

<p style="text-align: center;">CABINET SUPPLEMENTARY AGENDA</p>
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20 January 2016

The following appendix was erroneously missed from the Agenda and is attached for consideration

- 6 DE-COMMISSIONING NON-MANDATED PUBLIC HEALTH SERVICES CURRENTLY FUNDED BY THE COUNCIL'S RING FENCED PUBLIC HEALTH GRANT (Pages 1 - 18)**


**Andrew Beesley
Committee Administration
Manager**


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Cabinet: 20/01/2016

Appendix 1 Information about each service proposed for decommissioning


Subject Heading:	Decommissioning non-mandated public health services currently funded by the Council's ring fenced public health grant.
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Name of Service	Sexual Ill Health: Prevention: North East London Sexual Health Network (NELNET) (recommended for decommissioning by DPH)
Cost of Service	£10,000
Who provides/hosts the service?	NELNET is hosted by Homerton University Hospital NHS Foundation Trust. The host organisation employs the network manager, provides office space in the sexual health department and manages human resource and finances.
Description of the Service	NELNET fosters strong links between relevant stakeholders and provides a forum for collaboration and co-ordination on quality improvement, service development and clinical governance. With only minimal funding for administrative support, the network achieves synergies in supporting improved outcomes and high quality, effective, equitable and patient-centred care.
Who uses the service?	Sexual health clinicians/commissioners across the North East London region
Co dependencies?	City of London and Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking and Dagenham and Havering jointly fund the network.
Evidence of beneficial outcomes?	See attached summary of 2014/15 activities;  NELNET activities - summary 2014-15.do
Risks associated with decommissioning the service?	Reputational (Other councils and clinicians). Not considered high risk.

Stakeholder/public consultation required?	Other councils funding NELNET and Homerton University Hospital NHS Foundation Trust would need to be notified rather than consulted.
Equality Impact assessment required?	No.
Name of Service	Sexual Ill Health Prevention: Targeted Sexual Health "Young Addaction" (recommended for decommissioning by DPH)
Cost of Service	£29,970.00
Who provides/hosts the service?	Addaction / The Early Help Service is the host organisation and provides office space
Description of the Service	The service works with vulnerable at risk children who are referred from children and young people's services (including schools). The service, delivered by a part-time worker, offers advice, support to vulnerable individual and groups of young people aged 13-21 who are identified at risk of poor sexual health outcomes including supporting access to local Contraception and Sexual Health services in Havering. The service works across a wide range of settings to engage with clients such as schools, academies, pupil referral units, youth centres and other young people's services settings and works closely partnership with the substance misuse service and sexual health service providers in Havering.
Who uses the service?	Referrals are accepted for vulnerable children and young people aged 13-21. The service receives an average of 22 referrals a quarter and works mainly with females (see performance and activity report below for further service activity and user profile)
Co dependencies?	This service is considered part of Addaction's young people's substance misuse service and has a number of referral and care pathways with children and young people services locally
Evidence of beneficial outcomes?	Service submits a quarterly performance and activity report - see attached 2014/15 report below:  YAH Targeted Sexual Health Service Return
Risks associated with decommissioning the	Reputational (Council and local schools) Vulnerable children and young people will not receive a service, possibly leading to an increase in poor

service?	sexual health outcomes. Considered medium risk.
Stakeholder/public consultation required?	Consultation required with the provider regarding the development and delivery of an exit strategy which will include notification to providers that refer into the service.
Equality Impact assessment required?	De-commissioning this service would affect some of the protected characteristics, in particular age and gender.

