

CABINET

16 April 2024

PROCUREMENT OF THE INTEGRATED SEXUAL HEALTH SERVICES

Report of the Portfolio Holder for Adults and Health

Corporate Priorities	Support the most vulnerable Providing good public services	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr D Ellison, Portfolio Holder for Adults and Health	
Contact Officer(s):	Adrian Allen, Public Health Assistant Director	Telephone 0116 305 Email adrian.allen@leics.gov.uk
	Susan-Louise Hope, Public Health Strategic Lead – Rutland Commissioning	Telephone 0116 3052683 Email susan-louise.hope@leics.gov.uk
Ward Councillors	All	

1 SUMMARY AND RECOMMENDATIONS

1.1 Summary

- 1.1.1 This report provides an update on the Sexual Health Procurement undertaken in 2023 which was not successful for all of the individual procurement lots.
- 1.1.2 It sets out the interim arrangements for 2024-2025 for the Integrated Sexual Health Service (ISHS) and the Long-Acting Removable Contraception (LARC), and the proposal for the commissioning of ISHS and LARC for beyond 2025 including the procurement process and award criteria.

1.2 Recommendations

1. It is recommended that Cabinet note the interim service arrangements for the financial year 2024 to 2025.

2. It is recommended that Cabinet approve the procurement models for the Integrated Sexual Health Service (ISHS) and Long-acting Reversible Contraception (LARC) and the award criteria for the ISHS procurement.
3. It is recommended that approval of the award of contract is delegated to the Director for Adult Services and Health in consultation with the Director for Public Health and Portfolio Holder for Adults and Health.
4. It is recommended that should there be a need to withdraw the procurement or there is an unsuccessful procurement that approval of action under the Provider Selection Regime is delegated to the Director for Adult Services and Health in consultation with the Director for Public Health and Portfolio Holder for Adults and Health.

1.3 Reasons for Recommendations

- 1.3.1 Local Authorities are mandated to commission comprehensive open access sexual health services. This should include provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy. Responsibilities are set out in Appendix C.

2 REPORT

2.1 Introduction

- 2.1.1 The commissioning responsibilities of local government, Integrated Care Boards (ICBs) and NHS England (NHSE) are set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are mandated by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. This instructs local authorities to commission confidential, open access services for Sexually Transmitted Infections (STIs) and contraception as well as reasonable access to all methods of contraception and advice on preventing unintended pregnancy. The services are funded through the ringfenced Public Health Grant. Details of the commissioning responsibilities are detailed in Appendix C.

- 2.1.2 Good access to sexual health services can have a positive impact on local communities through:

- Reduced unplanned pregnancies.
- Reduction in STI's that are often asymptomatic and can therefore lead to further transmission. New STI diagnoses are higher in more deprived populations.
- Reduction in teenage pregnancies. Teenage pregnancies are significantly higher in more deprived areas and contribute to their own health inequalities such as continued risk of living in poverty and poor mental health.¹
- A health inequality needs assessment for Rutland was undertaken in 2022/23 and has helped to give a picture of deprivation in Rutland. The Rutland Staying Healthy Partnership, a sub-group of the Health and Wellbeing Board will oversee any actions resultant from the needs assessment. Cross referencing with demographic data from services will also increase our understanding of deprivation in Rutland.

¹ Sexual and reproductive health and HIV: applying All Our Health

2.2 Previous Procurement

2.2.1 Two procurements were conducted in 2023 to enter new contracts from 1st April 2024. The background to the procurement and the model procured are set out in the [Cabinet paper](#) tabled in June 2023. The model included separate Lots for the following areas

Procurement July 2023

- Lot 1 Integrated Sexual Health Service ISHS
- Lot 2 Online Sexual Health Services
- Lot 3 Long-Acting Reversible Contraception LARC

Procurement October 2023

- Pharmacy Services for Leicestershire and Rutland including Emergency Hormonal contraception (EHC)

2.2.2 The invitation to tender for sexual health services was published on 3 July 2023. On tender close, no bids had been received for Lot 1 Integrated Sexual Health Service ISHS, three bids had been received for Lot 2 Online Sexual Health Services and one bid received for Lot 3 Long-Acting Reversible Contraception LARC. Only Lot 2 had successful bids which means the Council did not secure the full complement of sexual health services from 1 April 2024.

