North Somerset Council

REPORT TO THE COUNCIL

DATE OF MEETING: 8 NOVEMBER 2016

SUBJECT OF REPORT: INTEGRATED SEXUAL HEALTH SERVICES CONTRACT AWARD

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: COUNCILLOR NIGEL ASHTON, LEADER AND EXECUTIVE MEMBER FOR PUBLIC HEALTH

KEY DECISION: NO

RECOMMENDATIONS

It is recommended that the Council approves the following:

- Award of Integrated Sexual Health Services contract

1. SUMMARY OF REPORT

To advise the Council of the tender process for the above contract and to seek a decision on its award.

1.1 This report requests that the Council approves the contract award for integrated sexual health services to be provided to North Somerset residents by Provider Y. (Please note that public notice of the award will not be given until after 19 November therefore their identity is withheld until then). The other commissioners have been approving the award of this contract during October.

1.2 The service is to commence on 1 April 2017. The contract has been jointly commissioned by North Somerset Council, Bristol City Council and South Gloucestershire Council and the three area Clinical Commissioning Groups (CCGs). Bath and North East Somerset (BANES) Council have procured chlamydia screening services only through this contract. The contract is for a period of five years with the option to extend for up to two years.

1.3 A briefing for Members of the Health Overview and Scrutiny Panel, Adult Services and Housing Policy and Scrutiny Panel and Children and Young People's Policy and Scrutiny Panel was held on 5 October to explain the detail of the procurement and the intended benefits from moving to a new service model.

2. POLICY

2.1 The Health and Social Care Act (2012) placed a number of statutory duties on local authorities as the commissioner of local public health services. This includes a mandatory
responsibility to provide appropriate access to sexual health services. Local authorities are responsible for commissioning most sexual health services and interventions (health promotion, sexually transmitted infection (STI) prevention, testing and treatment and contraception services), but some elements of care are commissioned by Clinical Commissioning Groups or by NHS England (detailed in the Framework for Sexual Health Improvement in England). See Appendix A for a table of responsibilities: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144184/Sexual_Health_best_practice_guidance_for_local_authorities_with_IRB.pdf

2.2 The People and Communities Directorate Statement for 2015-17 lists the following as two of its aims:

- Ensuring that people receive the care and support they need with maximum personal choice and control
- Preventing ill health, improving health and wellbeing and reducing inequalities

2.3 The North Somerset Corporate Plan 2015-19 considers various areas of key focus. The following listed under “Health and Wellbeing” relate to the re-commissioning of integrated sexual health services:

- Enable residents to make healthy choices and promote active lifestyles which reduce ill health and increase independence
- Support families to give their children the best start in life
- Commission or provide quality health and care services, which deliver dignity, safety and choice

2.4 The Council’s constitution specifies that the Full Council should approve the award of contracts of a value of £5 million or more. In this case, the contract will be awarded by Bristol City Council, with the Council having a co-commissioning agreement, but the value of the services which the Council is proposing to commission through that contract is £5.68M over the proposed five year contract. Given the scale and importance of these services it is considered appropriate to seek full Council approval, although the Council is technically not the awarding body.

3. CONTRACT AWARD

3.1 Bids were invited as part of the tendering process. Market engagement events were held for potential providers on 10 November 2015 and 20 January 2016. The Council was engaged throughout the stages of developing and delivering the procurement process.

3.2 One of the joint commissioners, Bristol City Council, is acting as the lead because it has the greatest share of the services and will be making the largest financial contribution. A competitive tender was undertaken using a competitive procedure with negotiation. The tender was advertised and available on the ProContract portal used by Bristol City Council.

3.3 As the tender was set using a fixed price, with significant savings to be achieved over the contract, bids were evaluated solely against quality as stated in the Invitation to Tender (ITT). The quality elements were assessed by a multi-disciplinary panel including the Council and North Somerset Clinical Commissioning Group. The process was overseen by the West of England Directors of Public Health Partnership Board. The preferred bid is for a combined model of local and national providers under a lead contractor.
3.4 Following the evaluation of the ITT documents by a multi-disciplinary panel, the preferred bidder was invited to a negotiation meeting on 14 July 2016 and a second draft bid was received on 16 August. Feedback was provided by the multi-agency panel as part of the negotiation process. A final bid was received on 30 September and assessed by the same panel. This final bid was assessed by the same panel on 11 October where a final recommendation to award was made.