Name of Service	Sexual Ill Health Prevention: Phoenix Counselling (recommended for decommissioning by DPH)
Cost of Service	£35K
Who provides/hosts the service?	Relate North East / The Early Help Service is the host organisation and provides office space
Description of the Service	<p>The service offers counselling to young people at a time when they are faced with very difficult choices around pregnancy and sexual health and are not receiving the support they need from others in their lives. The service is delivered in schools, colleges and community settings to support:</p> <ul style="list-style-type: none"> • young women who are pregnant • young women who have had an abortion • young women who are thinking of having an abortion • young women who have miscarried • partners of any of these young women • young people who are experiencing abuse in their relationships (including sexual exploitation) • young people whose sexual behaviour is causing a concern • women who have experienced female genital mutilation
Who uses the service?	Referrals are accepted for vulnerable young women aged 13-19.
Co dependencies?	The service has a number of referral and care pathways with children and young people services locally
Evidence of beneficial	Service submits a quarterly performance and activity report - see most recent report below:

outcomes?	 Phoenix Counselling Service Quarter 3 Re
Risks associated with decommissioning the service?	Reputational (Council and local Schools) Vulnerable children and young people will not receive a service possibly leading to an increase in poor sexual health outcomes
Stakeholder/public consultation required?	Consultation required with the provider regarding the development and delivery of an exit strategy which will include notification to providers that refer into the service. Considered low risk.
Equality Impact assessment required?	De-commissioning this service would affect some of the protected characteristics, in particular age and gender.

Name of Service	Obesity-Children: LBH Leisure Services (MEND C4L Challenge) (recommended for decommissioning by DPH)
Cost of Service	£42K
Who provides/hosts the service?	<p>This budget is transferred quarterly to LBH Leisure Services. In 2014/15 it was used to commission Coopers Company and Coborn School (as host of the Havering Sports Collective) to develop and pilot the Change4Life Challenge Club (tier 2 weight management) programme.</p> <p>NOTE: As far as I was aware, the Council is no longer commissioning this programme and exploratory meetings have commenced with a view to Havering Adult College running it instead. Mark has queried with Simon Parkinson whether there is any spend planned in 2015/16.</p>
Description of the Service	<p>The Change4Life Challenge Clubs programme is a tier 2 weight management programme targeted at children who are overweight or obese and their families, with up to 25% of places being allocated at teachers' discretion to children who are at risk of becoming overweight. Sessions are delivered to both children and parents/ carers.</p> <p>The programme consists of two 6-week modules - 'Being Active' and 'Practical Healthy Eating'. In 2014/15 sessions were hosted primarily by schools, with one Saturday morning course being held at a</p>

	children's centre. At the start and end of the 12-week programme, questionnaires are completed by parents and children to monitor behaviour change, BMI is measured, and additional qualitative feedback is obtained. An evaluation of the 2014/15 pilot year is due to be completed by the 5 th October 2015. This aspect can be prioritised if required and data provided sooner.
Who uses the service?	Target group: Primary school children (predominantly aged 7-11, but with some younger siblings attending) Numbers participating: During 2014/15 68 children and 39 parents/carers took part in the programme. Confirmation of the number of families completing the programme (attending 80% of sessions) and a further breakdown including gender, age and disability will be provided in the programme evaluation.
Co dependencies?	No significant co dependencies. Currently school staff, family support workers, school nurses and other health professionals may refer into the programme so communication will be needed with them to outline alternatives.
Evidence of beneficial outcomes?	Evaluation in progress. Will be complete by 5 th October 2015. This aspect can be prioritised if required and data provided sooner.
Risks associated with decommissioning the service?	Schools were a driving force in developing this programme (three head teachers attended development group meetings) so may react negatively. School nursing service has indicated a need for a service to refer into. Fallout will mainly be reputational and will be lessened if talks with Havering Adult College progress and the programme can continue through this in some form. Considered low risk.
Stakeholder/public consultation required?	If the service has already stopped then no
Equality Impact assessment required?	Not if the service has already ceased

Name of Service	Obesity-Children: LBH Leisure Services (Mend Plus Facilitator) (recommended for decommissioning by DPH)
Cost of Service	£35K

