

CABINET

30 January 2018

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

Report of the Director of Public Health

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| 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 | | |
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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 21st 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 18th 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 |

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| 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 |
| Price and Financial Robustness criteria: Provision of a financial statement detailing price, activity and financial robustness. Specifically including details of: <ul style="list-style-type: none"> • Affordability and cost of contract, • Understanding of the assumptions used in developing prices submitted, • How financial risks relating to changes in demand will be managed/controlled, • How inflationary uplifts have been accounted for over the contract term. • Cost efficiencies over the life of the contract | 20 |