to improve the health of the local population.

In doing so, it is intended that services are maintained to continue improving the health outcomes for residents of Sunderland that are relevant to each one. These include, reducing prevalence of smoking, reducing unplanned pregnancies and reducing the harms of substance misuse.

The decision is necessary to maintain widespread and equitable access to these services for local residents.

The services provided under these contracts benefit the following groups:

- People who smoke tobacco, or are affected by others who smoke tobacco
- People who experience issues with substance misuse
- People who are at risk of unwanted pregnancies
- People who are at risk of flu, or who may place others at risk.

Each of the contracts is responsive to relevant local, regional or national priorities that are associated with their delivery.

Intelligence and Analysis

Please describe:

- What sources of information have been used to inform this assessment/analysis (this should include but is not limited to consultations, resident/service user feedback and statistical data and intelligence)
- **What the information is telling you** – this should be broken down by each of the protected characteristics or other identified groups which could be disadvantaged. Each of the aims of the equality act should be considered in relation to each of the protected characteristics.

[Further Guidance](#)

Public Health in Sunderland

Sunderland is subject to a wide range of Health Inequalities. This group of services aims to help to improve many of these. By continuing to contract for these services, it is anticipated that a range of inequalities will be positively impacted.

A number of appropriate examples are shown below.

Smoking

Smoking remains the greatest contributor to premature death and disease across Sunderland. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

According to the national Annual Population Survey, the proportion of adults that smoke in Sunderland fell between 2011 and 2019 from 24.3% to 16.0%. ([Local Tobacco Control Profiles](#)) This is higher than both the regional (15.3%) and national (13.9%) figures, It should be noted, though, that smoking prevalence estimates by local authority from this survey can fluctuate widely due to small sample sizes.

Our local adult health and lifestyle survey 2017, which is based on a larger sample size, suggests that the overall smoking prevalence adjusted for social class is 18.2% and the prevalence of smoking in routine and manual groups is 20.2%. Rates of smoking are highest among adults aged 25-34 years, males, people from socially and economically disadvantaged communities, people in routine and manual occupational groups, and those who have never worked or are long term unemployed.**Error! Bookmark not defined.** At ward level, the highest prevalence of smoking can be found in Redhill, Pallion, Hendon, Southwick, St. Anne's and Millfield. ([Sunderland Adult health and lifestyle survey 2017](#))

More pregnant women in Sunderland smoke during pregnancy. During 2018/19, 17.5% of pregnant women were smokers when they gave birth, compared to 10.6% across England and 15.7% across the North East.

Substance Misuse

Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment can reduce these and deliver real savings, particularly in relation to crime, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease.

Sunderland experiences higher rates of drug related deaths than many other areas with a rate of 8.4 deaths annually per 100,000 of population in the period 2016/18. This compares to a rate of 8.6 across the North East and 4.5 across England. ([Deaths from drug misuse](#))

Alcohol use is another major lifestyle risk factor. Alcohol misuse is a major problem within Sunderland in terms of health, social and economic consequences which affect a wide cross section of the city at a considerable cost.

The proportion of Sunderland adults aged 18 years and over that drink alcohol is 66.4%. Men are more likely to drink alcohol than women.

Men aged 45-64 and women aged 35-54 are most likely to drink alcohol. There is also a socio-economic gradient with adults in managerial and professional occupations being most likely to drink alcohol and those who have never worked or who are long term unemployed being least likely to drink alcohol. ([Sunderland Adult health and lifestyle survey 2017](#))

More people are admitted to hospital in Sunderland with alcohol-related conditions; in 2018/19, the rate of admission per 100,000 of population was 993, compared to 664 across England and 908 across the North East. ([Admission episodes for alcohol-related conditions \(Narrow\)](#))

Sexual and Reproductive Health

Good sexual health is fundamental to general wellbeing and health; it is also an important public health issue. Poor sexual health imposes social, economic, emotional and health costs. Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility.

Sunderland has a comparatively high rate of conceptions amongs under 18 – in 2018, this was reported as 29.0 per 1,000 females under the age of 18, compared to rates of 16.7 across England and 24.9 across the North East. ([Under 18s conception rate / 1,000](#))

Flu

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses. During 2020/21, it is anticipated that the Covid-19 pandemic will persist alongside the annual influenza season, therefore it is necessary to ensure that uptake of influenza vaccination is maximised to help manage the risk of health services becoming overwhelmed in the winter months. This programme is aimed at groups who are locally identified as being at risk of contracting seasonal influenza and communicating the disease to others.

