



# **Rutland County Council**

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**Meeting: CABINET**

**Date and Time: Tuesday, 30 January 2018 at 10 am**

**Venue: COUNCIL CHAMBER, CATMOSE**

**Corporate support: Natasha Taylor 01572 720991**  
**Officer to contact: email: [corporatesupport@rutland.gov.uk](mailto:corporatesupport@rutland.gov.uk)**

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## **A G E N D A**

### **1) APOLOGIES FOR ABSENCE**

### **2) ANNOUNCEMENTS FROM THE CHAIRMAN AND/OR HEAD OF THE PAID SERVICE**

### **3) DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are required to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

### **4) RECORD OF DECISIONS**

To confirm the Record of Decisions made at the meeting of the Cabinet held on 16 January 2018.

### **5) ITEMS RAISED BY SCRUTINY**

To receive items raised by members of scrutiny which have been submitted to the Leader (copied to Chief Executive and Democratic Services Officer) by 4.30 pm on Friday 26 January 2018.

## **REPORT OF THE DIRECTOR FOR PEOPLE**

### **6) OLDER PEOPLE'S COMPLEX DAY CARE PROCUREMENT (KEY DECISION)**

Report No. 19/2018  
(Pages 3 - 8)

### **7) EDUCATIONAL PSYCHOLOGY CONTRACT PROVISION (KEY DECISION)**

Report No. 17/2018  
(Pages 9 - 16)

### **8) PROCURING AN INTEGRATED SEXUAL HEALTH SERVICE ACROSS LEICESTERSHIRE, LEICESTER CITY AND RUTLAND (KEY DECISION)**

Report No. 20/2018  
(Pages 17 - 28)

### **9) ANY ITEMS OF URGENT BUSINESS**

To receive items of urgent business which have previously been notified to the person presiding.

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#### **MEMBERS OF THE CABINET:**

Mr O Hemsley  
Mr G Brown  
Mr R Foster  
Mr A Walters  
Mr D Wilby  
Vacancy

#### **SCRUTINY COMMISSION:**

**Note:** Scrutiny Members may attend Cabinet meetings but may only speak at the prior invitation of the person presiding at the meeting.

**ALL CHIEF OFFICERS  
PUBLIC NOTICEBOARD AT CATMOSE  
CORPORATE SUPPORT TEAM**

## CABINET

30 January 2018

### OLDER PEOPLE'S COMPLEX DAY CARE PROCUREMENT

#### Report of the Director for People

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Key Decision: Yes	Forward Plan Reference: FP/261017	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Adult Social Care and Health	
Contact Officer(s):	John Morley, Head of Adult Services	01572 758442 jmorley@rutland.gov.uk
	Mark Andrews, Deputy Director for People	01572 758339 mandrews@rutland.gov.uk

#### DECISION RECOMMENDATIONS

That Cabinet approves the direct award of a contract for Older People's Complex Day Care services to the existing provider.

## **1 PURPOSE OF THE REPORT**

- 1.1 To present the options for the future provision of Older People's Complex Day Care services.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 Day services play a vital role in enabling older people with very complex needs such as advanced dementia to gain some stability.
- 2.2 Day services for older people with complex needs often negate the need for much more expensive care packages, including, on occasions the need for a live-in carer, to enable them to stay in their own home or a move to an expensive care home.
- 2.3 Day services can also provide respite day care and is effective in reducing carer stress, enabling them to continue caring for their loved ones longer in their own home.
- 2.4 Adult social care has had great success in reducing placement into residential homes over the last two years. Day services are one way this has been achieved in providing care for those with complex needs and respite for those that care for them.

## **3 CURRENT PROVISION**

- 3.1 Rutland has two providers of older people's day care:
  - 3.1.1 The Community Wellbeing Service's day service provision, which promotes wellbeing and social contact. This provides low level support by way of attending a venue or - if the person chooses - by outreach enabling them to access the community and participate in activities. This service prevents social isolation, a major contributor to poor mental health in older people. It is open access and designed for those who are able to engage with activities either independently or with minimal support. It is not appropriate for those with complex physical or behavioural needs.
  - 3.1.2 The Brambles high dependency day centre based at Rutland Care Village (RCV), which provides day care for people requiring a very high level of care and support. It has specialist equipment and staff, enabling older people with complex health problems to remain at home longer and giving their carers valuable respite.
- 3.2 In addition, all individuals accessing funded adult social care provision have the option of receiving a direct payment to purchase their own provision. There is however currently a lack of choice of provider locally able to meet needs of those individuals with this level of complexity, and therefore the majority of service users chose to access the commissioned service.
- 3.3 It is the older people's complex day care that requires recommissioning, currently being delivered from the Brambles at RCV until the contract terminates 30<sup>th</sup> June 2018. The average service user uptake is between 14 and 16 with very complex needs all who rely on carers to keep them at home. In addition the service provides urgent respite care to service users giving relief to their carers at times of need.

