



Report of Deputy Director, Public Health

Report to Director of Public Health

Date: 14 March 2014

Subject: Delegated Decision - Award of Contract for the HIV Prevention and Community Testing Service (YORE-9BW CET)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4 (3) Appendix 1	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Summary of main issues

1. The purpose of this report is to seek approval from the Director of Public Health to award a contract to Black Health Agency (BHA) for Lot 1 (Black African Communities) and Yorkshire MESMAC for Lot 2 (Men that have Sex with Men) of the HIV prevention and community testing service.
2. The service model that has been procured is in line with the needs and requirements of the service users.
3. Two applications were received in total for the tendering deadline of 8th January 2014; one tenderer for each of the two Lots. The two tenderers were the current service providers.
4. The contract is to commence 1st October 2014 until 31st March 2019, with the option to extend for a further four 12 month periods.
5. The value of the contract is £493,793.00 for Lot 1 (BAC) and £720,000.00 for Lot 2 (MSM).
6. This report provides the background to the current service provision and the decision to undertake a procurement exercise. It then outlines the procurement process and the outcome of the evaluations.

Recommendations

7. The Director of Public Health is recommended to approve award of a contract to BHA for Equality for Lot 1 (Black African Communities) and Yorkshire MESMAC for Lot 2 (Men that have Sex with Men) of the HIV prevention and community testing service. The contract is to commence 1st October 2014 until 31st March 2019, with the option to extend for a further four 12 month periods.
8. The Commissioning Officer will support implementation of the contract award to ensure the new service is in place and operational by 1st October 2014.

1. Purpose of this report

- 1.1 The purpose of this report is to seek approval from the Director of Public Health to award a contract to BHA for Equality for Lot 1 (Black African Communities) and Yorkshire MESMAC for Lot 2 (Men that have Sex with Men) of the HIV prevention and community testing service. The contract is to commence 1st October 2014 until 31st March 2019, with the option to extend for a further four 12 month periods.

2. Background information

- 2.1 HIV is a long term medical condition and for many is effectively managed via treatment. Early diagnosis plays a massive role in both the quality of life for the individual and the prevention agenda, heavily reducing the likelihood of onward transmission and improving the health outcomes for those testing positive. HIV testing is at the heart of any effective strategy for tackling HIV in the UK, ensuring early diagnosis of HIV through ethical, accessible and appropriate testing in a range of settings. Evidence suggests that HIV testing in the community, whether in drop-in centres, saunas or other easy to access settings, can prove attractive and result in significant HIV positive diagnoses.
- 2.2 HIV infection in the UK disproportionately affects MSM and Black Africans. Prevention work needs to tackle much wider determinants than just the actual transmission and diagnosis of HIV infection. Using the evidence based practice and new research it is possible to develop tailored and targeted work that will be effective in delivering improved sexual health. (*DOH, 2003; CHAPS, 2011*) Interventions need to empower and educate those communities at risk by providing the knowledge and skills to make informed choices. Interventions may include work delivered directly to individuals, community work, partnership working (with other sectors) and working with policy makers (*CHAPS, 2011*).

3. Main issues

- 3.1 An open procurement process was followed, which commenced on 17th October 2013 and the documents were published through YORtender, an online tool

whereby electronic tender submissions can be made. The Pre-Qualification Questionnaire (PQQ) and Tender Documents Parts 1 to 4 were issued at the same time and bidders were given a deadline of 8th January 2014 to submit the final tender submissions.

- 3.2 The PQQ specified a minimum threshold of 35 points (50%) out of 70 points. The PQQ included 7 scorable questions focusing on: Organisations values/ethos around partnership working, key successes for preventative work delivered through partnership working, experience of delivering a preventative sexual health service, experience of working in the sexual health sector in the Leeds area or transferable experience of working in other areas, understanding of the key issues for sexual health in Leeds, organisations approach to change, and experience or knowledge of Transfer of Undertakings (Protection of Employment) (TUPE) processes, as the specification highlighted that TUPE may apply in this instance.
- 3.3 The invitation to tender was set to a 60/40 quality/price split. The 60% for quality was broken down to 50% for evaluation of the method statements and 10% for an interview. There were 8 method statements that tenderers had to respond to, these questions focused on:
- service delivery;
 - accessibility to the service;
 - marketing and promotion;
 - multi agency working;
 - performance management;
 - locality working
 - consultation and involvement;
 - and community testing.
- 3.4 In total two applications were received, one for each of the 2 Lots. A panel consisting of commissioning officers with experience and knowledge relating to sexual health evaluated the two complete submissions using a matrix scoring approach. Both submissions passed the quality and price evaluations, meeting the minimum score thresholds detailed in the tender documentation, and were subsequently invited to attend an interview. Both organisations passed the overall evaluations (Appendix 1)
- 3.5 Due diligence checks of the submissions for this contract have been undertaken by the Council's PPP&PU. These included the uptake of references from bidders, ensuring that the appropriate levels of insurance were in place, an inspection of all audited accounts as well as health and safety policies, information governance and safeguarding.
- 3.6 The new contract is to commence 1st October 2014 until 31st March 2019, with the option to extend for a further four 12 month periods. The current providers have recently been awarded new interim contracts from 1st April 2014 for a 6 month period. An earlier contract start date of June 1st 2014 is under discussion as both organisations are the incumbent providers of HIV prevention services

