Leeds CITY COUNCIL

Report author: Sharon Foster
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Report of Deputy Director, Public Health

Report to Director of Public Health

Date: 17 November 2014

Subject: Delegated Decision - Award of Contract for the Integrated Sexual Health Service (YORE-96TER5)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4 (3) - Appendix 1	☒ Yes	☐ 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 Passionate about Sexual Health (PASH), a consortia made up of Leeds Community Healthcare NHS Trust (LCH), Leeds Teaching Hospitals NHS Trust (LTHT) and Yorkshire Mesmac, for the Integrated Sexual Health Service. The lead consortia member of PASH is LCH, who will be the contract holder.

2. The service model that has been procured is in line with the needs and requirements of the service users as set out in the tender documents.

3. Three applications were received in total for the Preliminary Invitation to Negotiate (PITN) stage for which the deadline was 21st May 2014; one was a consortia bid from the current service providers.

4. The contract is to commence from 1st July 2015 until 30th June 2020, with the option to extend for a further 2 x 12 month period and 1 x 9 month period.

5. The value of the initial 5 year contract is £29,256,575.00.

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 LCH (on behalf of the PASH consortia) for the Integrated Sexual Health Service. The contract is to commence from 1st July 2015 until 30th June 2020, with the option to extend for a further 2 x 12 month period and 1 x 9 month period.

8. The Commissioning Officer will support implementation of the contract award to ensure the new service is in place and operational by 1st July 2015.

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 LCH (on behalf of the PASH consortia) for the Integrated Sexual Health Service. The contract is to commence from 1st July 2015 until 30th June 2020, with the option to extend for a further 2 x 12 month periods and 1 x 9 month period.

2. Background information

2.1 Leeds traditionally has had a high demand for sexual health services offering over 50,000 appointments per year across the GUM (Centre for Sexual Health) and CaSH (Contraception and Sexual Health) services. Leeds sexual health services are largely self-referral, open access and commissioned separately from different providers. Nationally, the levels of sexual health provision are split into 3 levels of service provision.

2.2 Open access services are characterised as being open to any patient regardless of where they live and must have a fully confidential record keeping system.

2.3 The open access services in Leeds are provided by two separate providers. LTHT is commissioned to deliver a GUM service (level 1-3, PbR tariff) and the Contraception and Sexual Health service (CaSH) (level 1-3) is commissioned from LCH.

2.4 At present, LTHT has a city-centre GUM clinic which provides STI/HIV testing and treatment and LCH has a Contraception and Sexual Health (CaSH) clinic which provides clinics in seven locations (including city centre venues) offering all methods of contraception.

2.5 The number of appointments commissioned in open access sexual health services is:

- The CaSH service provided 23,000 contraception appointments mainly to women;
- The GUM service provided 22,619 new appointments (of which approximately half are women mainly of reproductive age) and 10, 940 follow up appointments.

2.6 It is evident that the current service provision does not fully meet the needs of women accessing the services; for example, contraception and STI testing and treatment is not available in both open access services, resulting in the need to make two separate appointments. This is an inefficient use of resources.

2.7 The need for rapid, good quality and accessible sexual health care is demonstrated through the rates and prevalence of sexual ill health. Widening access to STI screening and enabling earlier diagnosis of STIs leads to improved health outcomes, reduced treatment costs, reduced onward transmission and reduction in risk taking behaviours, ultimately resulting in a reduction in prevalence of sexually transmitted infections. In addition, increasing access to contraception, in particular Long Acting reversible methods (LARC) is cited as having the biggest impact on reducing teenage conception rates.

2.8 The newly tendered service model for an integrated service for the city will bring these functions together, to deliver a service with one city-centre location plus clinics in community settings in areas of higher need.

3. Main issues

3.1 A negotiated procurement process was followed which commenced 17th October 2013 when the documents were published through YORtender, an online tool whereby electronic tender submissions can be made.

3.2 The Pre-Qualification Questionnaire (PQQ) and Tender Documents Parts 1 to 4 were issued at the same time and bidders were given the deadline of 4th December 2013 to submit PQQ's, 21st May 2014 for tender submissions (Preliminary Invitation to Negotiate) and 8th October 2014 for final tender submissions (Best and Final Offer).

3.3 The PQQ specified a minimum threshold of 35 points (50%) out of 70 points. The PQQ included 7 assessed questions focusing on:

- Quality standards,
- Experience of delivering a CaSH, UM or integrated sexual health service;
- Experience of working in the sexual health sector in the Leeds area;
- Understanding of the key issues for sexual health in Leeds;
- Organisational clinical governance structures;
- Organisational approach to change;
- Experience or knowledge of Transfer of Undertakings (Protection of Employment) (TUPE) processes.