Who provides/hosts the service?	This portion was separated out in the past when commissioning MEND because it was necessary to employ a facilitator. In 2014/15 I understand it was incorporated into the development and running of the Change4Life Challenge Clubs. Mark's query to Simon is also regarding this money. So we think this service is not currently running, therefore no problem going forward.
Description of the Service	N/A
Who uses the service?	N/A
Co dependencies?	N/A
Evidence of beneficial outcomes?	N/A
Risks associated with decommissioning the service?	N/A
Stakeholder/public consultation required?	N/A
Equality Impact assessment required?	N/A

Name of Service	Physical Activity Adults: LBH Leisure Services (Physical Activity on Referral Scheme - PARS) (recommended for decommissioning by DPH)
Cost of Service	£66K (+ £35K Physical Activity Co-ordinator)
Who provides/hosts the service?	The following are all provided by Havering Council Health & Sports Development team: <ul style="list-style-type: none"> • PARS • Community Physical Activity & Work Place Health activity • Healthy Havering Walks Scheme

Description of the Service	<p>PARS The aim of PARS is to offer safe and effective physical activity targeting inactive patients with long term, low/medium risk medical conditions as per the PARS referral inclusion/exclusion criteria. The PARS referral pathway directs a patient via their health professional to a service offering a baseline assessment; development of a personalised 12 week gym based programme focussing on patient gym sessions (cost per session); progress monitoring at 6 and 12 weeks and follow up at 3,6 and 12 months.</p> <p>Havering Walking for Health Programme The Havering Healthy Walks Scheme has been running since 2003 and is recognised as being one of the most effective Walking for Health Schemes in the country. Havering has 66 parks and open spaces and the organised walks are run on 6 days per week. The walks vary in length from 30 to 90 minutes and are graded from easy to hard. All walks are led by Walking for Health Leaders who have participated in the free training to achieve their qualification. The scheme is supported by the Ramblers and Macmillan Cancer Support. All Walk Leaders have been offered the opportunity of attending the Health Champion training, as is seen as an effective way to build resilience within the community. The walks are well attended, with the range of attendance between 30 – to 70 walkers attending each walk.</p> <p>Community Physical Activity & Work Place Health Initiatives The Health & Sports Development team (H&SD) team provide a range of promotional campaigns and physical activity opportunities across Havering. In addition there are some campaigns and opportunities that specifically promote widening access for uptake of physical activity for women and girls; low income groups; and the 50+ age group. The H&SD team work in local community settings to promote and utilise the existing facilities such the three leisure centres; the Astroturf pitch in South Hornchurch; the 5-a-side centre at King Georges Playing fields; outdoor gyms and multi-use games areas within parks. Activities offered are wide ranging and include; walking; cycling; swimming; fitness classes; football; basketball; tennis; netball; and yoga. Coaching opportunities; taster sessions and competitions are levers that are used to increase participation in physical activity.</p>						
Who uses the service?	<p>PARS - is available through referral from Havering Health Care professionals signed up to the scheme.</p> <table border="1" data-bbox="562 1278 1384 1385"> <thead> <tr> <th></th> <th>Total 2014/2015</th> </tr> </thead> <tbody> <tr> <td>PARS referrals</td> <td>443</td> </tr> <tr> <td>Appropriate PARS referrals</td> <td>313</td> </tr> </tbody> </table>		Total 2014/2015	PARS referrals	443	Appropriate PARS referrals	313
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PARS referrals	443						
Appropriate PARS referrals	313						

Inappropriate PARS referrals	130
PARS clients started (initial assessment attended)	174
PARS clients who did not start	133
PARS clients completed (achieved 12 or more gym visits)	75
PARS clients who started but did not complete	86

Hadvering Walking for Health Programme

The Hadvering Walking for Health programme produces a range of statistics since collating the walker registration form.

- In 2014-2015 there were more than 1000 attendances than the previous year.
- Attendance of 12413 is from over 500 individuals participating.
- There are now 27 Walk Leaders trained
- Conditions previously diagnosed of walkers include: high blood pressure; heart disease; COPD; diabetes; asthma and cancer.