2.2.3 The three bids received for Lot 2 Online Sexual Health Services were evaluated and all due diligence checks completed.

2.2.4 The successful organisation for Lot 2 was SH:24, which currently provides services to Leicestershire and Rutland via a subcontracting agreement with the ISHS clinic provider. Securing this offer allows the provision of online sexual health services at a significantly lower tariff rate than the current rates under a subcontracting arrangement, therefore providing the best value option.

2.2.5 The new online sexual health service provision commenced on 1st April 2024 and needs to be effectively linked into the rest of the system both in the interim and longer term.

2.2.6 The one bid received for Lot 3 was also evaluated. However, following evaluation and due diligence checks, this bid was unsuccessful as it failed to meet the requirements.

2.2.7 The invitation to tender for EHC services was published on 11 October 2023. When the tender closed there were 8 bids received. Only one of these bids was from a provider within Rutland, unfortunately this failed to meet our requirements.

2.2.8 The successful procurement of Lot 2, and the unsuccessful procurement of Lot 1 and Lot 3 means the Council has not currently secured the full complement of sexual health services from 1 April 2024.

2.2.9 The unsuccessful bid for pharmacy services in Rutland leaves a service gap which will need to be addressed.

2.2.10 Open access sexual health services are a mandated requirement of the Public

Health Grant

Interim Measures

- 2.2.11 For both the ISHS and LARC contraception it has been agreed by all parties to enter into a one year contract for 2024-2025 whilst the longer term solution is put in place.
- 2.2.12 For EHC negotiations will take place directly with the pharmacies located in Rutland with a view to commence as soon as possible. As a contingency, any gap in service can be met by the interim ISHS and the new online contract that will commence on 1st April 2024.
- 2.2.13 The intention is to engage in an open procurement process, led by Leicestershire County Council to procure a new ISHS and to direct award to the existing provider base of the provision of LARC in the primary care setting, in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) introduced in January 2024. These contracts will commence from 01 April 2025

2.3 Options Considered

- 2.4 The section below sets out the future procurement plans for long term service provision from April 2025 onwards

2.4.1 ISHS

- 2.4.2 Feedback was sought from all organisations that did not bid but had expressed an interest in the unsuccessful lots. This included the incumbent providers.

2.4.3 Key issues were

- 2.4.3.1 TUPE Information – There was a lot of feedback relating to the TUPE list from the incumbent provider, including comments about it not being specific about the staffing liability related to just Leicestershire and Rutland, and therefore favouring the incumbent provider as other providers were unable to effectively cost a model.

- 2.4.3.2 Implementation Period - The length of the implementation period was viewed as too short and therefore seen as a deterrent.

- 2.4.3.3 Budget – The incumbent provider did not bid for reasons of the funding envelope, there was also another organisation that stated that the budget required an uplift. Drivers for budget increase requests were the online service being provided independently narrowing margins for providers to achieve cost efficiencies, the expectations in relation to attendances at the city clinic as out of area, and the anticipated shifts of activity away from ISHS to GP and online provision that cannot be realised until all services are in place and working together.

- 2.4.4 Follow up conversations with the organisations indicated that there was an interest if issues raised could be resolved.

- 2.4.5 This feedback has been reviewed, and mitigations developed to address the issues raised and ensure a successful future procurement exercise for the long-term offer