3.4 A report recommending approval of the longlist to the PITN stage was presented to the Project Board on 29th January 2014.

3.5 The invitation to tender was set to a 60/40 quality/price split. There were 12 qualitative areas that tenderers had to respond to, which focused on:

- Service delivery;
- Accessibility to the service;
- Sub-contracting (the GP and pharmacy contracts);
- Marketing and promotion;
- Locality working;
- Consultation and involvement;
- Multi-agency working;

- Performance management;
- Early HIV diagnosis;
- Asymptomatic strategy;
- Service innovations and
- Changes to contract terms and conditions.

3.6 Three organisations were longlisted following evaluation and vetting of the PQQ's, and invited to submit a tender at the PITN stage. An evaluation panel, consisting of commissioning officers with experience and knowledge relating to sexual health, evaluated the three tender submissions in line with the evaluation model set out in the tender instructions.

3.7 Two organisations passed the quality and price evaluation and were subsequently shortlisted to negotiate with. A report recommending approval of the shortlist was presented to the Project Board on 4th August 2014.

3.8 Following negotiations, which took place in September and October 2014, both organisations submitted their BAFO tenders on 8th October 2014. Following the price and quality evaluations of the BAFO submissions the PASH consortia was found to have submitted the most economically advantageous tender (MEAT) (see Appendix 1 for scoring matrix).

3.9 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.

3.10 The new contract is to commence from 1st July 2015 until 30th June 2020, with an option to extend for a further 2 x 12 month periods and 1 x 9 month period.

4. Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Significant consultation has been undertaken on the service specification including targeted consultation with communities most at risk of sexual ill health. The tender documentation was subsequently developed to ensure that the key issues were reflected.

4.1.2 A sexual health lead from the HIV and STI Department of Public Health England was an evaluation panel member who has a vast wealth of knowledge and experience in this field.

4.1.3 A consultee was utilised to provide support and advice during the evaluation process, who is a GP and the CCG Clinical lead for maternity, women and sexual health for Bradford and Airedale.

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 by the recommended provider and were reviewed as part of the PQQ screening process.

4.3 Council policies and City Priorities

4.3.1 Health and Well-being Strategy 2014-2017 –This service will contribute towards the outcome 'People will live longer and have healthier lives'.

4.3.2 The services provided in this report will contribute towards meeting the sexual health related Public Health Outcomes; people living with HIV presenting with HIV at a late stage of infection; under 18 conception rates; chlamydia detection rates (15-24 year olds). (Public Health Outcome Framework for England 2013 -2016).

4.3.3 This decision supports a number of Council values, policies and the Council vision including spending money wisely and facilitating successful communities. It also accords with the Council's priority to maintain strong relationships with partners to deliver the best outcomes for local people.

4.4 Resources and value for money

4.4.1 The value for the proposed contract award is £29,256,575.00. 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 was at an estimate annual value of £30,000,000.00. This was to ensure that bidders paid due attention to price and to encourage and maintain throughout the tendering process and achieve best value. Both bids were within budget.

4.4.3 Whilst the successful bid is 6% more expensive than the unsuccessful tenderer's submission, the high quality score for the PASH consortia means that they obtained the highest overall final tender score.

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 31st 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 Integrated Sexual Health 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 The successful bid received from LCH (on behalf of the PASH consortia) was found to meet the requirements set out in the tender documents, which reflect the desired outcomes that Public Health hope to achieve through the delivery of this contract whilst still achieving best value.

6. Recommendations

6.1 The Director of Public Health is recommended to approve award of a contract to LCH (on behalf of the PASH consortia) for the Integrated Sexual Health Service. The contract is to commence from 1st July 2015 until 30th June 2020, with the option to extend for a further 2 x 12 months and 1 x 9 month period.

6.2 The Commissioning Officer will support implementation of the contract award to ensure the new service is in place and operational by 1st July 2015.

7. Background documents[1]

7.1 Appendix 1 – Tender Evaluation Summary

7.2 Appendix 2 – Equality Impact Assessment

[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.