4. Corporate Considerations

4.1 Consultation and Engagement

4.1.1 As there were no changes made to the service specification other than the addition of HIV community testing to the Black African specification it was decided there was nothing to consult service users on. Both service specifications were written following national guidance and evidence base.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An Equality Impact Assessment screening tool has been undertaken and is attached at Appendix 2.

4.2.2 Appropriate policies and procedures are in place with the recommended provider and were reviewed as part of the PQQ screening process.

4.3 Council policies and City Priorities

4.3.1 The services provided in this report will contribute towards meeting the Public Health Outcome to reduce people presenting with HIV at a late stage of infection'. (Public Health Outcome Framework for England 2013 -2016).

4.4 Resources and value for money

4.4.1 The value for the proposed contract award is £493,793.00 for Lot 1 (BAC) and £720,000.00 for Lot 2 (MSM). This is reflective of current service funding and does not introduce any additional funding pressures.

4.4.2 A 40% weighting was allocated to price as part of the evaluation process and the tender advertised at an estimate annual value of £110,000 for Lot 1 (BAC) and £160,000 for Lot 2 (MSM). This was to ensure that bidders paid due attention to price in mind of the competitive nature of the tendering process. Both bids were within budget.

4.5 Legal Implications, Access to Information and Call In

4.5.1 The decision maker's authority falls under Section 3E (08) of the Council Constitution, Officer Delegation Scheme (Executive Functions) - Director of Public Health.

4.5.2 This decision is the implementation of a Key decision of 31 July 2013 and as such is not a key decision nor is it subject to call-in. Due to the value and impact of the decision it is considered that this is a significant operational decision.

4.5.3 Appendix 1 to this report is confidential and exempt under Access to Information Procedure Rule 10.4 (3) as it contains information relating to the business affairs of each organisation involved throughout the process. It is felt that if this is disclosed this would, or would be likely to, prejudice the commercial interest of the Council.

4.6 Risk Management

- 4.6.1 This procurement process was conducted in accordance with the Council's Contract Procedure Rules in order to ensure that a fair, open and transparent process was undertaken.
- 4.6.2 A risk register was created at the start of this project, taking into account the lessons learnt from other tender exercises, and was updated throughout the project life cycle.

5. Conclusions

- 5.1 The procurement of the HIV Prevention and Community Testing Service has been undertaken in line with procurement processes. The decision to award the contract was reached following evaluation of the quality and price responses submitted in the compliant bid.
- 5.2 Both bids received from BHA and Mesmac were found to meet all the necessary criteria, reflecting the desired outcomes that Public Health would hope to achieve through the delivery of this contract while achieving best value.

6. Recommendations

- 6.1 The Director of Public Health is recommended to approve award of a contract to BHA for Equality for Lot 1 (Black African Communities) and Yorkshire MESMAC for Lot 2 (Men that have Sex with Men) for the HIV prevention and community testing service. The contract is to commence 1st October 2014 until 31st March 2019, with the option to extend for a further four 12 month periods.
- 6.2 The Commissioning Officer will support implementation of the contract award to ensure the new service is in place and operational by 1st October 2014.

7. Background documents¹

- 7.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Office of Public Health	Service area: Health Improvement
Lead person: Sharon Foster	Contact number: 07712214798

1. Title: Yorkshire Mesmac HIV Prevention Men who have sex with Men.

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

2. Please provide a brief description of what you are screening

The service is concerned with the provision of services which operate in ways to ensure that all men who have sex with men (MSM) in the Leeds area; particularly those who find it difficult to access information, services and support. This service will also provide access to information and resources to allow MSM to make informed choices about their sexual health and general wellbeing.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	x	
Have there been or likely to be any public concerns about the policy or proposal?		x
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		x
Could the proposal affect our workforce or employment practices?		x
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 	x	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity; cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The evidence base has used to identify inequalities in terms of health and social outcomes for this particular group and the service has been designed in order to reduce this inequality in outcome.