## **4 CONSULTATION**

### **4.1 Service User Consultation**

- 4.1.1 Consultation of existing service users has taken place to ascertain their views and wishes. All of the service users who were able and their carers indicated a desire to continue the service at the Brambles.

### **4.2 Soft Market Testing**

- 4.2.1 Soft Market Testing was undertaken to assess how many suppliers were interested in participating in a tender exercise. To encourage response the Soft market test was sent directly to local potential providers (including the current provider) as well as being advertised nationally on the web-based procurement portal. The exercise was extended for a further month and reminders sent to known potential providers.
- 4.2.2 There were no responses from providers indicating that they could or would wish to deliver this service for Rutland residents.

## **5 PROPOSED MODEL**

- 5.1 It is proposed that the current model of service delivery is continued as is, and with the current provider by means of a direct award contract.
- 5.2 The service has demonstrated that it is able to meet the needs of service users requiring complex care in appropriate premises.
- 5.3 This would give continuity of service for current service users. Service users (those able) and their carers have all been consulted as to what provision they would like. All reported to remain at The Brambles operating on a five day a week basis. This is the preferred option promoting the voice of vulnerable people.
- 5.4 A contract would be directly awarded for a period of three years with the option to extend for a further two years on an annual basis.

## **6 ALTERNATIVE OPTIONS**

### **Full open procurement process.**

- 6.1 Future provision of the service could be sought under a full open procurement process which would take up to 9 months including sign off.
- 6.2 The lack of response to the Soft Market Test, along with the lack of uptake of Direct Payments for individuals to purchase their own provision is indicative of the lack of market for this type of service. It is highly unlikely therefore that any procurement process would result in bids from any other providers. This option was therefore rejected.

## **7 FINANCIAL IMPLICATIONS**

- 7.1 The service is funded on a block contract basis at £119,392 per annum; this includes the emergency respite provision as out lined above. There is sufficient monies set aside in the budget if the block purchase were exceeded to spot

purchase if required, the likely scenario for this would be for additional respite in a carer crisis.

- 7.2 The proposal would retain the charges at the current level for the duration of the initial term of the contract, with the ability to review the charges for year 4 and 5 should the contract be extended. The current proposed contract value is therefore £596,960 which is below the OJEU light touch threshold presently set at £615,278.

## **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 The direct award authorised by Cabinet is permitted under the Council's Contract Procedure Rules.
- 8.2 The direct award is compliant with Regulation 32(2) (b) (ii) of the Public Contracts Regulations 2015 which allow a negotiated procedure in specific circumstances, whereby competition is absent for technical reasons. Officers were unable to identify any providers either via soft market testing or by direct contact with potential providers who would be able to provide the service:
- a) In a local provision in Rutland and which is accessible to service users;
  - b) In an appropriate environment with sufficient access to the equipment and facilities needed;
  - c) With sufficient appropriately trained staff to meet the complex behavioural and physical needs of the service users.
- 8.3 Whilst other providers might be able to establish the service in Rutland, the requirement for specialist equipment and facilities, along with the appropriately trained staff would make the cost of establishing such provision prohibitive and exceeds available budget.
- 8.4 It is intended to work with potential providers over the duration of the contract lifetime in order to encourage alternative availability of provision.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 An Equality Impact Screening Form has been completed and no adverse or other significant issues were found.
- 9.2 The provision of the service as set out in this paper supports the health and social care needs of vulnerable individuals. The service is available to anyone within Rutland who meets the statutory Care Act eligibility criteria.

## **10 COMMUNITY SAFETY IMPLICATIONS**

- 10.1 The Council is required by Section 17 of the Crime & Disorder Act 1998 to take into account community safety implications. The service will contribute to the safety and reduction of risk to vulnerable people through the support provided to them.

## **11 HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 Day services play a vital role in the wellbeing of older people with very complex needs such as advanced dementia with support and social contact.

- 11.2 Time spent at Day services for a cared for service user is effective in reducing carer stress

## **12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 12.1 That Cabinet approves continued support for people with complex needs to access day care provision at the Brambles on a direct award basis. This is in line with the wishes indicated by the current service users and their families.

## **13 BACKGROUND PAPERS**

- 13.1 There are no additional background papers to the report.

## **14 APPENDICES**

- 14.1 None

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## **CABINET**

**30 January 2018**

### **EDUCATIONAL PSYCHOLOGY CONTRACT PROVISION**

#### **Report of the Director for People**

Strategic Aim:	Reaching our Full Potential	
Key Decision: Yes	Forward Plan Reference: FP210417	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr R Foster, Portfolio Holder for Safeguarding Children and Young People  Mr D Wilby, Portfolio Holder for Life Long Learning	
Contact Officer(s):	Dr Tim O'Neill, Director for People	01572 758402 toneill@rutland.gov.uk
	Kevin Quinn, Service Manager Early Intervention and Inclusion	01572 758292 kquinn@rutland.gov.uk
Ward Councillors	All	

#### **DECISION RECOMMENDATIONS**

That Cabinet:

- 1) Approves the procurement model and award criteria to secure a provider for Educational Psychology Services for a period of 5 years (3 years with the option of plus one plus one) from 1<sup>st</sup> September 2018.
- 2) Agrees to give authority to the Strategic Director for People, in consultation with the Cabinet Members with the Portfolio for Life Long Learning and the Portfolio for Safeguarding Children and Young People, to award the contract resulting from this procurement in line with the Award Criteria.