Year	Total attendances
2010-2011	7240
2011-2012	11423
2012-2013	10944
2013-2014	11181
2014-2015	12413

* (a more detailed break of demographics is available, although it will take a couple of week for the request to be completed)

**Community Physical Activity & Work Place Health – open to all and WPH to all Hadvering employees.
(14/15)**

	Activity	Area	Number of sessions (1hr)	Number of participants	Number of visits
	Back to Netball (women)	Harold Hill	19	57	243
	Back to Netball (women)	Hornchurch	16	20	111
	Zumba Gold	Rainham	40	46	758
	Zumba	Harold Hill	15	18	54
	Walking Football	Romford	10	33	119
	Walking Football	Hornchurch	9	19	157
	Just Play Football (men)	Rainham	27	30	368
	Archery	Harold Hill	19	19	148
	LBH Employee Yoga	Romford	9	48	164
	LBH employee Zumba	Romford	10	28	108
	Total		174	318	2230
Co dependencies?	<p>No co-dependencies These services were cited in the recent joint bid for funding for the National Diabetic Prevention Programme.</p> <p>Our expressed desire to improve our LBH Workplace Health offer to reduce sickness absence will be undermined by the loss of these services.</p>				
Evidence of beneficial outcomes?	<p>PARS The PARS programme as always struggled with insufficient resource and there is limited evidence on the long term health benefits for physical activity on referral schemes.</p> <p>Having Walking for Health Programme Whilst there is not a process to follow up walkers who have participated in the scheme, the increase of Walk Leaders being trained and gradual increase month on month of attendances would suggest that</p>				

	<p>participants are building these walks into their lives. In addition because the success of this scheme predominantly based on volunteers walk leaders, this scheme aligns to the Havering Council's Demand Management Strategy action of strengthening communities and building community resilience, by enabling the community to help themselves; which is seen as vital to sustainable reduction in demand. Staffing.</p> <p>Costs for the Walk For Health Programme £3,000 from Public Health Grant</p> <p>(The scheme has required support on a part-time basis of 2.5 days per week. This is to provide administrative support and to ensure that volunteer's continue to feel valued and supported. In 2014-2015 the support for this programme was funded the Health & Sports Development team.)</p> <p>Community Physical Activity & Work Place Health. Public health does not set objectives for this activity – it is led from Health & Sports Development delivery plan. Public Health support by part funding physical activity co-ordinator. Note: Health & Sports development fund *£16,400 to deliver this programme.</p>
Risks associated with decommissioning the service?	<p>PARS If decommissioned a possible a challenge from CCG.</p> <p>Havering Healthy Walks Possible negativity from the current cohort of walk leaders and walkers who use the scheme.</p> <p>Community Physical Activity and Work Place Health Minimum risk from Community Physical Activity Potential conflict / negativity re Work Place Health as part of the action plan to tackle the priority issue of Absenteeism</p>
Stakeholder/public consultation required?	<p>None of these are statutory requirements Consultation with CCG on decommissioning PARS.</p>
Equality Impact assessment required?	<p>To be decided by SM as to whether to complete a generic EIA jointly on prevention health improvement programmes.</p>

Name of Service	Physical Activity Adults: LBH Leisure Services (PARS Facilitator) (recommended for decommissioning by DPH)
Cost of Service	£35K
Who provides/hosts the service?	Physical Activity Co-ordinator funded by Public Health; works 4 days AT Health & Sports Development and sits with Public Health 1 day per week.
Description of the Service	The Co-ordinator is responsible for: PARS Community Physical Activity & Work Place Health Havering Healthy Walks Scheme
Who uses the service?	N/A
Co dependencies?	N/A
Evidence of beneficial outcomes?	N/A
Risks associated with decommissioning the service?	This post has been funded by Public Health combined with LAA funding & PRG funding for over 4 years. The post holder will be entitled to employee rights. If this post is removed it is unlikely that any other department will fund this activity
Stakeholder/public consultation required?	N/A
Equality Impact assessment required?	N/A

