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Contract for Integrated Community Sexual Health Service
Cllr Irene Walsh, Cabinet Member for Community Cohesion, Safety & Public Health
March 2014
Deadline date: July 2014

Cabinet portfolio holder: Responsible Director:	Cllr Irene Walsh, Cabinet Member for Community Cohesion, Safety & Public Health Wendi Ogle-Welbourn, Director of Communities
Is this a Key Decision?	YES If yes has it been included on the Forward Plan : Yes Unique Key decision Reference from Forward Plan : KEY/27DEC13/01
Is this decision eligible for call-in?	YES
Does this Public report have any annex that contains exempt information?	YES The Exempt Annex is NOT FOR PUBLICATION in accordance with paragraph 3 of Schedule 12A of Part 1 of the Local Government Act 1972 in that it contains information relating to the prices submitted by bidders. The public interest test has been applied to the information contained within the exempt annex and it is considered that the need to retain the information as exempt outweighs the public interest in disclosing it as to do so could compromise the Council's position in any future procurement exercise for such services.

R E C O M M E N D A T I O N S
The Cabinet Member is recommended to award a contract for the delivery of an Integrated Community Sexual Health Service within Peterborough to Cambridgeshire Community Services (CCS) for a total of £4,571,017.00.
The contract will operate for the period 1 st July 2014 to 30 th June 2017 with the option to extend the contract for a further two 12 month periods at the Council's discretion.

1. SUMMARY OF MAIN ISSUES

- 1.1 This report seeks approval of the Cabinet Member to award a contract to Cambridgeshire Community Services from 1st July 2014 to 30th June 2017 in accordance with the Peterborough City Council's Contract Regulations.

2. PURPOSE OF THIS REPORT

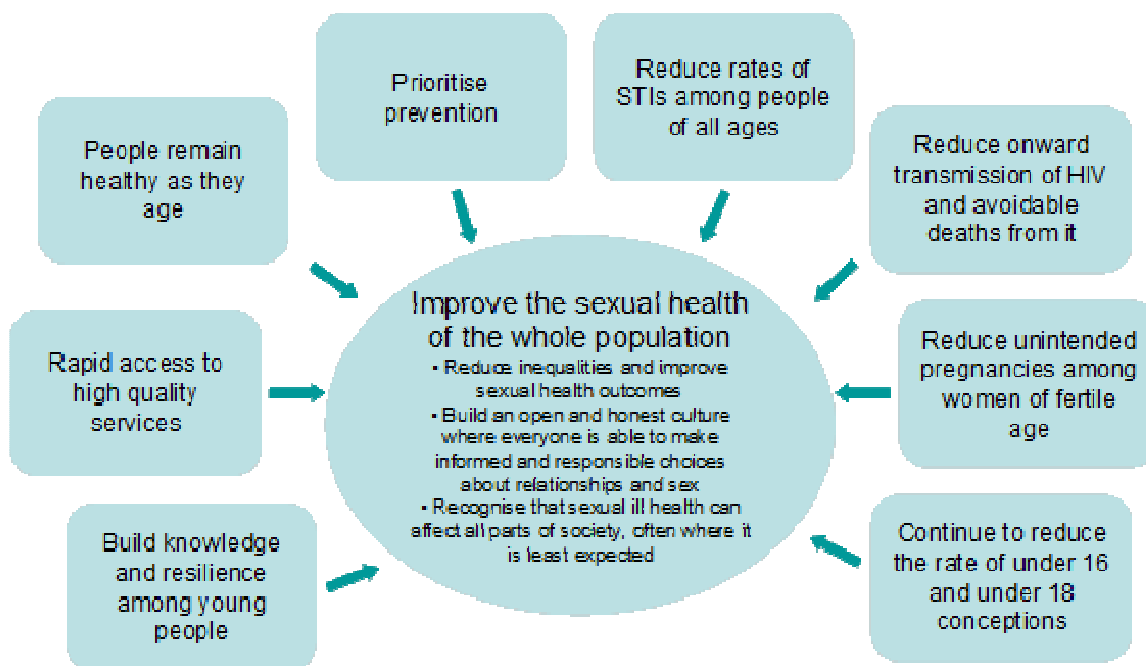
- 2.1 This report is for the Cabinet Member for Community Cohesion, Safety and Public Health to consider exercising delegated authority under paragraph 3.3.8(a) of Part 3 of the Constitution in accordance with the terms of their portfolio at paragraph 3.11(b).
- 2.2 The attached exempt annex is NOT FOR PUBLICATION in accordance with paragraph 3 of Schedule 12A of Part 1 of the Local Government Act 1972 in that it contains information relating to the prices submitted by bidders. The public interest test has been applied to the information contained within the exempt annex and it is considered that the need to retain the information as exempt outweighs the public interest in disclosing it as to do so could compromise the Council's position in any future procurement exercise for such services.

3. **TIMESCALE** (If this is not a Major Policy item, answer **NO** and delete second line of boxes).