3.5 The panel assessed the bid from Provider Y as meeting all the requirements of the service specification and offering significant innovation, added value and cost savings to commissioners.

4. SERVICE SUMMARY AND BENEFITS OF THE NEW SERVICE

4.1 North Somerset Council currently commissions sexual health services from a range of different providers to meet local needs. This includes two providers of specialist clinical sexual health services (in Bristol and Weston Super Mare) and three community based providers of support for children and young people, people at higher risk of sexual ill-health and chlamydia screening. The new contract will reduce the number of contracts from five to one lead provider who will manage the system of sexual health support.

4.2 In summary, the new service will provide the following benefits:
   - Improve the quality of provision by developing a single service identity and one point of access for service users with a greater emphasis on telephone/website triage, effective information provision and self-management approaches
   - Extension of termination of pregnancy services to Weston-Super-Mare to increase choice and access for local residents
   - Development of a new integrated sexual health facility in South Gloucestershire to increase choice and access for local residents
   - Improved systems of partner notification to help reduce the number of STIs and onward infection including patients from GP practices
   - Using electronic records to track enquires and patients through services to enable them to access the right service at the right time in the right place to improve health outcomes and increase efficiency
   - Innovations around models of care with more effective use of self-testing to identify and treat infections quickly and using public health intelligence to target groups at higher risk of poor outcomes
   - Ensure value for money for the council by delivering significant savings to the Council over the lifetime of the contract

4.3 The scope of this tender does not cover the services commissioned from primary care (GP practices and pharmacies). The Councils’ procurement teams considered whether primary care should be in scope but the specialist nature of primary care provision and the extensive mix of community access points it provides meant it was highly unlikely that there could be any alternative provider for these services. However, within the tender the provider has committed to working with primary care to ensure pathways between services are efficient and effective, for example, providing a single partner notification process as described above. This systems thinking approach to primary care forms part of the service specification and mobilisation plan for the new contract.

4.4 The scope of this tender does not cover the majority of services for children and young people in North Somerset which are provided by North Somerset Community Partnership through the No Worries service. A smaller range of services currently provided by a national specialist provider of children and young people’s support – Brook – is within the scope of
The No Worries service provides a number of community and school based clinics designed to meet the needs of young people and improve their outcomes in areas like effective contraception and preventing unwanted teenage pregnancy. The service specification set clear expectations around integrated working between the new provider and No Worries to ensure smooth pathways of support for children and young people. The tender included many references describing how this will be achieved during mobilisation and full implementation of the new contract.

5. CONSULTATION

5.1 Prior to the publication of the tender a sexual health needs assessment exercise was carried out which combined published data sources on needs in North Somerset with input from current and potential services users on what actions could improve health and wellbeing outcomes around sexual health. The North Somerset health needs assessment was published on the JSNA section of the Council website.

5.2 A second process of gathering views from local residents was launched on 1 November 2015 when the commissioning organisations carried out a three-month consultation on the proposed specification and approach to the procurement. Public views were sought through publicising a questionnaire on a dedicated website plus a series of focus groups that targeted identified priority groups at higher risk of poor sexual health outcomes, for example, BME groups, men who have sex with men and children in care. The opportunity to share service priorities was cascaded through a number of local networks and people encouraged to share their views. A full consultation report was produced and its recommendations were incorporated into the final version of the tender documents (see Appendix B).

5.3 During the assessment of bids, service user representatives were invited to take part in two focus groups looking at the needs of children and young people and adults. A representative from both of these groups brought those views into the panel which assessed the bid. This has ensured proposals meet the needs and preferences of local residents and feedback was used in the negotiation phase to clarify how the new service should operate.

5.4 A briefing for Members of the Health Overview and Scrutiny Panel, Adult Services and Housing Policy and Scrutiny Panel and Children and Young People’s Policy and Scrutiny Panel was held on 5 October to explain the detail of the procurement and the intended benefits from moving to a new service model.

