



#plymcabinet

**Democratic and Member Support**

Chief Executive's Department  
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Plymouth PL1 3BJ

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Published 17 July 2017

## Cabinet

Tuesday 25 July 2017  
4.00 pm  
Council House, Plymouth

**Members:**

Councillor Bowyer, Chair  
Councillor Nicholson, Vice Chair  
Councillors Mrs Beer, Mrs Bowyer, Darcy, Downie, Jordan, Michael Leaves, Ricketts and Riley.

Members are invited to attend the above meeting to consider the items of business overleaf.

This agenda acts as notice that Cabinet will be considering business in private if items are included in Part II of the agenda.

This meeting will be broadcast live to the internet and will be capable of subsequent repeated viewing. By entering the Warspite Room and during the course of the meeting, Councillors are consenting to being filmed and to the use of those recordings for webcasting.

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**Tracey Lee**  
Chief Executive

# Cabinet

## AGENDA

### PART I (PUBLIC MEETING)

**1. Apologies**

To receive apologies for absence submitted by Cabinet Members.

**2. Declarations of Interest (Pages 1 - 2)**

Cabinet Members will be asked to make any declarations of interest in respect of items on this agenda. A flowchart providing guidance on interests is attached to assist councillors.

**3. Minutes (Pages 3 - 4)**

To sign and confirm as a correct record the minutes of the meeting held on 27 June 2017.

**4. Questions from the Public**

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to [democraticsupport@plymouth.gov.uk](mailto:democraticsupport@plymouth.gov.uk). Any questions must be received at least five clear working days before the date of the meeting.

**5. Chair's Urgent Business**

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

**6. Temporary Agency Contract (Pages 5 - 14)**

**7. Improved Better Care Fund (Pages 15 - 22)**

**8. Integrated Sexual Reproductive Health Services Contract Award (Pages 23 - 44)**

## **9. Exempt Business**

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph 3 of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000. At the time this agenda is published no representations have been made that this part of the meeting should be in public.

(Members of the public to note that, if agreed, you will be asked to leave the meeting).

## **PART II (PRIVATE MEETING)**

### **AGENDA**

#### **MEMBERS OF THE PUBLIC TO NOTE**

that under the law, members are entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

- 10. Temporary Agency Contract (E3) (Pages 45 - 46)**
- 11. Integrated Sexual Reproductive Health Services Contract Award (E3) (Pages 47 - 50)**

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DECLARING INTERESTS – QUESTIONS TO ASK YOURSELF

What matters are being discussed?



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Does the business relate to or is it likely to affect a disclosable pecuniary interest (DPI)? This will include the interests of a spouse or civil partner (and co-habitees):

- any employment, office, trade, profession or vocation that they carry on for profit or gain
- any sponsorship that they receive including contributions to their expenses as a councillor or the councillor’s election expenses from a Trade Union
- any land licence or tenancy they have in Plymouth
- any current contracts leases or tenancies between the Council and them
- any current contracts leases or tenancies between the Council and any organisation with land in Plymouth in they are a partner, a paid Director, or have a relevant interest in its shares and securities
- any organisation which has land or a place of business in Plymouth and in which they have a relevant interest in its shares or its securities

No

Yes




Declare interest and leave (or obtain a dispensation)




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Does the business affect the well-being or financial position of (or relate to the approval, consent, licence or permission) for:



- a member of your family or
- any person with whom you have a close association; or
- any organisation of which you are a member or are involved in its management (whether or not appointed to that body by the council). This would include membership of a secret society and other similar organisations.

Yes      No       You can speak and vote




Will it confer an advantage or disadvantage on your family, close associate or an organisation where you have a private interest more than it affects other people living or working in the ward?

Yes      No

Declare the interest and speak and vote



Speak to Monitoring Officer in advance of the meeting to avoid risk of allegations of corruption or bias

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Cabinet members must declare and give brief details about any conflict of interest\* relating to the matter to be decided and leave the room when the matter is being considered. Cabinet members may apply to the Monitoring Officer for a dispensation in respect of any conflict of interest.

\*A conflict of interest is a situation in which a councillor’s responsibility to act and take decisions impartially, fairly and on merit without bias may conflict with his/her personal interest in the situation or where s/he may profit personally from the decisions that s/he is about to take.

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**Cabinet****Tuesday 27 June 2017****PRESENT:**

Councillor Bowyer, in the Chair.

Councillor Mrs Beer, Vice Chair.

Councillors Mrs Bowyer, Darcy, Downie, Jordan, Michael Leaves, Ricketts and Riley.

Apologies for absence: Councillor Nicholson

Also in attendance: Tracey Lee – Chief Executive, Andrew Hardingham – Interim Joint Strategic Director Transformation and Change, Ruth Harrell – Director of Public Health and Amelia Boulter – Democratic Support Officer.

The meeting started at 4.00 pm and finished at 4.17 pm.

*Note: The full discussion can be viewed on the webcast of the City Council meeting at [www.plymouth.gov.uk](http://www.plymouth.gov.uk). At a future meeting, the Council will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

**19. Declarations of Interest**

There were no declarations of interests.

**20. Questions from the Public**

There were no questions from members of the public.

**21. Minutes**

The minutes of the meetings held on 13 and 20 June 2017 were approved.

**22. Chair's Urgent Business**

There were no items of Chair's urgent business.

**23. Health Improvement Contract Award**

Councillor Mrs Bowyer, Cabinet Member for Health and Adult Social Care reported that the improvement of health and wellbeing of our local residents was a statutory responsibility of the local authority and this was central to our ambitions of being a vibrant city where an outstanding quality of life is enjoyed by everyone. This report seeks to embed prevention in all areas and to upscale the delivery of prevention services to meet the needs of local people and to provide an extended offer in a range of settings.

Agreed that Cabinet award the contract for a Health Improvement Service to a single provider for a period of 3 years with the option to extend for a 3 x 1 years.

Ruth Harrell, Director of Public Health was pleased to announce that the contract had been awarded to Livewell South West.