## **1 PURPOSE OF THE REPORT**

- 1.1 To seek approval from Cabinet for the procurement of educational psychology services for a period of five years (a contract of three years with the option of plus one, plus one) from 1<sup>st</sup> September 2018.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

### **2.1 About Educational Psychology**

- 2.2 Educational Psychology (EP) is a statutory provision required under the Children and Families Act 2014 and the Special Educational Need and Disability (SEND) Code of Practice 2015. The EP service supports the effective implementation of this legislation and the delivery of the legal timescales for EHC assessments under the Act.

- 2.3 Educational Psychologists carry out assessments of children to understand their cognitive and emotional needs and to provide expert advice to practitioners to inform the most appropriate intervention and educational provision for children and young people with SEND.

### **2.4 Current Provision in Rutland**

- 2.5 Rutland County Council commissions its EP service through a single contract with a provider called Partners in Psychology who are contracted to deliver the service until 31st August 2018. The contract provides two elements of service;

- 2.5.1 Core service support i.e. assessments as part of statutory education, health and care assessment, plans and legal work.

- 2.5.2 Non-core work i.e. traded services which are offered to schools which are not statutory. This includes training, observations and early assessments.

- 2.6 The service is managed within the Early Intervention, SEND and Inclusion team where referrals are aligned to requests for Education, Health and Care assessments (EHC) for children and young people requiring additional support.

### **2.7 Current Service Demand**

- 2.8 The EP service is demand led and as such the volume of work for the service is variable. Historically the volume of statutory EP assessment and traded provision dictates the need for an EP service for a minimum of 46 weeks of the year and 0.6 full time equivalent of EP provision per week.

- 2.9 The statutory requirement to transfer children with Statements of Education to EHC resulted in a temporary need for additional EP support during 2017. However all transfers have now been completed, ahead of the national timescale for end of March 2018, which should result in less demand on the EP service and a more consistent volume of work through the system.

### **2.10 Requirement to provide EP Services**

- 2.11 In order to ensure there are no gaps in services for children and young people a full tendering exercise is required to secure EP provision on a long term basis from

September 2018.

- 2.12 If a contract is not secured the Council will be unable to fulfil its statutory requirements which would risk the Council failing to identify, and meet, the needs of young people with SEND in an effective and efficient manner.

### **3 SERVICE REVIEW**

- 3.1 In order to enhance the Council's response to children with additional needs the SEND and Inclusion team has been integrated with the Early Intervention service. Subsequently a review of the SEND service, including operational delivery and commissioned services, has taken place to ensure we are delivering as effectively and efficiently as possible for children and families. This has included the educational psychology offer.

#### **3.2 Educational Psychology Delivery Model**

- 3.3 This process identified that procurement for the delivery of EP services through an external provider represents the best model of delivery for the Local Authority. Since 2015 this model has proven to be effective in meeting our statutory duties and brings a number of benefits which will ensure an effective and responsive service.
- 3.4 The procurement model represents good value for money. The cost of the current commissioned service is at a similar level to the cost of providing an in house service through the direct employment of an EP and is in line with other Local Authority areas in the East Midlands. However this model also brings additional benefits which enhances its value for money, this includes;
- 3.4.1 The model provides resilience through contractual obligations to deliver a specified level of response, regardless of staffing capacity. Contracted services provide greater staffing resilience and are better able to accommodate changes in staffing circumstances. If the model were to be delivered in house the authority would only be able to secure one full time EP without the resilience of a wider qualified team and qualified management oversight.
- 3.4.2 Contracting the provider will increase access to a broader skill base and knowledge of EP services and professional practice, enabling the offer to be the most relevant and effective for children and for schools.
- 3.4.3 Commissioning will enable the authority to respond more flexibly to significant changes in demand.
- 3.4.4 This model facilitates the delivery of a traded service offer for schools offering the potential to generate income for non-core work. This means one provider delivering the core statutory work and the traded service, offering consistency for families and for schools.

### **4 PROCUREMENT MODEL**

- 4.1 The procurement of Educational Psychology services will be done so under a single contract commencing 1<sup>st</sup> September 2018.
- 4.2 The proposed contract length is for a period of three years with the option to

extend for two periods of 12 months each, with a potential end date of 31<sup>st</sup> August 2023. This will ensure consistency in service delivery for families and education settings.

- 4.3 The procurement process will follow an open tender process in line with the Council's Contract Procedure Rules.
- 4.4 The value of the contract is below the EU thresholds as set out in section 7 of the report.
- 4.5 The timetable for the process is set out in *Appendix A*. and the award criteria is set out in *Appendix B*.