Name of Service	Physical Activity Adults: PARS for Cancer Patients "Moving Forwards" (recommended for decommissioning by DPH)
Cost of Service	£30K
Who provides/hosts the service?	Romford YMCA
Description of the Service	The aim of the service is to promote physical, mental and social well-being through regular physical activity for adults living with cancer resident in Havering and registered with a Havering GP. Referrals made by Macmillan Nurses; Cancer Nurse Specialists; GP's and self referrals. The service offers clients living with cancer the opportunity to engage in a safe, effective and structured programme of physical activity under the guidance of a suitably qualified exercise instructor.
Who uses the service?	This service is open to the community of Havering who have been diagnosed with cancer.
Co dependencies?	None Interdependencies – this service works with Cancer Nurse Specialists, MacMillan and cancer support groups.
Evidence of beneficial outcomes?	Outcomes specified for this service: <ul style="list-style-type: none"> • Increased levels of physical activity from wk 1-12 • Maintenance/improvement at wk 24 • Improved energy from baseline to wk 12 and wk 24 • Improved mental well-being from baseline to wk 12 and wk 24 • Improved confidence baseline to wk 12 and wk 24 • Improved cardio/respiratory fitness from baseline to wk 12 and wk 24 • Improved blood pressure • Improved resting heart rate • Improved strength baseline to wk 12 and wk 24 • Improved range of movement <p>The service has a minimum of 100 clients commencing the programme each year, with 85 completing the</p>

	12 week programme. We do not have strong evidence of these outcomes having been achieved but that's probably because we haven't put in enough resource to properly evaluate the programme.
Risks associated with decommissioning the service?	Negative reputational challenge from CCG & BHRUT, who worked to develop and implement this initiative – It is part of the pathway for BHRUT cancer rehab. But considered low risk overall.
Stakeholder/public consultation required?	Not a statutory requirement.
Equality Impact assessment required?	To be decided by SM as to whether to complete a generic EIA jointly on prevention health improvement programmes.

Name of Service	Stop Smoking Services
Cost of Service	£434K per annum (£404K to be suggested for savings – to allow us to protect some of the work in maternity)
Who provides/hosts the service?	North East London Foundation Trust
Description of the Service	<p>The Stop Smoking Service supports all smokers in LBH to quit but is particularly focused on priority groups: -</p> <ul style="list-style-type: none"> • disadvantaged communities – smoking prevalence is higher in disadvantaged communities and a significant contributor to health inequalities • people with mental health problems – who have a very high smoking prevalence • pregnant smokers – smoking harms both mother and baby - rates of smoking in pregnancy in Havering are high for London • patients with LTCs likely to be exacerbated by continued smoking – assisting these residents to quit achieves most immediate return on investment in terms of savings to health and social care budgets <p>The commissioned service leads a system-wide approach:-</p> <ol style="list-style-type: none"> 1. Training and supporting health and social care staff to effectively prompt smokers to make a quit attempt (level 1 training) 2. Training / managing a network of level 2 providers, including GP practices, pharmacists, school nurses, dental staff to