24. **Annual Treasury Management Report**

Councillor Darcy, Cabinet Member for Finance/ICT reported that the Annual Treasury Management Report sets out the treasury management activities for financial year 2016/17 including the final position on the statutory Prudential Indicators. In line with the recommendations in the Code of Practice, this report is submitted to Audit Committee as the committee responsible for scrutiny of the treasury management function.

Agreed that Cabinet –

1. Note the Treasury Management Annual Report 2016/17.
2. Refer the Treasury Management Annual Report 2016/17 to Full Council for approval.



**PLYMOUTH CITY COUNCIL**

<b>Subject:</b>	Temporary Agency Contract
<b>Committee:</b>	Cabinet
<b>Date:</b>	25 July 2017
<b>Cabinet Member:</b>	Councillor John Riley
<b>CMT Member:</b>	Dawn Auger, Joint Interim Director Transformation and Change and Andrew Hardingham, Joint Interim Director for Transformation and Change.
<b>Author:</b>	Jane Stephenson, Head of HR Business Services
<b>Contact:</b>	Tel: 01752 307832 E-mail: Jane.stephenson@plymouth.gov.uk
<b>Key Decision:</b>	Yes
<b>Part:</b>	Main Report – Part I Appendix – Part II(exemption 3)

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**Purpose of the report:**

The contract for the provision of agency workers comes to an end on 30 September 2017. To ensure we have a contingent workforce to deliver Council services, a new agency worker contract must be in place from 1 October 2017.

The decision recommended is to award a new agency worker contract utilising a Framework Agreement called the 'Yorkshire Purchasing Organisation Framework for HR Services and Solutions – Lot 1'. The contract to be offered to Pertemps Network Group as a Direct Award and seeks no deterioration to the current service provision. We will also seek to improve on current rates.

This decision will give flexibility while the Council looks at their longer term requirements for agency workers.

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**Corporate Plan 2016-2019:**

This decision supports our Corporate Plan to be pioneering. Delivering Services that are flexible working in partnership with Pertemps Network Group to deliver quality services focussed on customer needs.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land**

Purchasing from a Framework enables the Council to save costs of an expensive procurement exercise which would take approximately 6 months to complete, and would utilise resources from Procurement, HR&OD, Finance, and Legal. When the longer term resource requirements are known and the impact of the new Service Centre and/or shared services has been explored, a procurement process may become preferable if it is determined that improved rates could be negotiated at that time.

The majority of current agency spend is salary costs for agency workers. We are legally required to have pay parity with PCC employed staff after 12 weeks and we are paying the Foundation Living Wage from the first day of employment. The cost of the future contract is affected by nationally negotiated increases to Spinal Column points, and living wage increases. Other legislation can impact on the cost of the contract such as the apprenticeship levy.

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**Other Implications: e.g. Child Poverty, Community Safety, Health and Safety, Risk Management and Equality, Diversity and Community Cohesion:**

- Pertemps mirror PCC employment policies such as the Right to Work in the UK and Disclosure and Barring checks. They also comply with our Health and Safety Policies and pay the Living Wage.
- This contract enhances our opportunity of delivering services as the workload for vacant positions can be picked up by temporary workers.
- The Council will require the incoming provider to fully support the Council in its aspiration to be at the forefront of promoting equality of opportunity as an employer of choice. The Council and the provider will jointly aim to tackle all forms of discrimination.

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**Recommendations & Reasons for recommended action:**

Cabinet are recommended to endorse the decision to make a direct award to Pertemps Network Group via the Yorkshire Purchasing Organisation (Flexible HR Framework). The contracts will be a series of 4 rolling 12 month contracts, effective from 1 October 2017. Cabinet are asked to approve the contracts for a maximum 4 years, however it is anticipated that a procurement process will take place before that time. There will be no termination in the first 12 months of the contract and thereafter a 6 month termination clause to the effect the earliest date the contract can terminate is 31 March 2019

The contract will be for the provision of contingent labour on the basis that they are the most economically advantageous option to the Council at this time. The contract will also reduce risks to the delivery of essential services.

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**Alternative options considered and reasons for recommended action:**

Alternatively we could allow the contract to end and procure our temporary contingency labour force on an ad-hoc, as needed basis. However the likely impact of this would be an increased cost due to our inability to negotiate costs on a council wide basis.

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**Background papers:**

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**Sign off:** comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert initials of Finance and Legal reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

<b>Finance</b>	AKH171 8.60	<b>Legal</b>	SC/278 07	<b>HR&amp;O D</b>	DA-HR 05.07.20 17	<b>Strat Procure ment</b>	HG/SP U/448/C P/0717
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## **1. BACKGROUND INFORMATION**

Plymouth City Council has a master vendor contract with Pertemps Network Group for the supply of temporary labour which expires on 30 September 2017. The Council is actively working to reduce agency spend to a maximum 5% of the total pay bill. It is essential that a new, cost effective contract is put in place for the future provision of agency workers.

Agency workers provide an agile, contingent temporary workforce to ensure service delivery is maintained when services are impacted by staff turnover, sickness or unforeseen circumstances.

## **2. CURRENT ARRANGEMENTS**

The Council engaged in a contract with Pertemps Network Group (Master Vendor) in 2006. They have the same statutory compliance as the Council and mirror key PCC processes such as Disclosure and Barring Service (DBS) checking and rates of pay according to the Plymouth Book. They are responsible for safeguarding checks and an audit in 2016 found 100% compliance. Processes undertaken by Pertemps account for a significant time savings for PCC managers.

Pertemps employ 11 members of staff who work full time delivering the PCC contract. TUPE legislation would apply to members of Pertemps staff if an award was made to a different temporary labour provider.

Pertemps costs include a dedicated office in Plymouth which is considered essential as it facilitates partnership working and it is easy for candidates to undergo pre-selection procedures. Pertemps have provided a digital booking platform called PAWS and continue to invest in this functionality.