Leeds is the third largest city in the UK and has an estimated population size of 780,000; of this 213,000 are males aged 15-49 (ONS, 2009). It is estimated that 2.7% of adult males aged 15-49 have genital contact with another man in an urban population (CHAPS, 2003:09). When you apply this to the Leeds 15-49 male population this gives an approx. estimate of 5,751 men engaging in sex with other men in the City. If we look at the full male population (15+ n: 304,200) this gives us a slightly higher estimate of 8,213. This group are defined as MSM (Men who have sex with men).

In 2011 the European MSM internet Survey (EMIS) asked 18,000 MSM from the UK about their sex lives. The survey showed that 30% of MSM had over 10 sexual partners in a 12 month period, with 46% reporting between 2 and 10 new partners per year. Furthermore 32% reported having had unprotected anal sex with a partner whose HIV status was unknown, a high risk transmission route for HIV (EMIS 2011).

Men who have sex with men (MSM) are disproportionately affected by Human Immunodeficiency Virus (HIV). In Leeds 37 out of the 103 new diagnoses in 2010 were identified as MSM transmission (YHHPA, 2011). The HPA's 2010 data estimates that 29,800 HIV positive MSM live in the UK, 10,300 of which are un-aware of their status (undiagnosed). Furthermore nationally 24% of new diagnoses within MSM were recently acquired, with younger men more likely with 31% of newly diagnosed MSM aged under 35 recently infected. (HPA, 2011)

'HIV treatment costs the NHS nearly £1 billion a year' (House of Lords, 2011:06)

HIV is a long term medical condition and for many is effectively managed via treatment. Early diagnosis plays a massive role in both the quality of life for the individual and the prevention agenda, heavily reducing the likelihood of onward transmission and improving the health outcomes for those testing positive. MSM knowing their status also helps them gain access to further knowledge, resources and skills that can help improve their overall health and wellbeing.

'Prevention should be at the forefront of the response to HIV' (House of Lords, 2011:22)

- **Key findings**

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

The service actively seeks to increase equality of opportunity (to health and to wider social/ emotional benefits) for MSM groups.

Effective prevention should reduce the number of MSM living un-diagnosed with HIV; reduce the number of new infections and help control the cost of treatment through a reduction in both late diagnosis and onward transmission. Prevention work however needs to tackle much wider determinants than just the actual transmission and diagnosis of HIV infection. Successful interventions need empower and educate the MSM community to control their own risk to HIV transmission by providing the knowledge and skills to make informed choices. Interventions may include work delivered directly to MSM's, community work, partnership working (with other sectors) and working with policy makers. (CHAPS, 2011).

The Department of Health's response in October 2011 reinforced further the 'major contribution' that voluntary sector organisations make in tackling HIV; recognising the major advantage of the VCFS due to their links, knowledge and understanding of the communities most affected by the virus. This view is supported by the Marmot review (2010) 'the third sector has a major role to play in developing local engagement and partnerships through establishing and drawing on links with local people, families and communities' (Marmot, 2010)

Yorkshire Mesmac works in partnership with other sexual health organisations they have expertise in the field of HIV prevention with MSM and provide support to other organisations.

- **Actions**

(think about how you will promote positive impact and remove/ reduce negative impact)

- Continue to monitor clients' demographic breakdown (age, sex, ethnicity, sexual orientation, vulnerable groups) on a quarterly basis to identify gaps in access.
- Continue to monitor client feedback on an annual basis, to ensure this is received from a range of clients across the demographic spectrum.
- Monitor effectiveness and responsiveness of referral pathways between Leeds centre for sexual health and Yorkshire Mesmac once new LCC Contract is in place from 1st April 2014.
- Continue to submit quarterly data on HIV point of care community testing.

5. If you are not already considering the impact on equality, diversity, cohesion and integration you will need to carry out an impact assessment.

Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

6. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Brenda Fullard	Public Health Consultant	25/11/2013

7. Publishing	
This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.	
If this screening relates to a Key Delegated Decision, Executive Board, full Council or a Significant Operational Decision a copy should be emailed to Corporate Governance and will be published along with the relevant report.	
A copy of all other screening's should be sent to equalityteam@leeds.gov.uk . For record keeping purposes it will be kept on file (but not published).	
Date screening completed	25/11/2013
If relates to a Key Decision - date sent to Corporate Governance	
Any other decision – date sent to Equality Team (equalityteam@leeds.gov.uk)	