



Financial Year	2016/17
Proposal no.	PH101
Directorate	Public Health
Service Name	Public Health
Area of Service	Sexual health Services

<b>Savings Programme Pre-consultation Report</b>			
<b>Subject:</b>	<i>Proposal to review future funding of sexual health services and HIV prevention services</i>		
<b>Report of:</b>	<i>Lead Director Andrea Fallon</i>	<b>Author:</b> <b>Wendy Meston</b>	<i>Wendy Meston</i>
<b>Cabinet Member:</b>	<i>Lead Member Councillor Janet Emsley</i>	<b>Author Telephone:</b> <b>927061</b>	<i>01706 927089</i>
<b>Type of Consultation</b>	<i>Service Delivery</i>	<b>Author Email:</b>	<i>Officer Email</i> <a href="mailto:wendy.meston@rochdale.gov.uk">wendy.meston@rochdale.gov.uk</a>

## **1 Recommendations**

- 1.1 It is recommended that members consider the proposals reviewing the allocation of funding for sexual health and HIV Prevention services that will achieve savings of **£110k**.
- 1.2 It is recommended that members consider the risks to clients and the impact on the voluntary sector in achieving the savings (**sections 5 and 8**).

### **Reason for recommendation**

- 1.3 To support the local authority budget in realising savings whilst continuing to provide sexual health and HIV Prevention Services that address the needs of Rochdale residents.

## **2 Background**

- 2.1 An element of sexual health services which is currently commissioned from the Public Health Grant includes HIV prevention and support services. These are not part of statutory mandated duty for the Council but do link with it. However, they support the Public Health Outcomes, including reducing people presenting with HIV at a late stage of infection. In 2015/16 three of these services are funded from non-recurrent funding and one from recurrent funding. This proposes the future recurrent funding of the following HIV Prevention and Support Services:

### **Barnardos - HIV Support Service (Children and Young People)**

- 2.2 This support service is to improve the health and wellbeing of a small number of children living with diagnosed HIV through the provision of person-centred, evidence-based and cost effective family interventions and services. The HIV Support Service (Children and Young People) is funded to improve health and social outcomes for children, young people and their families living with HIV and to contribute to reducing transmission of HIV. Non recurrent funding is being used in 2015/16.

### **Black Health Agency - HIV/STI Prevention Service – Heterosexual women and men and men who have sex with men (MSM)**

- 2.3 To reduce the incidence of sexually transmitted infections including HIV among heterosexual men and women and Men who have sex with men at high-risk of sexual ill-health including those from black African, black Caribbean, Eastern European and Asian communities living in Rochdale. The service also raises awareness of sexual health issues and promote good sexual health and wellbeing. Non recurrent funding has been used in 2015/16.

### **George House Trust - HIV Support Service (Adults)**

- 2.4 The overall aim of the HIV Support Service (Adults) is to improve the health and wellbeing of residents living with diagnosed HIV. HIV Support Service (Adults) is funded to improve health and social outcomes for residents living with HIV and to contribute to reducing transmission of HIV. The service is required to offer provision for residents living with diagnosed HIV as well as tailored interventions for residents at high – risk of poor outcomes including patients with a new diagnosis/complex or additional needs. Non recurrent funding has been used in 2015/16.

### **Lesbian Gay Bisexual Transgender Foundation - HIV/STI Prevention Service - Gay, bisexual and men who have sex with men (MSM).**

- 2.5 The service is specifically focused upon gay, bisexual and other men who have sex with men (MSM) a population group who are disproportionately affected by HIV and other STIs. The aims of the service include are assist in reducing the incidence of sexually transmitted infections including HIV among gay, bisexual and men who have sex with men (MSM). Increasing opportunities for MSM to access testing services, and 'know their HIV status.