Pertemps handle all pre-appointment selection processes including skills testing and interviews, and all employment related issues such as grievances and disciplinary. This represents a significant savings in time for PCC managers.

They are the largest supplier of agency staff in the Plymouth area and have improved their 2<sup>nd</sup> tier suppliers in the last 12 months, ensuring they can provide quality senior level agency staff and interims, whilst ensuring that the margins charged to PCC are kept as competitive and low as possible.

## **3. FUTURE OPTIONS**

### **3.1 COUNCIL OPERATED AND/OR SHARED SERVICES MODEL**

A model was considered for the Council to operate its own Agency Service and it was identified that the set up costs outweighed the benefits therefore the concept was rejected.

The Council have now established a Transactional Service Centre and are exploring the opportunity for shared services. The length of agency contract of a minimum of 18 months with the option to extend to a maximum of 4 years prevents the Council becoming tied into a contract which it may later want to change, pending the outcome of the future delivery of transactional services.

### **3.2 PROCUREMENT OPTIONS**

We are looking to transition with minimum cost implications. Longer term when PCC transformation programmes have completed and the opportunities for shared services are known, a full tender process can be reconsidered if it is determined that a better charging model can be negotiated at that time.

The following paragraphs explain the procurement options available to the Council.

### **Option A) Extend existing contract**

The Council has already extended the current contract with Pertemps until September 2017 which is the maximum period allowed under the terms set out in the contract and a further extension is not permitted by OJEU.

### **Option B) The Council to undertake a procurement exercise or mini competition**

This option was ruled out until the future of the Transactional Service Centre is known.

### **Option C) Direct Award against a Framework – Preferred option**

The benefit of using a framework would be to avoid costly and lengthy tender processes. The two frameworks considered were:

**ESPO: Eastern Shires Purchasing Organisation (MSTAR Framework)**

**YPO – Yorkshire Purchasing Organisation (Flexible HR Framework)**

Councils can procure through the Framework organisations that have demonstrated they are the most economically beneficial. This is the preferred option as rates are pre-negotiated.

## **3.3 Utilising a Framework**

Frameworks provide a route to market for Councils to re-establish existing services and establish a flexible approach to a wider range of temporary staffing solutions. A direct award to a provider is at the choice of the Authority as the providers are not ranked within the Framework. Frameworks include the above operating models, Master, Neutral and Hybrid.

## **4 SELECTING A FRAMEWORK RESOURCING MODEL**

There are three resourcing models called; Master Vendor (MV), Neutral Vendor (NV), and Hybrid. This section explains those models and which models would work for PCC.

### **4.1 Master Vendor (MV)**

In this model the MV assumes full responsibility for provision of temporary staff. The MV will either directly source candidates, and/or sub-contract to an approved supply partner. Margins and rates are agreed as part of the contract and invoices are issued by the MV. The MV is responsible for all employment legislation and pay. We currently have a MV contract in place and this is our preferred model for business continuity.

Key Advantages:

- Strategic partner
- Single point for invoicing with auditable compliance across the supply chain
- Visibility and cost control

Key Disadvantages:

- Off contract spend can be uncontrolled if the MV contract is not enforced.
- Can limit talent if the MV is not prepared to contract with supply chains, or supply chains are not prepared to negotiate with them.

### **4.2 Neutral Vendor (NV)**

A single organisation using a technology platform. Orders are made online and cascaded to appropriate suppliers for the job category. The NV applies a fee for each hour worked or each order as set out in the contract. Invoices are issued by the NV, who manages payment onto the approved suppliers. This model has advantages, but is not considered suitable as we are looking to attract quality temporary agency workers at negotiated rates in order to control the overall spend.

### Key Advantages:

- Single point of contact on PCC premises to manage the supply chain
- Clear competition can push rates down, however see below for disadvantages
- Wider scope of marketing of role may give more choice

### Key Disadvantages:

- Agencies may not offer their best candidates if they can get a better commission elsewhere
- Costs may be harder to manage if managers are selecting workers at a higher charge rate
- No longer have one single point in the city recognised as the agency supplying temporary workers for PCC.

### 4.3 Hybrid

Core resource requirements are managed as a MV approach and specialist or harder to fill roles are managed via a NV, such as professional roles, social workers etc. Longer term this may be something we want to explore, but feedback from managers on the relationship they have built up with Pertemps indicate that they would prefer to maintain the status quo at this time and not to switch to a hybrid model.

### Key Advantages:

- This utilises the best elements of both models to provide bespoke and flexible talent.

### Disadvantages:

- Potential two contracts to manage and management information from different sources.

## 5 RISKS

The Key risks are:

- i) Risk of not having a viable alternative arrangement in place by end of current contract (September 2017) will leave the Council without a contract for the provision of agency workers. This will be mitigated by the proposals in this report and the approval to implement the recommendations.
- ii) Financial analysis is based on a comparison against 2016/17. The amount spent on the contract can fluctuate, and steps are in place to control and reduce spending in the longer term. The financial modelling does not take account of the additional costs related to the increase in PCC pay rates and the Foundation Living Wage.
- ii) The recommendation is based on securing service continuity whilst longer term options are fully explored. This should include the Shared Service Strategy.

## 3 LEGAL IMPLICATIONS ASSOCIATED WITH RECOMMENDATION

The Council must follow the Framework rules for call-off and will sign up to a legal agreement with the Framework Provider to enable use of the Framework and a call off contract with Pertemps Network Group, substantially in the form of the call-off agreement included as part of the Framework Agreement contract documents.

## 4 EQUALITIES

The Council require the Agency Contractor to fully support the Council in its aspiration to be at the forefront of promoting equality of opportunity as an employer of choice. The Council and the provider will jointly aim to tackle all forms of discrimination. See Appendix 2 for Contract Equality Impact Assessment.