## **5 CONSULTATION**

- 5.1 The SEND Code of Practice (2015) requires Local Authorities and partners to engage, consult and co-produce with children and young people and their families in relation to their support plans and provision more broadly across the local area.
- 5.2 A consultation exercise has taken place to ascertain the views of education providers and parents on the current EP service model in Rutland. The findings from this highlighted that the commissioned service model is effective in meeting children's needs and the need of schools. Both parents and schools have reported a high degree of satisfaction in the service they receive, this included:
  - 5.2.1 66% of schools completing the survey rated the overall EP service as good to outstanding providing an average score of 3.75 out of 5 (5 being outstanding).
  - 5.2.2 Schools found the advice received from the EP service particularly useful, scoring an average of 4 out of 5 for the advice received (with 5 being extremely useful).
  - 5.2.3 84% of schools implemented changes in their support for children following the direct advice received through the EP service.
  - 5.2.4 Parents reported that overall the service was effective when accessed but both parents and schools indicated that timeliness for EP referrals for non-core work i.e. not part of an EHC assessment had been an issue.
  - 5.2.5 When asked what could be improved 75% of schools referred to timeliness in accessing the EP service.
  - 5.2.6 The delay experienced by both schools and parents was a result of a backlog in non-core traded work. This backlog has since been cleared following the purchasing of additional EP resource since September 2017, which has allowed the service to respond in a timelier manner to both core and non-core EP referrals.

## **6 ALTERNATIVE OPTIONS**

- 6.1 Delivery in house: Delivering the service in house is considered a high risk model due to a number of factors, including the ability to recruit experienced staff given the national shortage of education psychologists. Furthermore this model provides less resilience and the ability to maintain services in the event of staff absence. This model is also unlikely to secure better value for money as further resource beyond the employment of an EP will be required, this includes qualified

management oversight, clinical supervision, training and development.

- 6.2 Commission services from other Local Authorities on a spot purchase arrangement: Discussions with other local authorities has highlighted that provisions are currently stretched and in demand due to a national increase in EHC assessments, and areas report little extra capacity within their own locality. It is unlikely a suitable provider will be available to provide the resilience and consistency of service required to meet existing demand.

## **7 FINANCIAL IMPLICATIONS**

- 7.1 The current EP service contract value is £87,975 per annum which is funded through existing service budgets. The overall base contract price will be a maximum of £440,000 over 5 years, providing a minimum of 3 days provision over 46 weeks. The funding for this contract is in line with the existing base budget available for the service.
- 7.2 As demand for the EP service is driven by the needs of children and young people the contract will be under a spot purchasing arrangement. In the event of a significant increase in demand further EP provision, and additional funding, may be required although this is deemed to be low risk. As such an additional buffer of funding above the base contract value, up to a maximum of £540,000 over five years, will be built into the tender.
- 7.3 Wherever possible demand will be managed within the base contract price however in the event of a significant increase in demand which would require provision above the base contract of £440,000 Cabinet members will be informed accordingly.

## **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 Education psychology is a statutory provision required under the Children and Families Act 2014 and the Special Educational Need and Disability (SEND) Code of Practice 2015.
- 8.2 The EP service is required to ensure the effective implementation of this legislation and the delivery of the legal timescales for assessment under the Act.
- 8.3 The educational psychology procurement process has been drawn up by the Procurement and Contract Management Team, in line with the requirements of the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.
- 8.4 Legal advice on the process has been sought.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 An equality impact assessment screening has been undertaken and there are no adverse impact effects by tendering for EP services.

## **10 COMMUNITY SAFETY IMPLICATIONS**

- 10.1 There are no community safety implications.

## **11 HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 The delivery of educational psychology services enables the local area to identify the learning needs of children and young people and is essential for informing appropriate and effective educational provision. It is critical that an effective and timely offer is made available to minimise any adverse impact on the educational and subsequently health and well-being of children and young people.

## **12 SOCIAL VALUE IMPLICATIONS**

- 12.1 Under the provisions of the Public Services (Social Value) Act 2012 local authorities are required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements.
- 12.2 The award criteria therefore includes specific reference to Social Value and requires bidders to consider this as part of their proposal.

## **13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 13.1 The Local Authority requires EP services to support its statutory duties. The contract with the existing provider expires 31<sup>st</sup> August 2018 and a tender exercise is required to secure EP provision from 1<sup>st</sup> September 2018.
- 13.2 Alternative options have been considered and are not deemed as suitable for providing a cost effective and resilient EP service.
- 13.3 In order for the procurement process to commence the award criteria needs to be approved by Cabinet. The criteria have been carefully considered to ensure that providers successful in the process are capable of meeting the requirements and can deliver appropriate quality services in Rutland that reflect the needs of our children and young people.
- 13.4 It is recommended that once the award criteria are approved, approval of the award of contracts is delegated to the Director for People in consultation with the Portfolio Holder/s. Decisions will only be taken in line with Cabinet approved criteria.

## **14 BACKGROUND PAPERS**

- 14.1 There are no additional background papers to the report.