	<p>deliver 1:1 support to individual patients/clients.</p> <ol style="list-style-type: none"> 3. Paying those level 2 providers for providing support including the cost of pharma aids (but not the cost of GP prescribing which is paid for separately – an additional £60K); also supply level 2 providers with CO monitors and related consumables and ensure their safe and appropriate use 4. Commission and manage the database used to monitor and report smoking cessation activity to PHE and calculate the payment due to level 2 providers 5. Directly providing individual and group support to priority clients, including pregnant women, people with mental health problems, and people with diseases likely to be exacerbated by continued smoking or where continued smoking might impair recovery from planned surgery. 6. Amplifying national marketing campaigns, and supporting wider tobacco control measures
Who uses the service?	<p>People living and working in Havering who are smokers and who wish to quit.</p> <p>Smoking is more prevalent in disadvantaged groups. Supporting disadvantaged residents to quit smoking serves to narrow health inequalities.</p> <p>The local service is targeted on disadvantaged and or vulnerable groups. In 2014/15 30% of 4 week quitters were in routine and manual professions and a further 25% were retired or on sickness benefit and hence most likely to require social care support.</p>
Co dependencies?	<ul style="list-style-type: none"> • The Council is mandated to provide NHS Health Checks – smokers attending for a health check are encouraged to seek support from stop smoking service. • GPs and pharmacists offer smoking cessation services (as per network described above) • BHRUT: Refers into the Service for “Stop before the Op” and midwifery service has recently adopted the ‘babyclear’ approach which has been shown to increase the proportion of pregnant smokers who seek support to quit. • NHS and ASC budgets benefit as a result of reduced demand for health and social care. • NELFT: There are higher rates of smoking among people using mental health services. NELFT, as provider of mental health services has targets to increase quit rates in this cohort. • Healthy Schools Programme: Links to Stop Smoking Services • Drugs and Alcohol Service – currently an advisor attends some of the sessions to work with clients and the D&A provider has a member of staff who was completing training to be able to deliver advice themselves.
Evidence of beneficial outcomes?	<p>Smoking is the largest single cause of preventable morbidity and premature death increasing the risk of many cancers, respiratory disease, cardiovascular disease and reproductive issues. There are more than 400 smoking attributable deaths in Havering each year and more than 1900 hospital admissions.</p>

Smoking is more prevalent in disadvantaged groups. Supporting residents in disadvantaged groups to quit smoking serves to narrow health inequalities. The local service is targeted on disadvantaged and or vulnerable groups. In 2014/15 30% of 4 week quitters were in routine and manual professions and a further 25% were retired or on sickness benefit and hence most likely to require social care support.

Across England, it's estimated that the total societal costs of smoking are in the region of £17.8bn. This includes the cost to the NHS (£2bn) lost productivity (£8bn) and the costs of smoking related fires (£610m). Smoking [doubles the risk](#) of developing care needs and smokers on average need care some nine years earlier than non-smokers. As a result, the social care costs of smoking are estimated to be about £600 million a year or 6% of local authority social care spending on the over 50s.

Evidence shows that people who try and quit with the support of a stop smoking service are [4 x more likely](#) to succeed than those who try unaided: -

Approach to quitting	% quit at 12 months
Unaided including self-directed use of NRT	4
Pharma- aids provided by non-specialist e.g. an 'untrained' GP	8
Specialist behavioural support plus pharma aids	16

How much is smoking costing in Havering?¹

The total annual cost of smoking in Havering is estimated to be **£13,052,316** which can be broken down as:

Costs to local economy (productivity losses):	<i>£5,672,924</i>
Social care costs to look after patients suffering from smoking-related strokes:	<i>£2,626,000</i>

¹ <https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool>

	Costs to non-smokers (passive smoking costs):		<i>Adults: £419,053</i>	Public Health England estimates that treating mothers and their babies (0-12 months) with problems caused by smoking during pregnancy costs the NHS between £20m and £87.5m each year.										
			<i>Children: £88,100</i>											
	Healthcare costs:		<i>£6,869,612</i>											
<p>How does tobacco affect Havering's local economy?² The cost of productivity losses is the result of 51,470 days that smokers in Havering were not able to work in the past year as a direct result of smoking-related sickness. In other words, these are the costs that could have been avoided by businesses if their employees had not smoked.</p> <p>Local Performance</p> <p>In 2014/15 the service assisted 1301 residents to be abstinent for 4 weeks. The best available evidence suggests that 70% of 4 week quitters will relapse within a year and 30% of those abstinent for 1 yr will relapse at some point in later life.</p> <table border="1"> <thead> <tr> <th>4 week quitters</th> <th>1 year quitters assuming 70% relapse rate</th> <th>lifetime quitters assuming 30% relapse rate</th> <th>total spend on smoking cessation inc GP prescribing</th> <th>cost to LBH per lifetime quitter</th> </tr> </thead> <tbody> <tr> <td>1301</td> <td>390</td> <td>273</td> <td>£500,000</td> <td>£1,830</td> </tr> </tbody> </table> <p>Value for money³</p> <p>From the table below we can see how our local service is a more cost effective model at both a London and national level. Our local stop smoking service is achieving a success rate of almost 20% more than the London and national average. It is also managing to achieve this success rate at a much cheaper cost per quitter when compared to the London (£78 less) and national average (£122 less).</p>					4 week quitters	1 year quitters assuming 70% relapse rate	lifetime quitters assuming 30% relapse rate	total spend on smoking cessation inc GP prescribing	cost to LBH per lifetime quitter	1301	390	273	£500,000	£1,830
4 week quitters	1 year quitters assuming 70% relapse rate	lifetime quitters assuming 30% relapse rate	total spend on smoking cessation inc GP prescribing	cost to LBH per lifetime quitter										
1301	390	273	£500,000	£1,830										