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# EQUALITY IMPACT ASSESSMENT – AGENCY CONTRACT

Human Resources and Organisational Development



## STAGE I: WHAT IS BEING ASSESSED AND BY WHOM?

<b>What is being assessed - including a brief description of aims and objectives?</b>	<p>In order for Plymouth City Council to achieve its vision of a Pioneering, Growing, Caring and Confident city, we need a motivated, skilled and engaged workforce. Our Agency Contractor supports our goal by working in partnership with PCC to deliver services. This Equality Impact Assessment assesses the Council's temporary labour agency contract.</p> <p>The YPO Framework and specification ensures that the public sector equality duty is addressed and there is a requirement that there is representation of underrepresented groups in our temporary supply. It also requires agencies to proactively address equality issues such as any under-representation in their own workforce.</p> <p>Pertemps are the selected agency from the Framework.</p> <p>The Council does not accept discrimination on any grounds and any cases of grievances/discrimination are handled under a service level agreement.</p>
<b>Author</b>	Jane Stephenson (Head of HR Business Services)
<b>Department and service</b>	Human Resources and Organisational Development
<b>Date of assessment</b>	July 2017

**STAGE 2: EVIDENCE AND IMPACT**

Protected characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact See <a href="#">guidance</a> on how to make judgement	Actions	Timescale and who is responsible																		
<b>Age</b>	<table border="0"> <tr> <td>16 to 17</td> <td>-</td> <td>2</td> </tr> <tr> <td>18 to 50</td> <td>-</td> <td>702</td> </tr> <tr> <td>51 to 65</td> <td>-</td> <td>268</td> </tr> <tr> <td>66 to 75</td> <td>-</td> <td>22</td> </tr> <tr> <td>76 and over</td> <td>-</td> <td>1</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td><b>995</b></td> </tr> </table>	16 to 17	-	2	18 to 50	-	702	51 to 65	-	268	66 to 75	-	22	76 and over	-	1	<b>TOTAL</b>		<b>995</b>	No adverse impact expected. Pertemps employ 65% in the 18 to 50 age bracket and 27% in the 51 to 65 age bracket and an overall 30% of the workforce is over the age of 50.	<p>We will monitor the contract to ensure Pertemps adopt the CIPD recommendations<sup>1</sup> in our People Strategy:</p> <ol style="list-style-type: none"> <li>1) Inclusive recruitment and strong recruitment pipelines.</li> <li>2) Invest in training, development and performance management.</li> <li>3) Support employee health and wellbeing.</li> <li>4) Support flexible working.</li> </ol> <p>We will measure our progress by monitoring the age of our workforce during contract meetings.</p>	HR Business Services 2017 - 20.
16 to 17	-	2																				
18 to 50	-	702																				
51 to 65	-	268																				
66 to 75	-	22																				
76 and over	-	1																				
<b>TOTAL</b>		<b>995</b>																				
<b>Disability</b>	<p>Disabled = 3% Not disabled = 97%</p> <p>The local population (10% of our population have their day-to-day activities limited by a long-term health problem or disability).</p>	No adverse impact anticipated although the numbers represented are low which means we have a less diverse workforce than we would like.	We encourage the placement of agency workers with a disability and will continue to support Pertemps working with both Working Links and Remploy to ensure all candidates feel they are welcome to apply for our roles and work safely and productively within the Council.	HR Business Services 2017 - 20.																		
<b>Faith/religion or belief</b>	37% are Christian and 61% report no religion. Only 1% is recorded as having a different religion.	No adverse impact anticipated. Where Pertemps workers have religious beliefs they are given the same support as our own	We will continue to monitor the data during the contract lifespan to ensure candidates of all faiths/beliefs feel able to apply for our roles and work safely	HR Business Services 2017 - 20.																		

<sup>1</sup> Avoiding the demographic crunch: Labour supply and the aging workforce, CIPD, June 2015



	The religious profile of Plymouth as a whole is 58% of the population report as Christian, 33% reported as no religion.	staff to be respected for those beliefs.	and productively within the Council.	
<b>Gender - including marriage, pregnancy and maternity</b>	Female = 55% Male = 45% There is a slightly greater proportion of females working for Plymouth City Council when compared with the overall population of Plymouth (females 50.3%, males 49.7%).	No adverse impact anticipated. The Council is an attractive employer for female workers as we have a high proportion of part time positions available. We also pay the Foundation Living Wage which is beneficial for female workers who are in low skilled part time positions.	We will continue to monitor the data during the contract lifespan to ensure candidates both male and female, are represented equally, and feel able to apply for our roles and work safely and productively within the Council. We will monitor and ensure that Pertemps pay agency workers the Foundation Living Wage.	HR Business Services 2017 - 20.
<b>Race</b>	8% of Pertemps employees who provided information are of Black or Minority Ethnic origin. This is slightly more than the Plymouth population as a whole (7.1%).	No adverse impact anticipated.	We will continue to monitor the data during the contract lifespan to ensure candidates from any race are represented equally, and feel able to apply for our roles.	HR Business Services 2017 - 20.
<b>Sexual orientation - including civil partnership</b>	97% of Pertemps workers are heterosexual / straight. 3% are either gay or bisexual. There is no precise local data on the numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth, but nationally the government have estimated this to be between 5 and 7%	No adverse impact anticipated.	We will continue to monitor the data during the contract lifespan to ensure candidates of any sexual orientation are represented equally, and feel able to apply for our roles.	HR Business Services 2017 - 20.