## **15 APPENDICES**

- 15.1 Appendix A - Timetable for Procurement
- 15.2 Appendix B - Award Criteria

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## Appendix A. Procurement Timetable

Key Action	By When
Cabinet Approval for Award Criteria	30.01.18
Invitation to Tender published	14.02.18
Deadline for questions from bidders	26.02.18
Deadline for responses to questions	05.03.18
Tender submissions deadline	21.03.18
Evaluation of Tenders	18.04.18
Clarification meetings (if required)	11.05.18
Approval of Contract Awards	25.05.18
Notification of award/start of standstill	29.05.18
End of standstill	13.06.18
Contract award	14.06.18
Contract start date	01.09.18

## Appendix B. Educational Psychology Award Criteria

The price: quality ratio 70/30

Criteria	Weighting
<b>Quality</b> (how the provider meets the service specification)	<b>70%</b>
1. <u>Service model</u> : delivery patterns, staffing arrangements and resilience, levels and capacity, practice, demand and performance management.	15%
2. <u>Staffing</u> : levels of knowledge, experience and including qualifications & registration, organisational structure, supervision arrangements, safeguarding practice, training & professional development.	12%
3. <u>Accessibility</u> : to promote and facilitate timely referrals, assessment and local resilience, partnership working.	13%
4. <u>Engagement</u> : engagement with local education providers, training and traded service models.	12%
5. <u>Experience</u> : evidence of providing services including effective assessment advice and guidance, decision making.	10%
6. <u>Meeting Outcomes</u> : meeting the outcomes as set out within the service specification	5%
7. <u>Social Value</u> : contribution to improving the economic, social and environmental well-being of the local area.	3%
<b>Price criteria:</b> Cost including Staffing levels, training, accommodation, management, supervision, overheads, prescribing, other.	<b>30%</b>
<b>Total</b>	<b>100%</b>



## CABINET

30 January 2018

### PROCURING AN INTEGRATED SEXUAL HEALTH SERVICE ACROSS LEICESTERSHIRE, LEICESTER CITY AND RUTLAND

#### Report of the Director of Public Health

Strategic Aim:	Meeting the health and wellbeing needs of the community.		
Key Decision: Yes	Forward Plan Reference: FP/100817		
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Health, Adult Social Services, and Community Safety		
Contact Officer(s):	Mike Sandys, Director of Public Health	Telephone 0116 305 4239 email: <b>Mike.Sandys@leics.gov.uk</b>	
	Joshna Mavji, Consultant in Public Health	Telephone 0116 305 0113 email: <b>Joshna.Mavji@leics.gov.uk</b>	

#### DECISION RECOMMENDATIONS

That Cabinet:

1. Approves the procurement model and award criteria for the new model for integrated sexual health services across Leicester, Leicestershire and Rutland (LLR).
2. Authorises the Director for People, in consultation with the Director of Public Health and the Cabinet Member with the portfolio for Adult Social Care and Health, to award the contract resulting from this procurement in line with the Award Criteria.

## **1 PURPOSE OF THE REPORT**

- 1.1 This report sets out the process and proposed award criteria for the procurement of an integrated sexual health service, along with recommendations for approval and delegation of final award.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 Upper tier local authorities have a statutory responsibility to provide a comprehensive open access sexual health service. The current integrated service contract commissioned by Rutland County Council, Leicestershire County Council and Leicester City Council ends on 31st December 2018.
- 2.2 The proposal is to procure a revised delivery model for integrated sexual health services across Leicester, Leicestershire and Rutland that would offer a more consistent and targeted approach to meet the needs of each local authority population under one integrated service.

## **3 CURRENT PROVISION OF INTEGRATED SEXUAL HEALTH SERVICES**

- 3.1 The current Integrated Sexual Health Service (ISHS) contract commenced on 1 January 2014 and is commissioned by Rutland County Council, Leicestershire County Council and Leicester City Council. It delivers a range of services across Leicestershire, Leicester and Rutland (LLR) including:
- contraceptive services
  - psychosexual services (sexual health aspects)
  - sexually transmitted infection testing and treatment
  - a specific young people's service (i.e. for under 25 year olds)
  - outreach and health promotion services
  - professional training
  - network management
  - sexual health leadership role across LLR
- 3.2 The service is currently delivered from two main sexual health service clinic locations (St. Peters Health Centre, Leicester and Loughborough Health Centre) and a range of sessional clinic locations (1 in Oakham, 4 in Leicestershire, 12 in Leicester City). There are additional sessions specifically for under 25 year olds (delivered in locations in Leicester City and Leicestershire), and outreach sessions for targeted groups such as; military personnel, men who have sex with men and sex workers. The current model also offers the following:
- Opportunistic chlamydia screening for 15-24 year olds via online self-sampling tests or from sexual health service sites.
  - A condom distribution scheme for 13-25 year olds.
  - Sexual health promotion and HIV prevention services for specific at-risk groups (Men who have sex with men, people with HIV, people of Black African heritage, sex workers)
  - Professional training
- 3.3 The proposals for the new service model are informed by the Rutland Sexual Health Strategy (2016 – 2019) agreed at Cabinet on 21<sup>st</sup> June 2016, and a joint review with partners across LLR regarding access and use of current sexual

health services.

