

Tender evaluation and contract award of the Sexual Health Improvement Service for most at risk populations for HIV

Date: 6th December 2021

Report of: Chief Officer/Consultant in Public Health (Health Protection and Sexual Health)

Report to: Director of Public Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

- This report outlines the process undertaken to procure a new Sexual Health Improvement Service for most at risk populations for HIV. It details the tender and selection stages of the process.
- The service will support the health priorities within the Best Council Plan, namely:
 - Reducing health inequalities and improving the health of the poorest fastest
 - Supporting healthy, physically active lifestyles
 - Supporting self-care, with more people managing their own health in the community

Recommendations

The Director of Public Health is recommended to award a contract to Yorkshire Mesmac with effect from 1st April 2022 until 31st March 2027, with an option to extend for up to a further 36 months. The value of this decision is £1,325,927.40 for the initial 5-year contract period (total value of £2,121,418.32 if the extension is fully utilised).

Why is the proposal being put forward?

- 1 Leeds City Council currently commissions two HIV prevention services, one working with men who have sex with men, the other working with Black African communities. The contracts come to an end on 31st March 2022. A service review was undertaken, which concluded that there was still a need for the provision, but that the model should be changed to provide a single service for a larger number of in-scope populations, and with a broader sexual health remit. The focus will remain on HIV, but this approach will allow the service to be delivered in a more cohesive and collaborative way, allowing for more flexibility around target groups, accommodation of overlapping vulnerabilities and differing risks, normalise conversations around HIV and testing within a wider context of promoting positive sexual health messages and allow for more appropriate engagement opportunities with under-represented groups.
- 2 The tender documents were published on YORtender on 7th September 2021. Tender requirements were for submission of a standard selection questionnaire (SSQ - a due diligence document), method statement, price schedule and social value commitments. Two submissions were received on time, ahead of the deadline of 13th October 2021.
- 3 The tender evaluation was conducted by a panel of officers from the Adults and Health Directorate. The overall scoring process was on a consensus basis and overseen by Procurement and Commercial Services (PACS).
- 4 Two submissions were received, both of which demonstrated at the SSQ stage that they had sufficient experience of delivering this type of service and therefore progressed to the method statement evaluation stage.
- 5 Bidder A did not meet the minimum quality threshold on two of the method statement questions and was therefore eliminated from the process. Bidder B successfully met all of the minimum thresholds and therefore passed this stage of the evaluation, having scored 41 out of a possible 50.
- 6 The panel then reviewed the pricing schedule and was able to confirm the annual contract values in the tender did not exceed the maximum value as set out in the specification. Clarifications were requested and satisfactory responses received.
- 7 Due diligence checks concerning safeguarding policies, health and safety, finance and insurance were undertaken. After a positive response to clarifications concerning the safeguarding policies, all areas were determined to be satisfactory.

What impact will this proposal have?

Wards Affected: All

Have ward members been consulted? Yes No

- 8 This proposal will prevent a significant service gap which would occur if a new service is not commissioned to replace the existing provision which will end on 31st March 2022. This service will contribute to improving and protecting the sexual and reproductive health of residents from in-scope populations and reducing HIV prevalence in the city.
- 9 An Equality Diversity Cohesion Integration screening has been completed and is attached. There are no issues to be addressed.

What consultation and engagement has taken place?

- 10 A service review was undertaken including consultation regarding current services and developments with stakeholders, staff and service users. The information collected during this process informed the development of the new specification.
- 11 Public Health Programme Board was informed of the outcome of the tender evaluation on 6th December 2021.
- 12 The Executive Member for Public Health and Active Lifestyles was briefed on 6th January 2022 and is supportive.

What are the resource implications?

- 13 The value of this decision is £1,325,927.40 for the initial 5-year contract period (total value of £2,121,418.32 if the extension is fully utilised). This sum is available from the Public Health budget.
- 14 The allocated budget for the service was £1,381,850.00 over the initial five year period. A saving of £55,922.60 has therefore been realised.

What are the legal implications?

- 15 The decision to award this contract is a direct result of a previous Key Decision (D54339) and is therefore exempt from call in, in accordance with Article 13.4.2(c) of the Constitution.
- 16 The procurement has been undertaken in accordance with the Public Contracts Regulations 2015 and, the council's own Contracts Procedure Rules. Following evaluation, the panel believes that the contract should be awarded as set out in the recommendations of this report.
- 17 The contract will be managed by officers in Adults and Health. This will include regular reviewing of performance information and quarterly contract management meetings with the providers, at which any service delivery issues will be discussed.

What are the key risks and how are they being managed?

- 18 Should the approval not be granted there would be a significant service gap once the current contracts end on 31st March 2022. There is an evidenced need for this provision and should it not continue to be delivered beyond the expiry of the current contracts, this would significantly affect the Council's ability to address HIV transmission in the city.
- 19 A mobilisation period has been built into the procurement timetable to ensure that the service can be fully mobilised before the start date of the new contract on 1st April 2022. The successful bidder has a proven track record and has been successfully delivering one of the current HIV prevention contracts, therefore there will not be significant disruption.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth Health and Wellbeing Climate Emergency

20 This service will contribute to Best Council Plan's health priorities, namely:

- Reducing health inequalities and improve the health of the poorest fastest

- Supporting healthy, physically active lifestyles
 - Supporting self-care, with more people managing their own health in the community
- 21 Furthermore, it will support the Leeds Health and Wellbeing Strategy priority of “A stronger focus on prevention”.
- 22 The service will operate from a number of sites to ensure easy access for service users, and therefore minimising the need to travel and encouraging the use of public transport. This helps to reduce carbon emissions and environmental pollution which contributes to city actions to better manage air quality.
- 23 The type of interventions provided are aimed at improving health and well-being, including the prevention of hospital admissions which helps ensure we better manage our use of resource intensive (and high footprint) health and care services.
- 24 The service specification requires that the service undertakes to meet all legislation, guidance and good industry practice in environmental management and the objectives of the Council’s sustainability policies. Officers from Adults and Health work with the provider through the established contract management process to ensure the service is proactively seeking to minimise its carbon footprint and thereby support the Council in achieving its ambition to be carbon neutral by 2030.

Options, timescales and measuring success

a) What other options were considered?

- 25 There was the option of ending the provision once the current contracts expire. However, given the relatively high rate of HIV transmission within Leeds, there is still a need to be met and the procurement exercise resulted in a bid which satisfied all of the evaluation criteria.

b) How will success be measured?

- 26 The Service will be subject to a robust Performance Management Framework which includes a number of Key Performance Indicators and other service delivery outcomes. All outcomes and indicators will be subject to review on an annual basis to reflect changes in demand and performance.
- 27 Contract management meetings will be held between Leeds City Council and the Contractor on a quarterly basis, or more frequently if required. They will cover topics such as service delivery and development, performance, finance, safeguarding, contract issues, and compliments and complaints.
- 28 The Service will also be monitored against Leeds City Council’s Quality Management Framework which is structured around the themes of: Well-led; Performance; Safe; Effective; and Client Involvement

c) What is the timetable for implementation?

- 29 The mobilisation period will begin in January 2022.
- 30 The contract will begin on 1st April 2022.

Appendices

- 31 ECDI screening

Background papers