<b>Service details</b>	<b>Savings Proposals for consideration</b>	<b>2015/16 recurrent budget</b>	<b>Proposed savings 2016/17</b>
		<b>£k</b>	<b>£k</b>
HIV prevention LGBT	Payment to Lesbian and Gay Foundation as part of a GM contract to provide HIV prevention and sexual health services Proposal to reduce the recurrent budget	25	11
HIV prevention BME communities	<i>Payment to Black Health Agency as part of GM contract. Outreach to BME groups to address late diagnosis and prevention HIV and STIs (previously paid non-recurrently) - proposal to invest £11,000.</i>	0	-11

Support for children with HIV	Payment to Barnados as part of a GM contract. Price agreed each year – reduces impact of childhood HIV – secondary prevention. Proposal to invest £2,000	0	-2
Support for HIV	Payment to George House Trust to prevent HIV infection amongst at risk groups. Proposal to invest £ 6,000	0	-6
	<b>totals</b>	<b>25</b>	<b>-8</b>

Service details	Savings Proposals for consideration	2015/16 budget £k	Proposed savings 2016/17 £k
N/A	Not for consultation as no service delivery implications.	2,030	118
	<b>totals</b>	<b>2,030</b>	<b>118</b>

### 3 Financial Implications

The saving proposal is 5% of the total budget of the area of service affected.

3.1 Table 1 provides details of sexual health and HIV prevention services proposal realising £110k

	Savings 2016/17 £k		Savings 2017/18 £k		Total savings £k	
	On-going	One off	On-going	One off	On-going	One off
<b>Total savings</b>	<b>110</b>				<b>110</b>	

### 4 Asset implications

4.1 There are no asset implications as a result of this proposal.

### 5 Voluntary Sector impact

5.1 There will be an impact on the voluntary sector as a result of this proposal as there will be a reduction in funding to the Lesbian and Gay foundation. Under the Borough of Rochdale Compact we have an obligation to consult with charities and the voluntary sector and work with them to mitigate the impact of the reduction of funding.

### 6 Consultation

6.1 These proposals will impact on contractual arrangements with voluntary sector agencies.

Consultation on these proposals will be necessary with:

- Contracted service providers George House Trust, Barnardos, Black Health Agency, Lesbian Gay Bisexual and Trans Foundation.
- Public and service users
- Lead commissioners
- Integrated sexual health services
- Integrated health improvement service
- Public via the website

## **7 Alternatives considered**

- 7.1 The following alternatives considered as part of this proposal are set out below:
- Maintain the current recurrent funding service only and end the others
  - Equal reduction in contract value across all elements of service delivery. This is a simplistic option that would have unfair impact on some elements of service delivery and therefore a greater impact on vulnerable and at risk clients.
  - Members could decide not to take the proposal forward and identify alternative savings proposals

## **8 Risk Assessment Implications**

- 8.1 The following risks arise from the issues raised in this report as set out below:
- There is a risk that Rochdale will fail to close the gap between the England rate and the Rochdale rate for people presenting with HIV at a late stage of infection
  - The Public Health Outcomes Indicator 3.4 People presenting with HIV at a late stage of infection: England rate 45%. Rochdale rate is higher at 61%
  - Rochdale is required to work towards increasing the proportion of people presenting **early** with a diagnosis of HIV
  - There will be an impact on some people as the integrated sexual health and health improvement service is unable to reach some communities and they are not accessed by specific groups

## **9 Legal Implications**

- 9.1 The Council must be mindful of its obligations under the Borough of Rochdale Compact to consult the voluntary sector and charities with regard to any potential reduction in funding and work with them to mitigate the impact of such reduction in funding.
- 9.2 The Council must be mindful of its obligations under the grant funding agreement to abide by the conditions of grant and its obligation to provide value for money and reduce inequalities between people in its area and improve the take up of and outcomes from its drug and misuse treatment services.

## **10 Personnel Implications**

- 10.1 The proposals outlined within this report may have personnel implications depending on the outcome of service consultation and Member decision making

## **11 Equalities Impacts**

### **Workforce Equality Impacts Assessment**

- 11.1 Would be raised during consultation.