## **4 PROCUREMENT MODEL**

### **4.1 Proposed Model**

4.2 Currently, some elements of the integrated sexual health service, such as the condom distribution scheme and sexual health promotion and HIV prevention for at-risk groups, are separately commissioned and therefore have separate contracts. The re-procurement of integrated sexual health services provides an opportunity to bring these services into the new service model.

4.3 The proposed new service model aims to ensure that service users are provided with the most time and cost efficient service based upon clinical need. The model will support delivery against the three main sexual health Public Health Outcome Framework measures which are as follows:

- Reducing under 18 conceptions
- Improving Chlamydia detection (15-24 year olds)
- Reducing the number of people presenting with HIV at a late stage of infection

4.4 Details of the new model so far as it relates to Rutland residents, are set out below:

4.4.1 The main clinics in suitable premises in Leicester City and Loughborough are to be retained with current services to continue.

4.4.2 Sessional clinics in Coalville, Hinckley and Market Harborough are to be retained and delivered from suitable premises in those towns. These clinics will focus on under 25 year olds.

4.4.3 Sessional clinic in Oakham to be retained with no age restrictions

4.4.4 The sessional clinic in Melton Mowbray will close due to low usage. The closest alternative sessional clinic will be in Oakham.

4.4.5 The current model of chlamydia screening available via online self-sampling tests for 15 to 24 year olds will be retained and expanded to include a full STI (Sexually Transmitted Infection) test and HIV self-sampling test that will be made available to all age groups.

4.4.6 The condom distribution service for the under 25 year olds will be retained and expanded to all age groups where an appropriate need is identified.

4.4.7 Strengthening access to community based pregnancy testing for under 25 year olds in appropriate settings, for example at existing condom distribution sites.

4.4.8 Increasing access to information and advice services via the sexual health service website and over the telephone.

4.4.9 A self-care and self-serve service to be developed for those users who can manage their own care or require basic check-ups.

4.4.10 Increasing the opportunity to book more appointments online.

- 4.4.11 HIV and STI testing to be via mainstream sexual health services and through the provision of self-test kits.
- 4.4.12 The current clinical outreach services provided for men who have sex with men, sex workers (Leicester and Leicestershire locations only) and military personnel to be retained.
- 4.4.13 The delivery of a young people's specific integrated sexual health service (for the under 25s) to be retained.
- 4.4.14 Inclusion of the current separately commissioned services such as the condom distribution scheme and sexual health promotion and HIV prevention for at-risk groups into the integrated sexual health services contract.
- 4.5 The new model is expected to result in the following key outcomes:
- Reduction in teenage conceptions.
  - Reduction in unintended conceptions and terminations of pregnancy.
  - Reduction in repeat terminations of pregnancy.
  - Reduction in rates of STIs including HIV.
  - Reduction in the late diagnosis of HIV.
  - Improved uptake of the national Chlamydia screening programme for 15-24 year olds
  - Improved co-ordination and availability of integrated sexual health services to the local population in response to identified needs.
  - Reduce the prevalence of undiagnosed STIs.
  - Increased uptake of effective methods of contraception, specifically LARC (Long Acting Reversible Contraception).
  - Improved knowledge of sexual health and sexual health services amongst the local population.
- 4.6 The existing service is commissioned as a single LLR service with each local authority holding an individual contract. Budgets are not pooled. A partnership agreement was developed and a Partnership Board established to oversee the contracts. Contract management for all three local authority areas has been via a single process and is currently co-ordinated by Public Health at Leicestershire County Council. It is proposed that these arrangements continue in the same format.
- 4.7 The proposed contract length is 3 years 3 months (to align with the financial year), with the option to extend annually for a further 2 years. This will be subject to satisfactory performance and business needs. The effect of the new model will continue to be monitored and reviewed by members of the LLR Sexual Health Commissioner's meeting, through the key indicators of the Public Health England Sexual and Reproductive Health Profiles and local performance dashboards. The LLR Sexual Health Commissioner's meeting is an officer led meeting with representation from commissioners of the sexual health service and representation from external partners such as Public Health England, NHS England and local Clinical Commissioning Groups.
- 4.8 As outlined in the cabinet paper in July the initial contract value for integrated sexual health services in 2014 was £100,346, this had been reduced following lower activity than predicted in the initial years. In February 2016 an additional

outreach clinic was provided at Kendrew Barracks and attendance at this clinic has steadily increased. In order to determine and inform the funding required for the new service, modelling has been undertaken to assess need and service usage and this has been used to identify the financial envelope required to provide a future service. This has taken into account population changes and in particular the impact of the additional outreach clinic provided at Kendrew Barracks which has resulted in significant additional activity. As a result the contract value will be set against a maximum of £100,000 per year, £525,000.00 over the lifetime of the contract (5 years and 3 months including extension period). As outlined in earlier paragraphs the model includes some changes to service delivery including online booking which helps to reduce costs. This has been factored into the modelling.