- 2.4.6 Options considered were

- 2.4.6.1 TUPE – to support organisations to understand how the service is staffed we will supply an organogram which has been requested as part of the interim contract mobilisation. The incumbent provider is also completing a Management of Change plan which will split the staffing complement into those delivering services for Leicestershire and Rutland and those for Leicester City
- 2.4.6.2 Implementation Period - Under the new process the implementation will be longer
- 2.4.6.3 Increased funding envelope - Leicestershire have increased their funding envelope as this is where the funding gap was identified; Rutland have not increased the contract value for the re-procurement.
- 2.4.7 **LARC**
- 2.4.8 The GP Federations had expressed concerns and indicated their intention not to bid for LARC services when the ITT opened. Post-procurement negotiations took place with the existing providers of LARC who indicated a preference for activity rather than block contracts, and not going with a single provider model as they were concerned about effective coverage
- 2.4.9 Options considered were
- 2.4.10 Returning to a tariff based model – this was deemed a suitable approach as will allow for gradual shifts of activity from the LARC into the CBS LARC service.
- 2.4.11 Not adopting a single provider model for LARC. – also suitable. When a soft market activity was conducted, to ascertain if there was market interest, there were no responses indicating that there is no alternative market for this service.
- 2.4.12 **EHC** - pharmacy based EHC is of a very low financial value and there are approximately only 5 pharmacies within the borders of Rutland. Under PSR we can approach all pharmacies and give them the opportunity to be on the list to deliver this service on an activity based contract.
- 2.4.13 **Health Care Services (Provider Selection Regime) Regulations 2023**
- 2.4.14 On 01 January 2024, The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) came into force. This introduces new processes for selecting providers of health care services.
- 2.4.15 Under the regime, competitive tendering is one tool for organisations to use when it is of benefit, alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of integrated care. The regime still requires relevant authorities to consider value for money as an important criterion, and to be transparent, fair, and proportionate in their decision-making.
- 2.4.16 Appendix D provides a flow chart designed to aid the PSR decision making process, this indicates the potential processes available to us to procure these services. Procurement advice has been sought in relation to this exercise resulting in options for the procurement approach in this round.
- 2.4.17 There are three potential processes which can be used to procure both the ISHS and the LARC service:

- 2.4.17.1 Direct Award - Process C - The existing provider is satisfying the existing contract and likely to satisfy the new contract, and the proposed contracting arrangements are not changing considerably from the existing contract.
- 2.4.17.2 Most Suitable Provider Process - The relevant authority is able to identify the most suitable provider without running a competitive exercise.
- 2.4.17.3 Competitive Process - Can be used when the processes above are not suitable because it has not been able to identify a most suitable provider or because a commissioning authority wishes to test the market.
- 2.4.18 Advice has been sought from the Commissioning Team, LCC Commissioning Support Unit, and Legal around the different PSR approaches.
- 2.4.19 LCC intend to move forward with a competitive process for the ISHS recommissioning and it is proposed that Rutland continue in a joint model for the procurement. Rationale is:
- 2.4.20 The incumbent provider has required a significant increase in the planned budget to deliver the interim contract for 2024-25. This has created a cost pressure. There is a need now to reduce this cost, accepting that the 2023 tender amount was not an appropriate amount to attract an alternative provider
- 2.4.21 There were at least 5 organisations that were interested in the ISHS lot in the last procurement round and therefore a competitive tender process will enable us to evaluate each offer and ensure best value and service approach
- 2.4.22 As the contracting arrangements are not changing considerably from the existing contract and there is a lack of market interest in the community based LARC service, the recommendation is to use process C and direct award to the LARC providers delivering the interim service. This is subject to evidence that the providers are delivering to the standards required.
- 2.4.23 For the ISHS tender, award criteria must be set prior to procurement starting. There is no alternative to setting these in advance. The criteria remain the same as the previous procurement and are detailed in Appendix B.
- 2.4.24 The approval of award of the contracts could be brought back to Cabinet, 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 were reasonable grounds to not award at all.

2.5 Background

- 2.5.1 The current provision is a Specialist Integrated Sexual Health Service (ISHS) providing services including contraception, STI testing and treatment, psycho-sexual counselling, and sexual health promotion. This service has been provided by Midland Partnership Trust (MPFT) since January 2019. Clinic provision in Rutland is delivered once a week at Rutland Memorial Hospital with dedicated clinic for service personnel and their families at Kendrew Barracks. Rutland residents can also access the ISHS hub locations. The online offer is sub-contracted by MPFT to SH 24, this includes access to STI testing, contraception and emergency hormone contraception. (this became a stand-alone service from April 2024). Additionally Public Health commission community-based services (CBS) with General Practice

and pharmacies in Rutland. Condom distribution in a variety of settings is delivered as part of the C-Card scheme.

2.5.2 The intended model remains as per the Cabinet paper of June 2023, with the exception of the LARC offer which will now be offered to multiple GPs to ensure appropriate service provision.

2.5.3 **NEW PROCUREMENT**

2.5.4 The proposed procurement processes and models are detailed in Section 3.9.

2.5.5 The specifications for the new procurement do not have any significant change to those from the 2023 procurement as they were not considered to be the issue by providers. The principles, approach and desired outcomes remain the same.

2.6 **Consultation**

2.6.1 Consultation was carried out as part of the review of service as well as consultation on the proposed model and is detailed in the Cabinet reports of 12th January 2023 and 6th June 2023 (Cabinet Paper).