6. FINANCIAL IMPLICATIONS

6.1 Sexual health services are funded from the public health grant which is provided to the Council by Public Health England. In 2015/16 significant in year and recurrent savings were announced by the Government which will reduce the value of the grant by an estimated 15.6% by 2021 (from the original 2015/16 baseline). The financial risks around providing an open access service from a reducing budget led to the development of a tender based on a fixed price. This has enabled significant savings to be built into the design of the service rather than look for savings on an annual basis. It also mitigates against the risk of increased activity driving up costs for the commissioner. The negotiation phase of the tender demonstrated that this approach has also helped to drive forward ideas about innovation across a whole system of care to ensure services are being provided in the most effective and efficient way.
6.2 The financial values for the lifetime of the contract are set out below. Reducing the level of funding in each year will achieve a cumulative saving of £856,500 over five years. This will help to off-set the reduction to the Public Health grant in future years. The funding allocations for the sexual health contract from the Council are based on the public health funding position set out in the Medium Term Financial Plan. Public Health funding is affected by the Public Health grant allocation and the funding balance between Public Health and the rest of the Council.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount allocated</th>
<th>North Somerset Cumulative Saving (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16 (baseline spend)</td>
<td>1,308,000</td>
<td>n/a</td>
</tr>
<tr>
<td>2017/18</td>
<td>1,185,500</td>
<td>122,500</td>
</tr>
<tr>
<td>2018/19</td>
<td>1,147,000</td>
<td>161,000</td>
</tr>
<tr>
<td>2019/20</td>
<td>1,117,000</td>
<td>191,000</td>
</tr>
<tr>
<td>2020/21</td>
<td>1,117,000</td>
<td>191,000</td>
</tr>
<tr>
<td>2021/22</td>
<td>1,117,000</td>
<td>191,000</td>
</tr>
<tr>
<td><strong>Total over 5 years</strong></td>
<td><strong>1,117,000</strong></td>
<td><strong>856,500</strong></td>
</tr>
</tbody>
</table>

7 CONTRACT ARRANGEMENTS

7.1 The proposed contract will be between Bristol City Council (as the lead Commissioner) and the provider and will be based upon the national contract template for sexual health services. The term of the contract is five years, with the provision to extend by up to two further years.

7.2 A formal co-commissioning agreement between the Council and Bristol City Council will be put in place. This will cover all of the commissioners of the new service and so also includes South Gloucestershire Council, BANES Council and the three area Clinical Commissioning Groups.

7.3 Robust contract arrangements and on-going contract management will be used to ensure proportionate delivery of services across different localities based on levels of investment and recognising distinct geographic needs. A multi-agency contract monitoring group will be established across all commissioners to lead this process including the Council and North Somerset CCG.

8 RISK MANAGEMENT

8.1 Demand for sexual health services is likely to rise due to an expected growth in our local population and a continued rise in the rate of many sexually transmitted infections. Failure to develop a more systematic approach to prevention, self-management and patient treatment and ongoing needs would increase the risk of rising pressure on services and associated costs. These risks are mitigated by tendering for an integrated system with a lead provider who can drive necessary service changes and innovation and manage the risk of population demands more effectively.

8.2 Robust contract arrangements and on-going contract management will be used to ensure proportionate delivery of services across the Bristol, North Somerset and South Gloucestershire areas based on levels of investment and recognising distinct geographic needs. A multi-agency contracting monitoring group will be established across all commissioners to lead this process including the Council and North Somerset CCG.
8.3 The model put forward by the provider has been for a lead provider sub-contracting services from other organisations. This has meant that there will only be limited changes in employment for some staff (those based within the Avon Chlamydia Screening Programme) as they are currently employed by Bristol City Council.

9. **EQUALITY IMPLICATIONS**

9.1 An equality impact assessment (EIA) for this project was completed during the pre-procurement phase (see Appendix C). This drew on the results of the stakeholder consultation described in Section 4. The Department of Health identified a number of population groups at greater risk of sexual ill-health in its policy framework for sexual health and the assessment criteria included specific questions to identify the providers proposed interventions to meet the needs of these groups.