**STAGE 3: ARE THERE ANY IMPLICATIONS FOR THE FOLLOWING? IF SO, PLEASE RECORD ACTIONS TO BE TAKEN**

Local priorities	Implications	Timescale and who is responsible
<b>Reduce the gap in average hourly pay between men and women by 2020.</b>	The council has set 'reducing the gap in average hourly pay as one of our 3 equality objectives. We already have corporate policies in place to support this action, such as our adoption on the Foundation Living Wage which is paid to all our staff. This applies to our Agency Workers contract.	HR Policy Specialist 2016-20
<b>Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.</b>	<p>Pertemps staff follow our corporate policies and are aware of how they can report grievances. Pertemps management team investigate grievances cases supported by managers within Plymouth City Council. Complaints must be acknowledged within 48 hours as per the terms of the contract, and swift resolution found.</p> <p>Pertemps also report back to PCC incidents of inappropriate behaviour their staff are subject to in their working environment in order for PCC to take appropriate action.</p>	Head of Specialist Services 2016 - 20.
<b>Good relations between different communities (community cohesion)</b>	Pertemps encourage candidates for across the city to register and apply for opportunities to work at the Council.	Pertemps
<b>Human rights</b> Please refer to <a href="#">guidance</a>	All Human Rights are respected.	Pertemps

**STAGE 4: PUBLICATION**

Responsible Officer Jane Stephenson

Date July 2017

Head of Human Resources Business Services

**PLYMOUTH CITY COUNCIL**

**Subject:** Improved Better Care Fund (iBCF) funding for Adult Social Care announced in the Spring Budget 2017

**Committee:** Cabinet

**Date:** 25 July 2017

**Cabinet Member:** Councillor Darcy and Cllr Mrs Bowyer

**CMT Member** Carole Burgoyne (Strategic Director for People)

**Author:** David Northey, Head of Integrated Finance

**Contact details** Tel: 01752 305428  
Email: david.northey@plymouth.gov.uk

**Ref:**

**Key Decision:** No

**Part:** I

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**Purpose of the report:**

To set out the allocation of the 2017/18 Improved better Care (iBCF) funding.

The report also details the requirements of the Secretary of State of how the funding can be utilised plus reporting requirements.

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**The Corporate Plan 2016/19:**

The additional funding was received after Council approved the 2017/18 Budget setting out the revenue and capital resources available to deliver the Corporate Plan. This report sets out the allocation of the additional funding and how it will improve outcomes for recipients of adult social care.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land:**

The resource implications are set out in the body of the report.

This is additional funding for the provision of adult social care and is time-limited over a three year period. As such, it must be noted, that this is not an on-going revenue stream and cannot be subsumed into business as usual to close the funding gap for adult social care. There are clear ministerial guidelines on the areas this money can be used for and Plymouth City Council, working in partnership with key stakeholders such as NEW Devon CCG will ensure the funds are invested in transforming the social care system.

**Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:**

The proposals contained within this report provide the maximum resources available to address the key policy area of adult social care.

**Equality and Diversity:**

A full equalities impact assessment was undertaken as part of the 2017/18 Budget report and contained a section on adult social care funding.

**Recommendations and Reasons for recommended action:**

Cabinet is recommended:

1. To approve the allocation of the additional funding total for 2017/18 of £5.800m;
2. To note the pooling of this additional funding into the existing Better Care Fund (BCF) as set out in the government guidelines.
3. To note the terms and conditions attached to the funding, in particular the requirement for Plymouth City Council to provide a quarterly finance report to DCLG, signed by the Section 151 Officer

**Alternative options considered and rejected:**

There are no alternative options. The Grant Conditions attached to this new funding clearly set out the guidelines and expectations of central government. The recommendations ensure we are compliant and therefore receive the funding in full.

**Published work / information:**

Grant conditions attached to the funding for Adult Social Care announced in the Spring Budget 2017 [Report](#)

**Background papers:**

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

**Sign off:**

Fin	Akh1718.63	Leg	lt/28595	Mon Off	Lt/28595	HR	n / a	Assets	n / a	IT	n / a	Strat Proc	n / a
Originating SMT Member Craig McArdle													
Has the Cabinet Member(s) agreed the content of the report? Yes													

## **I. Background**

- 1.1 This report sets out the decisions required of Cabinet on the plans for the additional Adult Social Care funding allocated to Plymouth City Council in the Spring Budget 2017.
- 1.2 There are a number of conditions set jointly by the Department of Health (DoH) and the Department for Communities and Local Government (DCLG).
- 1.3 These are set out in the joint Policy Framework “2017-19 Integration and Better Care Fund” published at the end of March 2017. This guidance supports the Five Year Forward View and the Sustainability and Transformation Plans.
- 1.4 Additional regulatory guidelines were advised in a letter to the Chief Executive in May 2017.
- 1.5 Plymouth City Council has been awarded £11.3m over three years with £5.8m allocated in 2017/18.
- 1.6 Unlike the existing Better Care Funding which is allocated to the NHS, this grant is being paid directly from the Government to local authorities.
- 1.7 We have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance in the following four metrics:
  - a. Delayed transfers of care;
  - b. Non-elective admissions (General and Acute);
  - c. Admissions to residential and care homes; and
  - d. Effectiveness of reablement.

## **2. Grant conditions attaching to funding for Adult Social Care announced in the Spring Budget 2017**


- 2.1 This is “new” money coming into the adult social care service and is time limited to the three year period 2017/18 to 2019/20. As such, it must be clearly noted this is not an on-going revenue stream and cannot be subsumed into business as usual to close the funding gap for adult social care.
- 2.2 There are clear ministerial guidelines on the areas this money can be used for and Plymouth City Council, working in partnership with key stakeholders such as NEW Devon CCG will ensure the funds are invested in transforming the health and social care system.
- 2.3 The uses of this Grant are set out as:
  - To be spent on adult social care and used for the purposes of meeting adult social care needs;
  - Reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready;
  - Stabilising the social care provider market.

2.4 Plymouth, as a recipient authority:

- a. Has pooled the grant funding into the local Better Care Fund;
- b. Has worked with N.E.W. Devon Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and

2.5 The funding is front loaded with the initial year’s allocation of £5.800m reducing to £1.815m in year three. We are therefore implementing plans as soon as they are ready to ensure we derive maximum results.

**3. Key Aims and Outcomes Required**

<b>PRIORITY 1</b> <b>Meeting Adult Social Care Needs</b>	<b>PRIORITY 2</b> <b>Reducing Pressures on the NHS</b>	<b>PRIORITY 3</b> <b>Stabilising the Social Care Provider Market</b>
Managing Demand Keeping Adults Safe	Supporting Seven Day Discharges Alternatives to Admissions Schemes	Supporting the local provider market and workforce
 <b>Transformation and Integration of Health and Wellbeing Services</b>		

3.1 Discussions have taken place with our key partners, in particular our colleagues within the CCG and Health to formulate plans for the best outcomes from this funding.