² *ibid.*

³ <http://www.hscic.gov.uk/article/2021/Website-Search?productid=17945&q=smoking&sort=Relevance&size=10&page=1&area=both#top>

2014/15	Havering	London	England
Percentage of successful quitters	69	51	51
Cost per quitter (£)	334	412	456

Also using the NICE [Return on Investment tool](#) we are able to approximate that the Havering Stop Smoking service is saving the local economy (including⁴ Local Authority, NHS, productivity costs and passive smoking costs) **£528,612.00 per annum**. Therefore, the service is in fact paying for itself, contributing an additional £95,000 saving to the local economy and achieving 300 lifetime quitters annually.

Decommissioning this service could be high risk most notably from a reputation perspective.

Name of Service	Chlamydia screening office and associated activity (not recommended for decommissioning by DPH)
Cost of Service	£153,560 and £10,000
Who provides/hosts the service?	Terence Higgins Trust (Office is based in Barking)
Description of the Service	The provider co-ordinates the Chlamydia Screening Programme, which is designed to seek out and opportunistically test the 'target group' for Chlamydia – see below <ul style="list-style-type: none"> • Opportunistic testing of under 25 year olds for Chlamydia and gonorrhoea in a range of settings

⁴ [NICE Return on Investment Technical report](#)

	<ul style="list-style-type: none"> • Ensures that all positive patients are offered treatment and that treatment completion rates are monitored across all clinical testing sites • Ensuring that treatment is available through a variety of venues with 70% of screens through primary care services (this is being met locally) • Ensuring that testing is targeted at those young people most at risk of infection • Ensuring that sexual health messages are communicated to young people at the time of testing and that they are signposted to local sexual health services • Ensuring that partner notification is undertaken and ensuring that this is monitored and reported on appropriately
Who uses the service?	Young people aged 15-24 who are sexually active and live in Havering
Co dependencies?	Integrated Sexual Health Service, GPs, Pharmacies, Early Help Service, Youngaddaction
Evidence of beneficial outcomes?	The Public Health Outcomes Framework (2013-16) includes a chlamydia diagnosis indicator to assess progress in controlling chlamydia in young persons under 25 years old. The key outcome the provider is measured on is the diagnosis rate that reflects both screening coverage and the percentage infected amongst those tested (positivity). Current target is 475 positives per annum. Provider is currently on track to meet target.
Risks associated with decommissioning the service?	<ol style="list-style-type: none"> a) No Screening Office to coordinate testing in Havering b) Decrease in the number of screens c) Decrease in the number of young people being identified as having the disease. d) Chlamydia left untreated leading to a potential increase in infection among target population and the subsequent long term impacts of such infections, e.g. infertility in females
Stakeholder/public consultation required?	GPs, Pharmacies and other screening providers (e.g. Early Help Service)
Equality Impact assessment required?	Likely to require an EIA as protected characteristics, such as age, are likely to be affected