### **Equality/Community Impact Assessments**

- 11.2 The proposed savings may have an impact on some services for LGBT communities and BME groups on issues accessing HIV Prevention and Support Services and prevention work. Alternative services are available but elements of outreach work and targeted services would be reduced and impact on these groups and would need to be closely monitored.

## Appendix 1

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### EQUALITY IMPACT ASSESSMENT FOR SAVINGS PROPOSALS

1. Please state the name of the officers leading the EIA
Wendy Meston
2. Who has been involved in undertaking this assessment?
Public Health Programme Manager Director of Public Health
3. What is the scope of this assessment?
All impacts on users and providers of the following HIV Prevention and Support Services <ul style="list-style-type: none"> <li>• HIV Support Service (Children and Young People)</li> <li>• HIV/STI Prevention Service – Heterosexual women and men and men who have sex with men (MSM)</li> <li>• HIV Support Service (Adults)</li> <li>• HIV/STI Prevention Service - Gay, bisexual and men who have sex with men (MSM).</li> </ul>
4 a). What does the function currently do? b). Describe the needs which this service meets?
Specialist HIV Prevention and Support a) <ul style="list-style-type: none"> <li>• Contribute to improving health and social outcomes for children, young people, adults and their families living with HIV including reducing transmission of HIV.</li> <li>• Contribute to reducing the incidence of sexually transmitted infections including HIV among heterosexual men and women, gay and bisexual population groups and men who have sex with men (MSM).</li> </ul> b) <ul style="list-style-type: none"> <li>• Support and advice for children, young people and adults who are newly diagnosed with HIV</li> <li>• Raise awareness and encourage access to HIV testing services for at risk groups.</li> <li>• Promote safe sex practices to prevent onward transmission of HIV and other STI's</li> </ul>
5. What proposed changes do you wish to make?
Reduce the funding to HIV Prevention and Support Services with the expectation that the services will work in partnership with the Integrated Sexual Health Service, Young Peoples Sexual Health Support Service, Living Well Sexual Health Improvement Service, Primary Care, NHS England and other Third sector providers to maintain and enhance service provision and minimise the impact on service delivery.
6. Who are the key stakeholders who may be affected by the proposed changes?

- Children and adults newly diagnosed with HIV.
- Gay and bisexual men.
- Men who have sex with men.
- Lesbian, gay, bisexual and Trans residents of Rochdale borough.
- Heterosexual men and women in some at risk groups.
- Integrated Sexual Health Services across Rochdale borough
- Living Well Sexual Health Improvement Service
- NHS England

7. What impact will this proposal have on all the protected groups?

**The total service offer has been considered in setting out these proposals, including access for protected groups as part of universal provision and the need for specialist and targeted provision.**

#### **Race Equality**

In relation to Rochdale Borough, the 2011 Census confirms the following data on ethnicity. The overall population of Rochdale Borough is 211, 699. Of these, 166, 481 are classified as white British (79%); and 45,218 (21%) as BME. BME groups now account for a greater proportion of the population than was the case in 2001. Pakistani is the largest population among the BME groups and now accounts for 10.5% (22,265) of the total population in 2011, having grown by over 40% over the past decade.

Black African and Caribbean populations are at a higher risk of HIV transmission; targeted work with these communities and partnership working with other prevention and sexual health services is essential to continue to reduce the incidence of HIV and other STI's in this population group. Mitigated by provision in other services. During the consultation period it will be assessed whether the proposed cuts will have a negative effect on this group and the EIA will be updated accordingly.

#### **Disabled People**

The 2011 Census confirms that 21% of the Borough consider themselves to be disabled or their activities are limited due to a health-related issue. This is an increase of 4.8% from 2001. Rochdale Borough has higher rates of residents noting a long-term health problem or disability when compared to Greater Manchester or England and Wales. In general terms, therefore, the levels of disability and associated health issues are acknowledged to be of relevance to this Borough.