2.6.2 Soft market testing was also conducted as part of the original process and detailed in the Cabinet reports.

2.6.3 Further soft market testing took place post procurement to establish the reasons as to why interested parties did not bid and these are detailed in section 2.2. Wherever possible measures have been taken so these concerns could be mitigated prior to any new procurement exercise.

3 **IMPLICATIONS OF THE RECOMMENDATION**

3.1 **FINANCIAL IMPLICATIONS**

3.1.1 This section has been approved by Andrew Merry, Head of Finance

3.1.2 The main financial issues arising for this Report are as follows:

3.1.3 The sexual health service is funded from the ring-fenced Public Health Grant which is set annually. Current provision within this funding for the services are:

Revenue	2025/2026	2026/2027	2027/2028	2028/2029
Expenditure (excluding online provision)	£108,052 (ISHS £56,998, LARC £49,405 , EHC £1,649)	£108,052	£108,052	£108,052

3.1.4 The cost of the interim ISHS service for 2024/25 is £77,611.81 this includes a risk share arrangement and is being supplemented for the interim year by savings achieved from the online service from the published tender value.

- 3.1.5 For Rutland residents who present to service out of the area, the authority is invoiced for reimbursement. This includes areas such as Northamptonshire, Lincolnshire, and Peterborough, but invoices are also received from further afield. The recent commissioning change means Leicester City will also be classed as out of area with effect from 01 April 2024.
- 3.1.6 Out of area activity becomes a cost pressure on top of contractual arrangements and whilst we have no control over what other areas set, we can control what we are prepared to pay. Many local authorities have implemented a tariff protocol detailing what they are prepared to pay and there is usually a notification process via the Director of Public Health. To manage this out of area cost pressure, Rutland will be implementing a tariff protocol that will set the maximum tariff payable to other local authorities for sexual health interventions delivered in their area.
- 3.1.7 The tariff protocol aims to ensure that tariffs are reasonable and a fair reflection of the activities undertaken by out of area sexual health providers. The protocol will constitute a mechanism for budgetary control by overseeing the tariffs set by other local authority and any uplifts to those tariffs. It will assist in the financial management of the Public Health Grant from which the costs of these tariffs will be met. The tariffs have been set after benchmarking with other areas and in line with national guidance. They are likely to have limited impact on those areas who already submit invoices to Rutland.
- 3.1.8 The Council is holding a Departmental Reserve for Public Health, which can help manage the risk of rising demand for out of county services, the current balance on this reserve is £354k.
- 3.1.9 The forecast position for all sexual health services funded by Public Health is £7k underspend in 2023/24.

3.2 LEGAL IMPLICATIONS

- 3.2.1 This section has been approved by Sarah Khawaja, Head of Legal & Democratic Services
- 3.2.2 The procurement process has been drawn up by the Commissioning Support Unit at Leicestershire County Council, in line with the requirements of the Public Contracts Regulations 2015, the Council's Contract Procedure Rules and the Provider Selection Regime introduced in January 2024. It has been agreed with the Commissioning Team.
- 3.2.3 Legal advice on the process has been sought and will continue to be available for advice.

3.3 Risk Management Implications

- 3.3.1 The main risks to this Report and the Council achieving its objectives are as follows:
- 3.3.2 Risks:

- a) If providers do not share information, it may impact continuity of care across the services.

- b) The level of TUPE information shared from incumbent provider may pose a risk if the detail is not sufficient for all potential providers to model appropriately,
- c) No bids received - failed procurement
- d) PSR representation / Legal Challenges - Incumbent provider could submit representation through PSR if unhappy with decision to take procurement through a competitive process. Potential to delay award and cause additional work. Could also go to a national panel.
- e) Judicial review through PCR if we went out of area