Is this a Major Policy Item/Statutory Plan?	NO	If Yes, date for relevant Cabinet Meeting	
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4. DETAILS OF DECISION REQUIRED

- 4.1 The Integrated Community Sexual Health Service will offer the full range of contraceptive and sexual health services in a 'one stop shop'. It will be a universal, open access service which is predominantly nurse led and doctor supported. The service will target groups at high risk of sexual ill health and/or unintended pregnancy via outreach services and deliver a range of sexual health promotion activity in the city.
- 4.2 The service will support delivery against two of the three overarching Public Health Outcomes
- Health Improvement – People are helped to live healthy lives, make healthy choices and reduce health inequalities. Reduction of under 18 conceptions is a key element of this
 - Health Protection – The population's health is protected from major incidents and threats whilst reducing health inequalities. Diagnoses of Chlamydia amongst people aged 15-24 and people presenting with HIV at a late stage of infection are key elements of this outcomes
- 4.3 The service will also support delivery against the ambitions and objectives set out in A Framework of Sexual Health Improvement in England (Department of Health 2013), please see below. The prevention of STIs, HIV and unintended pregnancies is key, as is ensuring people of all ages are informed and able to make responsible choices about sex and relationships.



4.4 The service will deliver the following outcomes:-

Reduction in STIs (due to increased condom use, increased early and regular screening and improved partner notification and contact tracing)
Improved health and wellbeing due to prompt diagnosis and effective management of sexually transmitted infections, HIV and other related conditions
Reduction in unintended pregnancies (due to increased uptake of effective methods of contraception, including LARC and condoms)
Reduction in stigma associated with STIs, HIV and unintended pregnancy
Easy and rapid access to contraceptive and sexual health services, delivered at times and locations to suit
People know when, where and how to access contraception and sexual health services and feel comfortable to do so
Increased understanding of and motivation to practise safer sex (including use of contraception, condoms and regular STI/HIV testing where appropriate)
High level of user satisfaction and involvement in service development
Parents/carers have access to information on discussing relationships and sexual health with their children
Children and young people have increased understanding of sexual consent, abusive/exploitative relationships and the benefits of delaying sex
Children and young people have increased confidence and emotional resilience to make informed and responsible decisions about their sexual activities
Health and non-health professionals report increased awareness of sexual and reproductive health issues and services

5. CONSULTATION

- 5.1 The service specification was developed in conjunction with the Department of Health, Public Health England, NHS England and the Public Health Directorate within the Peterborough City Council.
- 5.2 A number of local stakeholders were consulted in the development of the specification including local sexual health clinicians, Peterborough Local Clinical Commissioning Group, East (Eastern Aids Support Triangle) and partner agencies from the Sexual Assault Referral Centre. Existing service users were consulted through surveys at the Department of Sexual Health (DoSH) at Peterborough City Hospital and Contraceptive and Sexual Health Service (CaSH) based at Rivergate. Young people were consulted via a focus group at Nacro. Results of the 2012 Health Related Behaviour Survey also fed in the views of young people.
- 5.3 The specification is in line with national sexual health policy, guidelines and clinical procedures. The specification requires the service to comply with all relevant legislation and guidance relating patient confidentiality, information governance and security.

6. ANTICIPATED OUTCOMES

- 6.1 Approve the award of the contract for the Integrated Community Sexual Health Service as from 1st July 2014 detailed in the 'Recommendation' above.

7. REASONS FOR RECOMMENDATIONS & ANY RELEVANT BACKGROUND INFORMATION

7.1 Background

- 7.1.1 Since 1st April 2013, local authorities have a statutory duty to commission most sexual health services as part of their wider public health responsibilities.
- 7.1.2 The number of acute STIs in Peterborough has increased in recent years and the city went from being ranked 123rd out of 326 local authorities in 2011 to 89th in 2012 (with 1 having the highest rate of acute STIs). Peterborough has an above average rate of teenage pregnancy and nearly a third of abortions to women of all ages in Peterborough are repeat abortions.
- 7.1.3 Traditionally, sexual health services have been split into community contraceptive services and hospital based genitourinary medicine (GUM) services. This can often mean a person in need of contraception who also has symptoms of an STI must attend two separate services – one for contraception and one for STI treatment. This can be a barrier to access and uptake of services, particularly for some vulnerable and high risk groups.
- 7.1.4 By integrating the services we will provide a 'one stop shop' in which a person can have all their sexual health and contraceptive needs met in one place by one clinician wherever possible. Not only is this more convenient for local residents it will 'normalise' STI testing and treatment.
- 7.1.5 The contract will be funded through Public Health budgets.

7.2 Procurement

7.3.1 This service is classified as a Part B Service contract, under category 25 of the Public Contract Regulations 2006, and therefore not subject to the EU regulations for tendering. A Competitive Contract Notice was published through the Council's e-sourcing portal which publishes the opportunity to a number of tendering journals, such as Contract Finder and the Council's website. An open procurement process was undertaken whereby bidders were invited to tender with an indicative value of up to £1,735,000 per annum based upon their own projections of activity. This tender ceiling was later revised to £1,561,500 per annum to better reflect current levels of service activity.