3.2 A key focus for investment decisions has been to make rapid improvement against Delayed Transfers of Care and Weekend Working, as benchmarking data indicates these are areas for System Improvement. In addition to improving discharge rates a focus is on preventing and reducing emergency admissions and contributing to supporting primary care.

3.3 As illustrated in the table above, we are targeting three key areas of service provision in line with the guidelines. We are allocating the £5.800m for 2017/18 in the following proportions:

- Priority 1 £1.400m
- Priority 2 £3.351m
- Priority 3 £1.000m

3.4 An overview of the indicative schemes are set down below:

**Priority One- Meeting Adult Social Care Need**

<b>Strategic Priority</b>	<b>Scheme</b>
<b>Managing Demand</b>	Befriending and Low Level Floating Support at Home Developments
	Development of Health and Wellbeing Hubs
	Development and Roll out of Social Prescribing
	Recovery College to Support Mental Health and Wellbeing
	Community Connectors for Day Opportunities
	Roll out of Assistive Technology
	Increased Review and Transition Capacity
	Protecting Preventative Services
<b>Keeping Adults Safe</b>	Additional DOLS Assessments
	Increased Safeguarding Staff
<b>Total Priority One: Meeting Adult Social Care Needs</b> <span style="float: right;"><b>£1.400m</b></span>	
<b>Key Outcomes</b>	
Reduction in Day Opportunities Spend	
Reduction in the number of high risk Deprivation of Liberty Safeguards (DOLS) assessments	
Reviews and Rightsizing of Packages of Care	

## Priority Two – Reducing Pressures on the NHS

Strategic Priority	Scheme
<b>Discharges</b>	Extension of Home from Hospital VCSE Services
	Expanded Community Equipment Service (7 day service/extended hours/equipment)
	Roll out of the Trusted Assessor Service
	Increased Assessment Capacity
	DTA Pathway Backlog Clearance
	Discharge Pathway - 7 Day Working for Dom Care
	DTA 1 Increased Packages of Care
	DTA2 Increased Packages of Care
<b>Alternatives to Admissions</b>	Continuation of Street Safe Initiative
	Alcohol Assertive Outreach Model
	Improving Quality in Care Homes
	Development of Acute Care Hub- Frailty Nurses
	Supporting Primary Care
<b>Total Priority Two: Reducing Pressures on the NHS</b> £3.351m	
<b>Key Outcomes</b>	
Reduction in the number of adult social care Delayed Transfers of Care	
Increase in weekend hospital discharges	
Reviews and Rightsizing of Packages of Care	
Reduction in emergency admissions from care homes	



## Priority Three – Stabilising the Social Care Market

	Scheme
Supporting the Local Market	Domiciliary Care-Increased Cost of Care
	Supported Living-Increased Cost of Care and New Models of Care
<b>Total Priority Three: Stabilising the Social Care Market</b>	
<b>£1.000m</b>	
<b>Key Outcomes</b>	
Supporting more people to live independently	
Stability of the Local Market	

3.5 Business cases for each of the schemes including metrics will form part of the Better Care Submission on the 11<sup>th</sup> September 2017

#### 4. Next Steps – Reporting

4.1 This is non-recurrent money and therefore overall investments should seek to be a bridging resource to implement the Wider Devon STP (Sustainable Transformation Plan) new models of care and deliver efficiencies.

4.2 The plans we have developed build on existing plans to secure improved system performance around the Delayed Transfers of Care (DToC) and Seven Day Discharges. These are areas that benchmarking has indicated the System needs to make rapid improvement on.

4.3 We have agreed funding allocations for the current financial year 2017/18 and will be reviewing the schemes for 2018/19 and 2019/20 as part of the standard local authority and NHS financial planning arrangements.

4.4 Unlike the existing Better Care Fund governance and reporting procedures, this money has been allocated direct to Plymouth City Council. There is a directive that as a local authority our Chief Finance Officer (S151 Officer) is responsible for quarterly reports to the Department for Communities and Local Government (CLG).

4.5 The letter addressed to the Chief Executive is explicit in the reporting requirements, which includes both an expectation to see a narrative report for the relevant quarter about how we are using the additional funding to deliver the purposes of the grant, in meeting adult social care needs generally, reducing pressures on the NHS (including DTOC) and stabilising the care provider market.

4.6 One of the grant conditions is to work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19.

4.7 Our existing relationship with N.E.W. Devon CCG and our S75 Integrated Fund has greatly facilitated these discussions.

4.8 We have now received details of our specific targets from DCLG which are being reviewed for discussion and comment and to ensure we can satisfy the requirements.

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**PLYMOUTH CITY COUNCIL**

<b>Subject:</b>	Integrated Sexual and Reproductive Health Service Contract Award
<b>Committee:</b>	Cabinet
<b>Date:</b>	25 July 2017
<b>Cabinet Member:</b>	Councillor L Bowyer
<b>CMT Member:</b>	Ruth Harrell (Director of Public Health)
<b>Author:</b>	Laura Juett (Public Health Specialist)
<b>Contact details</b>	Tel: 01752 01752 398616 Email: <a href="mailto:laura.juett@plymouth.gov.uk">laura.juett@plymouth.gov.uk</a>
<b>Ref:</b>	PEO/16120
<b>Key Decision:</b>	Yes
<b>Part:</b>	I

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**Purpose of the report:**

Sexual health is an important public health priority. Good sexual and reproductive health is an essential component of positive health and wellbeing. The consequences of poor sexual health, including sexually transmitted infections (STIs) and unplanned pregnancies can have a lasting impact on people's lives.