3.3.3 Assessment of Risk

- a) Low
- b) High
- c) High
- d) Medium
- e) Medium
- f) Low

3.3.4 Mitigations:

- a) Stakeholders to be included in comms, messages are clear, collaborative and partnership working to keep them informed. Be clearer and tighter on information that we need and when we expect to receive it. Contract contains requirement to support incoming provider with relevant information.
- b) New contract for interim year includes T&C's that allow us to request information in advance and contains a clause re exit strategy. Mobilisation of the interim contract requires staffing organogram at start and end of contract to assess the correlation. Relationship management - ensure provider is aware that TUPE information will be requested and there will be a two week turnaround to supply information. City will also want a clear list of staff before the tender commences too and they are undertaking a management of change process for their new service which commenced on the 1st April 2024, this should be completed by mid-April 2024. Working collaboratively when asking for this information will assist in encouraging the incumbent to provide the necessary information for both parties. Work through staffing list with City once it has been issued. Explore the possibilities of one-off transitional funding to support an incoming provider. Undertake financial scenario planning regarding possible financial configurations and liabilities. Should such an eventuality arise consider withdrawing the ITT and moving to direct award under the Provider Selection Regime (PSR)
- c) The incumbent provider that has the 2024/25 contract will need good staffing compliment to deliver this. If there is a new provider they will have to work together on the service delivery model -if there are key gaps where recruitment

maybe difficult e.g. remove the need for consultants (another County has done this). Outcome based specification not staff specific which will allow the provider flexibility to staff the service in a way that works to achieve the desired outcomes.

- d) It is still possible to make an award to another provider under PSR through a suitable provider route. Potential to continue with existing provider but risk of budget inflation if they did not bid in the tender process. We aim to hold a bidders session to highlight concerns and mitigate barriers where possible prior to tender being released. SMT information has been utilised to inform options appraisal
- e) Seeking legal and procurement advice throughout. Build an additional month of contingency within the procurement timeline to allow for representation. Ensure moderation panel is timely, evaluation notes are clear, recorded and saved.
- f) Utilising a full out of area offer is unlikely. If this was in scope, we would need to thoroughly risk assess and include as an additional risk to track and monitor

3.3.5 Residual Risk

- a) Low
- b) High
- c) High
- d) Medium
- e) Medium
- f) Low

3.3.6 Record of Risk is contained in the Project Risk Register. The project holds a project risk log for all activity, red or amber risks are reported to the Project delivery group who meet every two weeks. Any key risks are reported/escalated monthly to LCC transformation DMT, and the senior responsible officer as required.

3.3.7 Should there be a risk of an unsuccessful procurement prior to the ITT opening then the option to pull the procurement and move to another option under the requirements of PSR will then be explored.

3.4 DATA PROTECTION IMPLICATIONS

3.4.1 A Data Protection Impact Assessments (DPIA) was completed for the original procurement but has not been repeated because there are no identified risks or issues to the rights and freedoms of individuals.

3.5 EQUALITY IMPLICATIONS

3.5.1 An Equality Impact Assessment (EqIA) has been completed for the original procurement exercise conducted in 2023 and was not considered necessary to repeat as there is minimal change to the service model.

3.6 COMMUNITY SAFETY IMPLICATIONS

- 3.6.1 The Council has a duty in accordance with S17 Crime and Disorder Act 1988, when exercising its functions, to have due regard to the likely effect of that exercise of those functions on and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social behaviour).
- 3.6.2 This duty has been considered and there are no community safety implications relating to the recommendations.

3.7 HEALTH AND WELLBEING IMPLICATIONS

- 3.7.1 Sexual health services promote safe sexual practices, flag up unhealthy sexual practices, prevent onward transmission of sexually transmitted infections and reduce unwanted pregnancies with effective contraception.
- 3.7.2 Sexual health services are linked to the Rutland Joint Health and Wellbeing Strategy and Delivery Plan in particular Priority 2 Prevention and Early Intervention.
- 3.7.3 Sexual health services contribute to the Government aspiration to reduce the prevalence of sexually transmitted infections such as HIV and prevent onward transmission.

3.8 ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS

- 3.8.1 On 11 January 2021 Rutland County Council acknowledged that it was in a climate emergency. The Council understands that it needs to take urgent action to address it.
- 3.8.2 There are no environmental and climate change implications of the Recommendations.

3.9 PROCUREMENT IMPLICATIONS

- 3.9.1 Advice has been sought from LCC Commissioning Support Unit and Legal around the different Provider Selection Regime approaches. These have been discussed and agreed by the Head of Commissioning and Procurement.
- 3.9.2 LCC intend to move forward with a competitive process for the ISHS recommissioning as per the rationale is outlined in paragraphs 2.3.20/21, and direct award process C for LARC providers that are delivering the interim service.
- 3.9.3 Under the Public Contract Regulations 2015, Award Criteria must be set prior to procurement starting. There is no alternative to setting these in advance. The criteria remain the same and is detailed in appendix B
- 3.9.4 The procurement process will follow an open procurement process in line with the Council's Contract Procedure Rules which will be led by Leicestershire County Council. Details are indicated in the table below. The main change to the model is the move of both the ISHS and LARC to activity from block as this was a provider preference.