Access to services

Further to the implementation of the Health and Social Care Act 2012, the Council has responsibility for improving the health of the population in Sunderland. In order to meet this responsibility, the Council commissions a wide range of Public Health services from local General Practices and Community Pharmacies. Collectively, this method of delivering these services offers significant levels of access to health improvement interventions across Sunderland. For example, between 1 January 2019 and 30 June 2020, 2,065 local residents stopped smoking via primary care provision. Additionally, access to Emergency Hormonal Contraception is facilitated across Sunderland via over 20 community pharmacies and supervised consumption of controlled drugs is offered by almost 40 community pharmacies.

Community pharmacies already make a significant contribution to improving public health through service delivery and providing accurate information and advice. [The 2018 Pharmaceutical Needs Assessment for Sunderland](#) found that there is a good distribution and sufficient provision of community pharmacies in or near to areas of high population density, in or near areas with a high proportion of the population aged 65 and over and in or near to areas with the highest levels of deprivation.

Gaps in intelligence and information

Having analysed the information available to you:

- are there any gaps in intelligence or areas where understanding needs to be improved? Please describe what these are and what actions you intend to take to obtain/improve the information. These actions should be covered in the action plan.
- are there any groups who should be expected to benefit who do not? Please describe why not and whether you will amend the decision to change this outcome. This should also be covered in the action plan.

[Further Guidance](#)

Not Applicable.

Additional Impacts

The policy or action may also have an impact on other groups or individuals which are not covered by statutory requirements. Please outline any additional individuals or groups which have not already been covered. This could include socio-economic groups, voluntary and community sector, carers or specific communities which face additional challenges (such as former coal mining areas or areas of high deprivation)

[Further Guidance](#)

Not Applicable.

Part 2. Analysis of Impact on People

In this section you must **review the intelligence described above and summarise the intended and potential impact of the policy, decision or activity** on the people of Sunderland. This includes specific consideration of the impact on individuals, groups with protected characteristics and communities of interest within the city. Please briefly outline any positive, neutral or negative impacts on the specific groups below. Please note that any negative impacts should have a corresponding action in the action plan in the page below.

In this assessment it is important to remember the **Council is required to give due regard to:**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Each of these aims must be summarised in turn in relation to the groups outlined below.

[Further Guidance](#)

Characteristic	List of Impacts		
	Positive	Neutral	Negative
Age	<p>Provision of access to Emergency Hormonal Contraception and Long Acting Reversible Contraception aims to help reduce teenage pregnancies.</p> <p>NHS Health Checks are offered to eligible individuals aged 40-74 in line with the statutory national programme to work to reduce death rates to persons aged under 75 years from heart disease, stroke, diabetes and chronic kidney disease in Sunderland.</p> <p>The extension of the flu vaccination aims to increase the uptake amongst people under the age of 65 (supplementing the national scheme which already has much higher uptake amongst those over 65).</p>		

Disability		There is no identified positive or negative impact relating to the disability status of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Gender/Sex		There is no identified positive or negative impact relating to the gender or sex of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Marriage & Civil Partnership		There is no identified positive or negative impact relating to the marital or civil partnership status of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Pregnancy and maternity	<p>Provision of healthy start vitamins aims to help ensure that mothers are able to maintain their own health and give their children the best start in life.</p> <p>Additionally, access to Emergency Hormonal Contraception and Long Acting Reversible Contraception aims to help reduce unplanned pregnancies.</p>		
Race/Ethnicity		There is no identified positive or	

		negative impact relating to the race/ethnicity of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Religion/belief		There is no identified positive or negative impact relating to the religion or beliefs of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Sexual Orientation		There is no identified positive or negative impact relating to the religion or beliefs of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	
Gender identity		There is no identified positive or negative impact relating to the gender identity of people accessing these services, though the services are all offered in a manner that is consistent with the requirements of the Equality Act 2010.	

Please add any additional groups mentioned in the “additional impacts” section above.

Part 3. Response to Analysis, Action Plan and Monitoring

In this section please outline what actions you propose to take to minimise the negative, and maximise the positive, impacts that have been identified through the analysis. By considering and implementing these actions the policy or action can be refined to make sure that the greatest benefits are achieved for the people of Sunderland. The performance monitoring process should also be set out to explain how ongoing progress is going to be followed to make sure that the aims are met.

From the analysis four broad approaches can be taken, (No major change; continue with the policy/action despite negative implications; adjust the policy/decision/action; or stop the policy/action). Please indicate, using the list below, which is proposed.

- No Major Change ()
- Continue Despite Negative Implications ()
- Adjust the Policy/Decision/Project/Activity ()
- Stop ()

Action Plan

[Further Guidance](#)

ACTION	WHO	WHEN	MONITORING ARRANGEMENTS

PLEASE ENSURE THAT THIS TEMPLATE IS PUBLISHED ON <http://citypoint/equalityanalysis/default.aspx>, WITH THE RELEVANT ACCOMPANYING DOCUMENTATION APPENDED, i.e. POLICY/STRATEGY. THE EQUALITY ANALYSIS MUST BE PRESENTED AT ANY DECISION POINT.