Plymouth City Council has a statutory obligation under the Health and Social Care Act 2012 and the Local Authorities (Public Health Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to provide confidential, open access sexual and reproductive health services for the population of Plymouth. This includes the provision of comprehensive contraception, testing and treatment for sexually transmitted infections, sexual health promotion and HIV prevention services. These services must be commissioned from the ring fenced public health grant.<sup>1</sup>

The Council has undertaken a negotiated procedure without prior publication in accordance with Public Contract Regulations 2015 with a single provider who will collaborate with current providers of sexual and reproductive health services by offering a sub-contract to the current providers with the aim of developing a new Integrated Sexual and Reproductive Health Service. This service aims to deliver a range of high quality services that are clinically sound and cost effective. The service is directed to improving health outcomes for the population of Plymouth particularly in respect of under 18 conceptions, chlamydia diagnoses in 15-24 year olds and presentations of HIV at a late stage of infection.

This report describes the key stages of the negotiated procedure and seeks approval from Cabinet for contract award.

For reasons of commercial confidentiality further details of the process and outcome are

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<sup>1</sup> Commissioning Sexual Health Services and Interventions, Best Practice Guidance for Local Authorities. Department of Health, 2013.

included within a separate Part 2 report.

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### **The Corporate Plan 2016 - 19:**

The Integrated Sexual and Reproductive Health Service will support Plymouth to deliver an outstanding quality of life which is enjoyed by everyone through addressing three of the four key corporate objectives:

- **PIONEERING Plymouth**

The new Integrated Service will make the best use of Council resources by employing a programme of continuous improvement to achieve system and financial efficiencies. The service will use new technologies and treatments to improve self-management and reduce the need for face to face interventions.

- **GROWING Plymouth**

The Integrated Service will support a strong economy by providing job opportunities and recruiting from the local workforce. The service will also provide structured training and workforce development opportunities to further develop skills in the local workforce.

- **CARING Plymouth**

The new Integrated Service has a strong focus on prevention, early intervention and self-management. It will be further developed through a structured approach to community engagement and user feedback. The service acknowledges the links between deprivation and poorer sexual and reproductive health outcomes and has a specific focus on reducing health inequalities.

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### **Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land:**

The annual value of this new contract is £2,677,576. The budget for the service will be reduced by 3% in year 2 and a further 3% in year 3. Additionally an Integrated Service Development Fund of £120,000 will be included in the Year 1 budget to support investment in facilities and interventions to promote prevention and self-management. This service is funded through the Public Health Grant.

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### **Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:**

This service will contribute towards the delivery of an integrated system for population health and wellbeing. It specifically supports the delivery of the Wellbeing Strategy focus on promoting healthy and happy communities and a radical upgrade in prevention. It also supports the Children and Young People's Strategy focus on an integrated approach to early help and specialist support.

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### **Equality and Diversity**

An Equality Impact Assessment has been undertaken. This highlighted that the burden of sexual infection is carried mostly by younger people, men who have sex with men and people from African communities and sex workers. There is also a clear relationship between sexual ill health, poverty and social exclusion. Poverty is also a key risk factor in teenage conceptions. The proposed Integrated Sexual and Reproductive Health Service will include targeted support and interventions for these groups. Specific actions to reduce inequalities will include ensuring that the service is offered in appropriate settings, increasing testing for STIs including HIV in high risk populations and increasing prevention and outreach in areas of high need.

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### **Recommendations and Reasons for recommended action:**

To award a contract for an Integrated Sexual and Reproductive Health Service to a single provider for a period of 3 years with the option to extend for a further 3 x 1 years.

Evaluation of the Invitation to Tender response indicates that they

- Are able to work collaboratively with other organisations and employ the necessary sub-contracting arrangements to deliver all aspects of the service
  - Have the necessary expertise and professional eligibility and competence to deliver this service
  - Have the necessary facilities (premises) and equipment to ensure the service is accessible to the Plymouth population
  - Are outcome focused with an emphasis on optimisation of new treatments and technologies to support self-management and achieve financial efficiencies
  - Are committed to ensuring integrated care pathways with a broader range of sexual and reproductive health services such as abortion services and HIV treatment and care services
- 

### **Alternative options considered and rejected:**

#### **Extend Existing Contracts**

Plymouth City Council's Contract Standing Orders do not allow the existing contracts for sexual and reproductive health services to be extended.

#### **Open Procurement and Competitive Tendering**

Market testing was carried out through a Prior Information Notice in 2015. This invited organisations to express an interest in delivering integrated sexual and reproductive health services in Plymouth. The majority of responding organisations had no experience of delivering such services and did not indicate that they had the required professional eligibility or competence. Furthermore none of the respondents, except the current providers, demonstrated that they would be able to secure the required local facilities (premises) or equipment to deliver an integrated sexual and reproductive health service in Plymouth. The integration objective necessitates a contract to be awarded to a lead provider for optimum governance and delivery.

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### **Published work / information:**

Sexual Health Needs Assessment

[http://www.plymouth.gov.uk/shna\\_final\\_master\\_07\\_03\\_16\\_final\\_formatted\\_secure.pdf](http://www.plymouth.gov.uk/shna_final_master_07_03_16_final_formatted_secure.pdf)

### **Background papers:**

Equality Impact Assessment

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
EIA	YES									

**Sign off:**

Fin	djn17 18.61	Leg	MS/2 5509	Mon Off		HR		Assets		IT		Strat Proc	HG/SPU/4 50/CP/071 7
Originating SMT Member Ruth Harrell, Director of Public Health													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

## I. BACKGROUND

Plymouth City Council currently commissions the following sexual and reproductive health services;

- Genito-Urinary Medicine Service provided by Plymouth Hospitals NHS Trust
- GP with special interest provided by Peverell Park Practice at the University Medical Centre
- Community Contraception and Sexual Health Service provided by Livewell South West
- Sexual Health Promotion and HIV Prevention provided by the Eddystone Trust and
- Young People's Sexual Health Service provided by the Zone

The Council also commissions Primary Care and Community Pharmacies to deliver services for Long Acting Reversible Contraception (LARC), Emergency Hormonal Contraception (EHC) and chlamydia screening and treatment.