Service	Estimated Value per annum	Contract Term Years		Contract Type	Procurement /Direct Award
		Initial	Possible extension	Block or Activity	
Integrated Sexual Health Service	£56,998	4	+1+1	Activity for sexual health intervention on a tariff.	Open procurement
Community based long-acting reversible contraceptive services	£49,405	4	+1+1	Activity	Direct award to existing provider base
Community based emergency hormonal contraception services (EHC)	£1,649	1	+1+1+1	Activity	Direct award to any willing locality-based pharmacies

3.9.5 The value is not above UK Procurement Thresholds.

3.9.6 The timetable for the process is set out in Appendix A and the award criteria are set out in Appendix B.

3.9.7 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.

3.9.8 Social Value will form part of the tender evaluation process.

3.10 HR IMPLICATIONS

3.10.1 TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) and subsequent amendments may apply to the procurement. Management of TUPE will be assessed as part of the method statement questions and form a key work area for the service mobilisation and implementation phase. TUPE information will be sought from the current provider and will form part of the ITT documentation.

4 BACKGROUND PAPERS

4.1 Recommissioning of Public Health Funded Sexual Health Services, 12th January 2023
<https://rutlandcounty.moderngov.co.uk/documents/s24587/Report%20No.%2006.2023%20-%20Recommissioning%20of%20Public%20Health%20Funded%20Sexual%20Health%20Services.pdf>

- 4.2 <https://rutlandcounty.moderngov.co.uk/documents/s26740/Report%20No.77.2023%20-%20Recommissioning%20of%20Public%20Health%20Sexual%20Health%20Services%20for%20Rutland.pdf>

5 APPENDICES

- 5.1 Appendix A – Procurement Timetable
- 5.2 Appendix B – Award Criteria
- 5.3 Appendix C – Sexual Health Commissioning Responsibility
- 5.4 Appendix D Provider Selection Regime Flowchart

An Accessible Version of this Report is available upon request – Contact 01572 722577.

Appendix A. Procurement Timetable

Action	By When
Cabinet Approval for Award Criteria	16 th April 2024
[OJEU Notice published /PIN published]	29 th February 2024
Invitation to Tender published	29 th April 2024
Deadline for questions from bidders	21 st May 2024
Tender submissions deadline	29 th May 2024
Evaluation of Tenders	7 th July 2024
Clarification meetings (if required)	9 th July 2024
Approval of Contract Awards	16 th July 2024
Notification of award/start of standstill	17 th July 2024
End of standstill	29 th July 2024
Contract award	30 th July 2024
Contract start date	1 st April 2024