9.2 The main potential issues identified through the consultation for the EIA were:

- Marketing of services should take advantage of technological developments such as social media, text and online booking and triage to improve self-management opportunities for certain groups e.g. young people and men who have sex with men.
- A need for a coherent branding and dedicated website for sexual health promotion and services, with marketing targeted specifically for high risk groups using a language and tone that people can engage with.
- Possible reduction of provider organisations – there was a concern that the unique skills and knowledge of specialist providers e.g. around children and young people’s issues could be lost in a new lead provider model and these resources should be protected.
- The distinct needs of adult service users should not be lost alongside specific provision for young people.
- All staff within the service should have appropriate training and ongoing professional development to be able to effectively meet the needs of different service users such as those with physical disabilities or transgender clients.
- The need for effective outreach to target groups or communities that are less likely to engage with sexual health services or advice.

9.3 In terms of equality those potentially most affected by any changes to service have been identified as: People who are homeless; Looked after children; Care leavers; People with learning disabilities; Commercial sex workers; Substance misusers; Asylum seekers; Lesbian, gay, bisexual, transgender and other minority sexuality- or gender-identified people; Men who have sex with men; Some ethnic groups, including black Africans and Gypsy and Travellers; People living in areas of multiple deprivation; Trafficked people; Offenders; those experiencing or at high risk of sexual exploitation, coercion or violence; and people living with HIV. These are groups identified by Department of Health policy documents as those at highest risk of poor sexual health outcomes. In all instances the changes are designed to improve the quality and availability of sexual health services in North Somerset and thus improve provision for users of services in these more vulnerable and protected groups.

10. **CORPORATE IMPLICATIONS**

10.1 The re-commissioning of integrated sexual health services will positively support the Council in: improving public health outcomes, delivering effective prevention and early intervention and effectively managing the savings required from public health services without impacting on service availability.
10.2 The approach outlined by the provider has the potential to create a new model of service provision which will develop the evidence base and put local services at the forefront of best practice approaches.

11. OPTIONS CONSIDERED

11.1 Alternative options considered included:

- Continuing to commission individual organisations to provide different aspects of sexual health services on an annual or biannual basis. However, this would be unlikely to deliver the required service change for better outcomes and cost savings. Commissioning at scale for whole system outcomes across a longer timescale enables the significant challenges of demand, cost and improved outcomes to be managed more effectively.
- The negotiated tender process has provided an opportunity to thoroughly test the market and explore the best model for sexual health services for North Somerset.

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BACKGROUND PAPERS

Non Exempt
- Appendix A: Table of sexual health commissioning responsibilities
- Appendix B: Consultation Response Document
- Appendix C: Equality Impact Assessment

Exempt
- Submitted Tender Documents
- Evaluation Documents
### Sexual Health Commissioning Responsibilities from April 2013

<table>
<thead>
<tr>
<th>Local Authorities will</th>
<th>Clinical Commissioning</th>
<th>NHS Commissioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>comprehensive sexual health services, including:</td>
<td>most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term) sterilisation</td>
<td>contraception provided as an additional service under the GP contract [HIV treatment and care, including post-exposure prophylaxis after sexual exposure]</td>
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<tr>
<td>• Contraception, including LESs (implants) and NESs (intrauterine contraception)</td>
<td>vasectomy</td>
<td>[sexual health elements of prison health services] [Sexual Assault Referral Centres] [cervical screening] [specialist fetal medicine]</td>
</tr>
<tr>
<td>• including all prescribing costs – but excluding contraception provided as an additional service under the GP contract</td>
<td>non-sexual health elements of psychosexual health services</td>
<td></td>
</tr>
<tr>
<td>• STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing</td>
<td>gynaecology, including any use of contraception for non-contraceptive purposes.</td>
<td></td>
</tr>
<tr>
<td>• sexual health aspects of psychosexual counselling</td>
<td></td>
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<tr>
<td>• Any sexual health specialist services, including young people’s sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies</td>
<td></td>
<td></td>
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</tbody>
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