The procurement process comprised a qualifying stage in which bidders were assessed against criteria covering: finance; insurance; quality assurance and requirement specific elements such as CQC registration, information governance and clinical governance. All bidders passed this stage and went on to the second stage.

The second stage (known as Key Quality) consisted of 3 elements weighted as follows:-

- Response to Tender Requirement Questionnaire - 50%
- Price - 40% (36% for the actual price and 4% for the assumptions underpinning the proposed financial model)
- Interview - 10%

The Evaluation Panel undertook a desktop evaluation of the written submissions, supported by clarification meetings with bidders. Secondly, tender submissions were evaluated on price. Finally, the three highest scoring bidders at this point were invited to formal interview with the Evaluation Panel.

Tenders were evaluated on a Quality: Cost ratio of 60%:40%.

7.3.2 The Evaluation Panel comprised of:-

Jo Melvin Commissioning lead for Sexual Health, Peterborough City Council
 Oliver Hayward, Head of Business Management, Peterborough City Council
 Dr Boika Rechel, Consultant in Public Health, Peterborough City Council
 Lynsey Emmett, Epidemiological Scientist, Public Health England
 Wendy Elliott, Sexual Health Facilitator, Public Health England
 Kay Elmy, Sexual Health Clinician (acting as Clinical Advisor to the Panel)

7.3.3 Three organisations submitted tenders and were evaluated as follows

	CCS		Supplier B		Supplier C	
	Marks	Weighted Score	Marks	Weighted Score	Marks	Weighted Score
Written tender submission (50%)	122	34.35%	122	34.75%	122	34.85%
Price (36%)	n/a	36%	n/a	33.90%	n/a	33.60%
Financial Assumptions (worth 4%)	7	2.8%	6	2.40%	7	2.8%
Interview (10%)	35	6.95%	34	6.15%	15	3.00%
Total Score		80.10%		77.20%		74.25%

7.3.4 From the evaluation, Cambridgeshire Community Services emerged as both the highest quality and most competitive price and therefore the Most Economically Advantageous Tender.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The following options were considered and rejected:

Option 1 - Continuation of current services. This option was rejected for the following reasons:

- a) The retender exercise was triggered as one of the incumbent providers did not succeed in its bid to achieve Foundation Trust status and was likely to dissolve on 1st April 2014. This would have caused a significant gap in service. In September 2013, the NHS Trust Development Authority re-affirmed its support of the organisation continuing as a Trust, allowing it to compete for contracts in any procurement process
- b) Operating two separate services for sexual health and contraception in different parts of the city does not put patients at the centre. It reduces accessibility and limits opportunities to address patient health concerns of STI transmission and unintended pregnancy at the same time.
- c) A retender exercise will generate competition within the market, potentially leading to innovation and better value for money for the council.

Option 2 - Do not provide sexual health services

This option was rejected as Peterborough City Council has a statutory duty to commission sexual health and contraceptive services.

In addition, not providing these services would likely result in increased prevalence of STIs, HIV and unintended pregnancies thereby presenting significant public health issues and as a result further financial pressures on the Council

9. IMPLICATIONS

9.1 Financial implications

The tender is for the award of £4,571,017.00 worth of services per year, this is within the budget set aside for sexual health services. There is scope within the contract to develop an integrated financial tariff model for Year 2 and beyond, this will provide a more accurate cost for individual interventions which are delivered as part of the service.

9.2 Legal implications

For the purposes of the Public Contracts Regulations 2006, the services required are classified as Part B and there is no requirement on the Council to follow the full procurement regime under the mentioned regulations. The services have been procured in line with the Council's Contract Rules.

9.3 HR implications

Cambridgeshire Community Services are an incumbent service provider of the Contraceptive and Sexual Health Service (CaSH). Staff from the other Incumbent service provider will be subject to a TUPE transfer to Cambridgeshire Community Services.

An Equality Impact Assessment has been completed. A copy of the EIA is available as a background document.

10. DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED

Declarations by any cabinet member consulted by the decision maker and any dispensation granted by the Audit Committee or Head of Paid Service (Chief Executive). Note, the Audit Committee grants dispensations where the member concerned has a pecuniary interest, whereas the Chief executive may grant a dispensation for these purposes to any cabinet member consulted on these proposals whether by an officer or another individual cabinet member where there is a common law conflict of interest that may not amount to a pecuniary interest under the Regulations.

11. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985) and The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

- Service Specification: Integrated Community Sexual Health Service 1/7/14-30/6/17
- Invitation to Tender for Integrated Sexual Health Service
- A Framework for Sexual Health Improvement in England (2013)
- Public Health Outcomes Framework (2012)
- Equality Impact Assessment

All national sexual health policy, guidelines and clinical procedures produced by:-

- British Association of Sexual Health and HIV (BASHH)
- British HIV Association (BHIVA)
- Medical Foundation for AIDS and Sexual Health (MedFASH)
- Faculty of Sexual and Reproductive healthcare (FSRH)
- Department of Health (DH)
- National Aids Trust (NAT)
- National Institute of Clinical Excellence (NICE)
- Public Health England
- NHS England