Some people with HIV may have a disability. During the consultation period it will be assessed whether the proposed cuts will have a negative effect on this group and the EIA will be updated accordingly.

#### **Carers**

A small number of carers such as family members supported by service could be affected. This will be assessed and updated following consultation

#### **Gender**

The 2011 Census provides the following breakdown of figures for the Borough

- there are 103,642 males (an increase of 3.9% from 2001, when there were 99,705); and

•there are 108,057 females (an increase of 2.3% from 2001, when there were 105,652).

This seems to indicate an almost even split between male and female residents of the Borough.

For some services there is no reason to think a particular gender would be affected. For the work targeting gay men and men who have sex with men this will impact more on men than women. These impacts will be assessed and updated following consultation

### Age

The Census 2011 gives the following breakdown of the Borough's population by age:

Age group	No in 2011	%age in 2011	Proportional change from 2001
0 – 14	41,827	19.7	-1.7%
15 – 29	42,541	20.1	+1.5%
30 – 44	42,914	20.3	-1.8%
45 – 64	53,601	25.4	+1.8%
65+	30,816	14.6	+0.3%
Totals	211,619		

These figures indicate that the Borough has a growing number of (i) young adults and (ii) persons aged 45 – 64.

The reduction in funding would impact on a small number of children and the age profile of sexual health and HIV services although aging is focused on adults under 65 years. This will be assessed and updated following consultation.

### Armed Forces and Ex-Armed Forces Personnel

No disproportionate effects on this group anticipated. There is no data relating to the prevalence of use in relation to present or former military personnel.

### Religion or Belief

The 2011 Census confirms the following religious groups in the Borough:

- Christian (128,186, or 60.6%, a decrease of 11.5% since 2001)
- No religion (40,014 or 18.9%, an increase of 8.1% from 2001)
- Muslim (29,426 or 13.9%, an increase of 4.5% from 2001)

Rochdale's proportion of Muslim residents exceeds the comparative figure for Greater Manchester (8.7%) and also England and Wales (4.8%).

This aspect would need to be assessed and updated following consultation.

### Sexual Orientation

The 2011 Census does not record this data directly. This proposal does affect services

that work with gay men and men who have sex with men with some services that also support lesbian, bisexual and trans communities and the impact would be assessed and updated following consultation

**Gender Reassignment**

No disproportionate effects on this group anticipated

**Pregnant Women or Those on Maternity Leave or Those who have given Birth in the Previous 26 weeks**

No disproportionate effects on this group anticipated

**Marriage or Civil Partnership**

The 2011 Census shows that there are now fewer people in the Borough living as a married couple. In 2001, 40.3% of the population were not living as a couple and that figure has risen to 44.4% in 2011. The prime reason for this is that a higher percentage of people are now living as single, the number of people living as single has risen by 23.8% over the past decade and increased by 3.9% proportionally.

There are now 5,625 fewer people in the Borough living as a couple in a married or civil partnership than in 2001; this equates to a drop of 7.4%. This is a proportionally greater decrease than across Greater Manchester (3.1%) and England and Wales (1%).

There is no data to suggest that this protected group is at particular risk.

**8. Conclusions and Recommendations**

**What are the main conclusions and recommendations from this analysis?**

The proposed savings have an impact on some services for some LGBT, BME groups for HIV Prevention and Support Services. A small number of children would also be affected. The proposal does include maintaining services across all the areas but a lower level. Alternative services are available for support but elements of outreach work and targeted services are reduced and impact on these groups would need to be assessed during consultation and this report updated to reflect any further views.

**9. In the box below please provide details of who you will consult with on the proposals, when you consult, and the methods which you will use to consult. In the box below**

***The Consultation and Inclusion Methodology Used***

Meeting to be held with service providers and any service user groups identified  
Public consultation via the website and the corporate process