Appendix B. Award Criteria

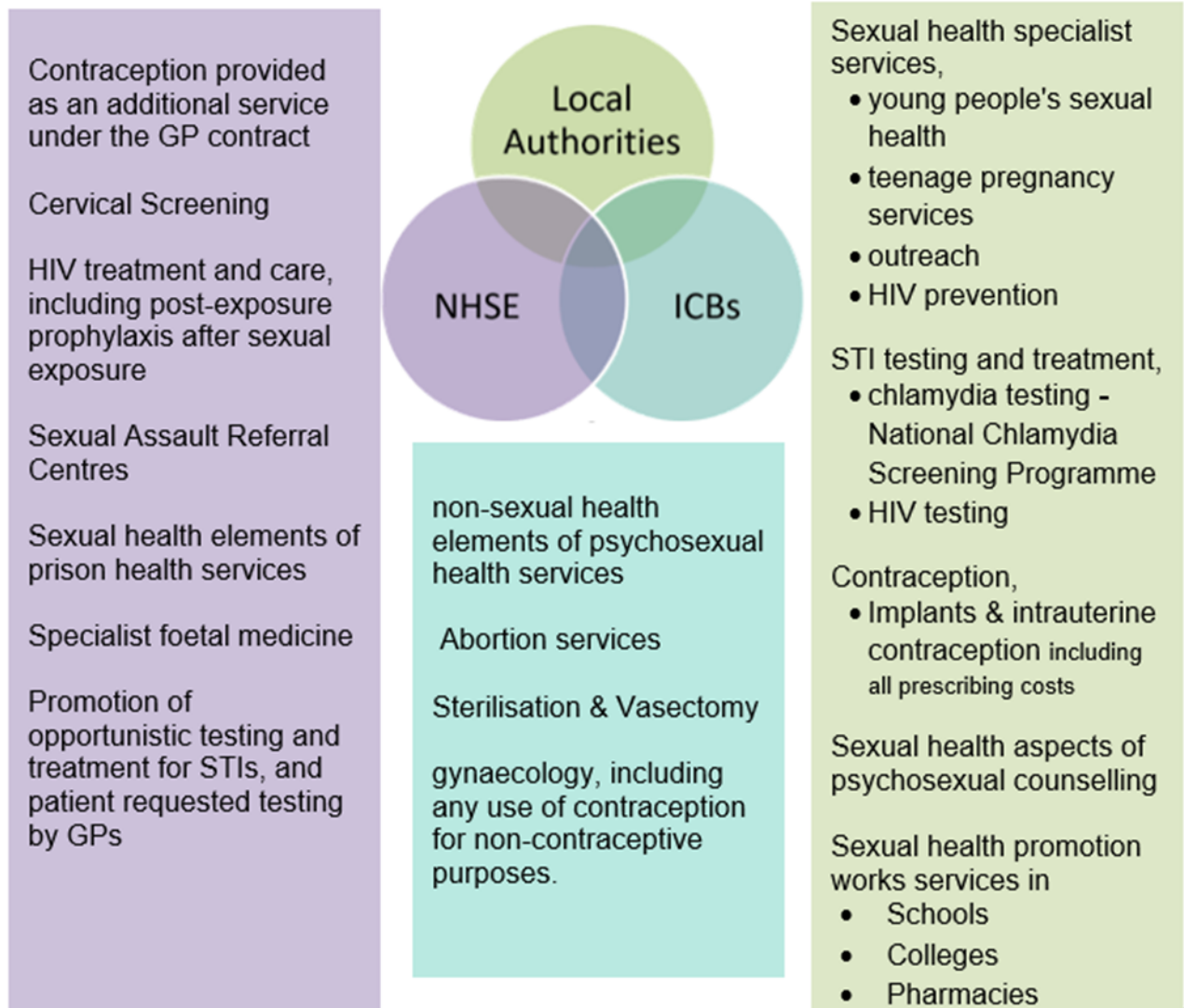
The Price: Quality ratio is 20:80

MSQ	Section/Question	Max. Points	Weighting (%)	Weighted Score
1	Vision & model overview	4	4	16
2	Integrated service	4	4	16
3	Service Delivery – Access	4	4	16
4	Service Delivery (young people)	4	3	12
5	Service Delivery (C-card)	4	2	8
6	Service Delivery (Risk Groups)	4	3	12
7	Service delivery – HIV testing	4	3	12
8	Service delivery – Outreach and Health promotion (at risk groups)	4	3	12
9	Service delivery – Sexual Health Leadership	4	3	12
10	Service delivery – Training, education and sexual health network	4	2	8
11	Service Delivery – Partnership Working	4	2	8
12	Scope – Service Description – Leadership and Standards	4	3	12
13	Scope – Service Description – Safeguarding	4	4	16
14	Scope – Service Description – Training of future professionals and clinicians	4	2	8
15	Experience of providing a sexual health service	4	2	8
16	Quality –Clinical Governance	4	4	16
17	Workforce and Leadership – Staffing	4	4	16
18	Monitoring & Evaluation	4	3	12
19	Continuing Improvements	4	3	12
20	Confidentiality	4	4	16
21	Social Value	4	1	4
22	Mobilisation – Implementation plan	4	4	16
23	Mobilisation – TUPE	4	3	12
24	Service User Panel – Question	4	2	8
25	Service User Panel – Question	4	2	8
26	Service User Panel – Scenario	4	2	8
27	Young People’s Panel – Question	4	2	8
28	Young People’s Panel – Scenario	4	2	8

Price criteria:

Of the 20 available for Price, 15 will be attributed to the Total Contract Price submitted as part of the Pricing Schedule and 5 will be attributed to two price questions and these will be assessed using the same methodology as the Quality Method Statement Questions.

Appendix C. Sexual Health Commissioning Responsibilities.



Appendix D Provider Selection Regime Workflow