Appendix 2

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: Integration of Sexual Health Services**
Lead person: **Sharon Foster**	**Contact number:** **07712214798**

1. Title: Contract arrangements for Sexual Health service provision
Is this a: ☐ **Strategy / Policy** ☒ **Service / Function** ☐ **Other** **If other, please specify**

2. Please provide a brief description of what you are screening
Leeds traditionally has had a high demand for sexual health services offering over 56,000 appointments per year across the Genito-Urinary Medicine (GUM clinic also known as the Centre for Sexual Health) and CaSH (Contraception and Sexual Health) service. Leeds sexual health services are self-referral, open access and commissioned separately from different providers. At present, Leeds Teaching Hospitals Trust (LTHT) has a city-centre GUM clinic which provides STI/HIV testing and treatment and Leeds Community Healthcare (LCH) has a Contraception and Sexual Health (CaSH) service which provides clinics in six locations (including a city centre location) offering all methods of contraception. An integrated model for the city would bring these functions together to deliver a service with one city-centre location, plus clinics in community settings in areas of highest need. A draft service specification has been developed and the lead clinicians from Leeds sexual health services are in agreement about the need and benefits of integration

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 • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations		x / 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 local authority's approach to the integration of sexual health services responds to national direction from the Department of Health and aims to provide a high quality, accessible, holistic service, which meet the needs of local people with triage to required levels of care. Different levels of service will be provided in both a central hub and in community settings.

During 2010/11 the services attempted co-location without success due to both services being commissioned from different providers, operating closed computer patients records and on different payment mechanisms.

To establish the impact of integration on service users we have run a series of group consultations and wider public and patient involvement events.

In 2011 and 2012 a series of consultation events involving 7,000 young people was undertaken. Following this in 2013, we have attended small group events with people diagnosed with HIV, men who have sex with men and the Transgender community. We have feedback from existing sexual health service users and plan on undertaking future group consultations with;

- Lesbian, gay, bisexual and questioning young people
- Disabled women
- Commercial sex workers
- BME groups
- Looked after young people

Outcomes from consultations to date are as follows;

- Confidentiality was most important
- Self-check-in at clinics will minimise contacts at the service
- To be seen by less professionals
- Understanding receptionists and the next steps in the service
- Users are open to innovative testing (on-line, self- swabbing)
- Rapid access including acceptable waiting times
- Evening and weekend clinics
- Results available the same day
- Good pathways between services for those newly diagnosed with HIV

There is a plethora of local and national evidence outlining service user's needs regarding sexual health services. This with full details of Leeds consultation events and the Leeds Sexual Health Needs Assessment will inform the new integrated sexual health service.

- **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 current contraception service delivers clinic sessions in areas of high sexual health need from estates belonging to Leeds Community Health. If they were unsuccessful during the tendering process there would be changes to the buildings the services are delivered from. However, we plan to have integrated service spokes within the same areas. The direct impact of this is currently unknown.

In consultation events to date, users have expressed similar concerns on the current services available, we will take these findings into account;

- reception was insufficiently confidential
- waiting environments uncomfortable
- unable to get through on the phone
- waiting times long
- the need to access two appointments is unnecessary and inconvenient

Benefits of sexual health service integration.

- One seamless, holistic sexual health appointment for the patient
- Population experience of contraceptive and sexual health services improved through improved environment of clinics including monitoring against standards such as the You're Welcome' young people friendly standards set by the department of Health for sexual health services
- Reduced inequalities by providing improved access and a wider range of sexual health service provision available in more clinic sites
- Rapid access into the service
- Greater emphasis on modernising services and an increased emphasis on prevention
- Flexible outreach service provision in a range of settings

Outcomes of integrated sexual health services include;

- Increased uptake of screening for STIs amongst the population and the prevalence of STIs reduced
- Reduced HIV transmission amongst the population through early diagnosis
- Increased uptake of effective methods of contraception, specifically Long Acting Reversible Contraception
- Improved access to contraceptive services for under 19s supporting a reduction in teenage conceptions and repeat teenage conceptions
- Joined up integrated working with improved pathways between services

- **Actions**

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

Access
The service specification will be written to incorporate service user's experiences and will include detail around improving access into the service plus outline specific requirements for the clinic environments across the service.

Pathways
HIV treatment is commissioned by the National Commissioning Board and is separate to the integrated service specification. However, some care is currently co- delivered and co-located by the GUM service at Leeds Teaching Hospitals Trust. If LTHT are not successful during the tendering stage then HIV treatment will be provided separately to the Integrated Sexual Health Service. Those diagnosed as HIV positive in the integrated service will be supported by specialist nurses to ensure the transition to treatment and care is seamless. To ensure there is no negative impact on service users the pathway between the new integrated sexual health service and HIV treatment services will be monitored to ensure service users are receiving the best care during service transition.

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:	n/a
Date to complete your impact assessment	n/a
Lead person for your impact assessment (Include name and job title)	n/a

6. Governance, ownership and approval
Please state here who has approved the actions and outcomes of the screening

Name	**Job title**	**Date**
Brenda Fullard	Consultant in Public Health	31st July 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	18th June 2013
If relates to a Key Decision - **date sent to Corporate Governance**	1st August 2013
Any other decision – **date sent to Equality Team (equalityteam@leeds.gov.uk)**	