#### **4.9 Procurement Process**

- 4.9.1 The procurement process will follow a single stage open procurement process. The service falls under the light touch regime Public Contracts Regulations 2015. The procurement will be undertaken in line with the Council's Contract Procedure Rules.
- 4.9.2 The value of the contract is above EU thresholds.
- 4.9.3 The timetable for the process is set out in Appendix A and the award criteria are set out in Appendix B.

#### **5 CONSULTATION**

- 5.1 An 8 week consultation took place across Leicestershire, Leicester and Rutland starting on 21 August to seek views on the proposed future service model which included:
  - Availability of an online appointment booking service
  - Methods of accessing face to face services
  - Online ordering of self-test kits for sexually transmitted infections (STIs)
  - Use of vending machines to obtain specific sexual health products and suggestions for locations to place vending machines
  - Availability of an online and telephone advice service
  - Changes to sessional clinics in the Leicestershire area
  - Moving the delivery of sexual health promotion and HIV prevention work for all at-risk groups (such as people with HIV and people of Black African heritage) from a separate contract into the main sexual health contract
- 5.2 This consultation comprised of an electronic questionnaire (with paper versions and easy-read options available) and a number of drop-in sessions and focus groups aimed at staff groups, service user groups and young people across LLR.
- 5.3 There were 17 responses from Rutland residents and a group response from Rutland Youth Council. The responses indicated strong support towards increasing options for accessing services and indifference in relation to the remaining proposals.

#### **6 ALTERNATIVE OPTIONS**

- 6.1 As outlined in the paper to cabinet on 18<sup>th</sup> July 2017, cabinet approved the

proposal to undertake a joint re-procurement of integrated sexual health services with Leicestershire County Council and Leicester City Council and this work has been taken forward on this basis. Other alternatives include:

- 6.1.1 Rutland County Council could commission sexual health services individually or with other neighbouring local authorities. Undertaking procurement jointly with Leicester City and Leicestershire County brings benefits of economy of scale, flexibility of access for residents and consistency of pathways to and from the integrated sexual health service.
- 6.1.2 Rutland County Council could choose not to provide local sexual health services which are currently located in Oakham and at Kendrew Barracks. The risk of pursuing this option is that the sexual health needs of Rutland residents and of military personnel based in Rutland may not be met through the usage of alternative clinics in neighbouring local authorities. This could also lead to out-of-area charging which could increase costs.
- 6.2 Under the Public Contract Regulations 2015, Award Criteria must be set prior to procurement starting. There is no alternative to setting these in advance. Appendix B details the award criteria.
- 6.3 The approval of award of the contracts could be brought back to Cabinet for approval rather than delegated to the Portfolio Holder and Director for People and Director for Public Health, however the award will be made in line with the award criteria Cabinet approve and therefore the only alternative to not approving the award would be if there was reasonable grounds to not award at all.

## **7 FINANCIAL IMPLICATIONS**

- 7.1 The total financial envelope for this new contract is £100,000 per annum. There is currently sufficient money in the budget to meet this cost.
- 7.2 The service is currently funded from the ring fenced Public Health Grant until March 2020 when it is due to be rolled into business rates retention from 20/21. This means that the Council is likely to be allowed to keep additional rates (to the equivalent value of the grant).
- 7.3 Upper tier local authorities have a statutory responsibility to provide a comprehensive open access sexual health service.

## **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 The procurement process has been drawn up in line with the requirements of the Public Contracts Regulations 2015 and overseen by the Integrated Sexual Health Services Partnership Board and Project Delivery Board, which are both attended by a representative from Rutland County Council.
- 8.2 Legal advice on the process has been sought.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 An Equality Impact Assessment screening form has been completed for this service.

- 9.2 Specific groups are more vulnerable to poor sexual health and the sexual health services seek to meet the needs of these. The needs of Rutland residents are identified in the Rutland Sexual Health Needs Assessment 2015 which informed the Rutland Sexual Health Strategy 2016-19. The priorities within the strategy underpin the proposed model for the LLR integrated sexual health service from 1 January 2019.

## **10 COMMUNITY SAFETY IMPLICATIONS**

- 10.1 Sexual health has far reaching impacts on individual health, families and communities. There are clear links with sexual violence, and sexual health services have key roles in identifying safeguarding concerns to support safer communities.

## **11 HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 Sexual health has far reaching impacts on individual health, families and communities. The integrated sexual health service model aims to reduce teenage conceptions, reduce sexually transmitted infections (which will help to reduce onward transmission of infection) and improve knowledge and awareness of sexual health and sexual health services among the population. In doing so, this will have a positive impact on health and wellbeing.

## **12 ORGANISATIONAL IMPLICATIONS**

- 12.1 The TUPE (Transfer of Undertakings Protection of Employment Regulations) 2006 (as amended) is likely to apply to staff currently delivering services that fall under the scope of this procurement. The current providers will be obliged to submit information to support potential providers in understanding staffing implications and undertaking due diligence.

## **13 SOCIAL VALUE IMPLICATIONS**

- 13.1 Under the provisions of the Public Services (Social Value) Act 2012 local authorities are required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements.
- 13.2 The award criteria include specific reference to Social Value and require providers to deliver additional value. The Tenderer is asked to demonstrate how their organisation will support the above requirement in the form of added value. They will detail how they will ensure the intended beneficiaries are made aware of the offer, how they will access it, how the service would monitor outcomes and report these to the authority over the lifetime of the contract.

## **13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 13.1 Upper tier local authorities have a statutory responsibility to provide a comprehensive open access sexual health service. The current integrated sexual health service contract commissioned by Leicestershire County Council, Rutland County Council and Leicester City Council ends on 31 December 2018.
- 13.2 Following a review of the current service model, a revised delivery model has been

developed across Leicestershire, Leicester and Rutland, which will provide a more targeted approach, meeting the needs of each area under one integrated service. This will make greater use of online services and other schemes, such as self-sampling test kits for sexually transmitted infections and HIV, and improve access to free condoms and sexual health advice and information. The model will continue to provide a combined integrated service with appropriate variation to meet the needs of Rutland residents.

- 13.3 In order for the procurement process to commence, the award criteria need to be approved by Cabinet. The criteria have been carefully considered to ensure that providers successful in the process are capable of meeting the requirements and can deliver appropriate quality services in Rutland.
- 13.4 It is recommended that once the award criteria are approved, approval of the award of contracts is delegated to the Director for People in consultation with the Director for Public Health and the Portfolio Holder. Decisions will only be taken in line with Cabinet approved criteria.

## **14 BACKGROUND PAPERS**

- 14.1 There are no additional background papers to this report.

## **15 APPENDICES**

- 15.1 Appendix A – Procurement Timetable
- 15.2 Appendix B – Award Criteria

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**



## Appendix A. Procurement Timetable

Action	By When
Cabinet Approval for Award Criteria	30.01.2018
Invitation to Tender published	05.02.2018
Deadline for questions from bidders	01.03.2018
Deadline for responses to questions	14.03.2018
Tender submissions deadline	19.03.2018 12 noon
Evaluation of Tenders	March to April 2018
Clarification meetings (if required)	16.05.2018 and 17.05.2018 2018
Approval of Contract Awards	May/June 2018
Notification of award/start of standstill	June/July 2018
End of standstill	June/-July 2018
Contract award	June/July 2018
Contract start date	01.01.2019

## Appendix B. Award Criteria

The quality: price ratio is 80:20

Criteria	Weighting
1. Vision and model overview and how service will focus on improvements to meet service aims	6
2. Integrated service provision that is clinically appropriate for patients in each location	4
3. Staffing, including structure, range and scope of qualifications and roles and training. Also how manage planned and unplanned workload and staff absences.	5
4. Service delivery (self-managed care), including self-service methods, protocols and IT security.	4
5. Service delivery – improving outcomes and needs for young people including accessibility and confidentiality. Includes involvement of young people's panel	9
6. Service delivery - how clinical and non-clinical and health promotion services meet needs of different groups including: priority and vulnerable groups, Black and Minority ethnic communities, sex workers, HIV testing including for MSM communities	9
7. Publicity, Health promotion and digital services, electronic communications	3
8. Training Education and sexual health network, including C Card (condom card) training, delivery and expansion to over 25's and relationship and education for schools. (RSE is Leicester City only)	5
9. Leadership and standards - clinical and organisational leadership across the sexual health system to ensure delivery of a safe, high quality and seamless services in LLR	4
10. Safeguarding key issues including sexual exploitation, coercion, sexual violence and FGM and actions for the service.	2
11. Training of future professionals and clinicians	2
12. Experience of providing a sexual health service	2
13. Quality – Clinical Governance arrangements, including policies and processes, effective prescribing, clinical audit and supervision.	5
14. Access to the service and meeting needs of different age groups, geographies and population groups, locations and opening times and capacity and levels of care	5
15. Monitoring and evaluation – performance management and information	2

systems	
16. Delivering significant and continuing service improvements, and how they will meet changing needs and trends during the lifetime of the contract	2
17. Mobilisation and Implementation Plan and timetable and plan for taking on staff under TUPE	5
18. Information Systems and Confidentiality including access controls applied for secure record keeping and consent process. Information Governance compliance.	3
19. Social Value – in quantitative detail, how the service will contribute to economic, social, and environmental well-being and how the service enhances the resilience of the communities of Leicester City, Leicestershire County and Rutland County.	3
<b>Price and Financial Robustness criteria:</b>  Provision of a financial statement detailing price, activity and financial robustness. Specifically including details of: <ul style="list-style-type: none"> <li>• Affordability and cost of contract,</li> <li>• Understanding of the assumptions used in developing prices submitted,</li> <li>• How financial risks relating to changes in demand will be managed/controlled,</li> <li>• How inflationary uplifts have been accounted for over the contract term.</li> <li>• Cost efficiencies over the life of the contract</li> </ul>	20

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