All these services operate as part of a broader system of sexual and reproductive healthcare services commissioned by the NEW Devon Clinical Commissioning Group and NHS England that include abortion services, HIV treatment and care services and cervical screening.

### 1.2 Local Profile

There are a number of identified needs in relation to sexual and reproductive health in Plymouth. The table below provides an overview of the most recently reported rates of sexually transmitted infections (STIs) and shows that Plymouth has high rates when compared to the England and South West averages.

<b>Sexually Transmitted diagnosis rates in Plymouth, South West and England<sup>2</sup> (2016)</b>			
<b>Indicator</b>	<b>Plymouth</b>	<b>South West</b>	<b>England</b>
New STI diagnosis rate /100,000 population	1,031	621	750
All new STI diagnoses (except chlamydia aged <25/100,000	991	645	795
Chlamydia detection rate/ 100,000 15-24	2,341	1,774	1,882
Syphilis diagnosis rate/100,000	5.3	3	10.6
Gonorrhoea diagnosis rate 100,000	44.9	25.7	64.9
Genital warts diagnosis rate/100,000	223.4	115.9	112.5
Genital herpes diagnosis rate 100,000	88.3	49	57.2

In 2015 the estimated diagnosed prevalence rate of HIV in Plymouth was 1.30 per 1,000 15-59 year olds. This is lower than the England average of 2.26 per 1,000 15-59 year olds but higher than the South West average of 1.09 per 1,000 15-59 year olds. Between 2013 and 2015 33% of new HIV

<sup>2</sup>Public Health England. Sexual and Reproductive Health Profiles.

<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000057/pat/6/par/E12000009/ati/102/are/E06000026>

diagnoses in Plymouth were late diagnoses. This was lower than both the South West (41.1%) and England (40.1%) averages.

The rate of teenage conceptions in Plymouth has fallen significantly in recent years from 54.7 per females aged 15-17 in 1998 to 23.9 in 2015. Rates in Plymouth are now slightly above the England average and are higher in more deprived neighbourhoods.

The 2015 rate for all-age abortions in Plymouth was 15.4 per 1,000 women aged 15-44 years. This is lower than the England rate but higher than the South West average. The overall number of abortions in Plymouth has risen year on year between 2012 and 2015 and are highest in the 20-24 year age group.

Further information about Plymouth's sexual and reproductive health profile and levels of need is provided within a detailed sexual health needs assessment available at

[http://www.plymouth.gov.uk/shna\\_final\\_master\\_07\\_03\\_16\\_final\\_formatted\\_-\\_secure.pdf](http://www.plymouth.gov.uk/shna_final_master_07_03_16_final_formatted_-_secure.pdf)

and within the Public Health England sexual and reproductive health profiles

<http://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/EI2000009/ati/I02/are/E06000026>

### 1.3 Opportunities for Improvement and Innovation

The local profile shown in S.1.2 above indicates a need for sexual and reproductive health services in Plymouth. Government policy<sup>3</sup> and clinical and best practice guidance suggests that an accessible model of integrated sexual and reproductive health services is the most effective approach to improving outcomes for the local population. The NHS Five Year Forward View<sup>4</sup> promotes a radical upgrade of prevention, public health and self-management to support the population in having more control over their health and well-being.

An integrated model of sexual and reproductive health services in Plymouth will provide the following.

- A clear focus on prevention and self-management through a systematic approach to communication of information and advice including innovative uses of media and marketing techniques to support behaviour change.
- Improved accessibility by ensuring that services are delivered in the most appropriate settings and at the most convenient times for the population including specific high risk and vulnerable groups.
- An integrated 'front door' with a central telephone number and online system for advice, information, self-management and appointment bookings.
- A clear focus on optimisation of new technologies and treatments including online services.
- An enhanced focus on cost effectiveness where the service provider(s) share responsibility with commissioners for delivering services within defined budgets and identify opportunities for reducing costs and income generation over the term of the contract.

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<sup>3</sup> Healthy Lives Healthy People – Our Strategy for public health in England, Department of Health. 2010.

<sup>4</sup> NHS Five Year Forward View, NHS England, 2014.



## 2. Re-procurement of services

In September 2016 Legal Services and Strategic Procurement approved that the Council undertake a negotiated procedure without prior publication in accordance with Public Contract Regulations 2015 – Technical Reasons 32 (b) (ii). The justifications for this approach were identified as the following.

- The services are of a specialist technical nature requiring specific standards of professional eligibility and competence. Services must be compliant with the standards of clinical practice as set out in the guidance published by various bodies such as Department of Health, National Institute for Health and Clinical Excellence (NICE), British Association for Sexual Health and HIV (BASHH) and Faculty of Sexual and Reproductive Healthcare (FSRH)
- Services must be delivered from facilities (premises) that are compliant with strict Care Quality Commission (CQC) guidelines (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15). It is essential that they also have access to ancillary allied healthcare professional services such as pathology and radiography services.
- Responses to a Prior Information Notice issued in November 2015 did not indicate that any organisations, except those current providing services in Plymouth, had the required professional experience or competence or the required premises and equipment to deliver an Integrated Sexual and Reproductive Health Service in Plymouth. The lead provider will be responsible to the council for the delivery of the services and shall contract with the current providers through sub—contracts.
- In response to the Prior Information Notice the current providers (as detailed above) clearly demonstrated that they have the appropriate expertise and capacity and local facilities and equipment to provide the required service in Plymouth in collaboration with the lead provider.

It was therefore identified that a negotiated procedure without prior publication enabled the Council to work with a single (lead) provider that shall collaborate with current service providers through sub-contracts to develop an integrated model of provision and ensure continuous service improvement and cost efficiencies and achieve improved outcomes for the population of Plymouth.

### 2.1 Sexual Health Matters Consultation

Consultation was undertaken in October and November 2016 to gain insight into people's experiences of using sexual and reproductive health services and identify opportunities for the future development of services in Plymouth. The consultation involved a series of paper based and online surveys. A total of 690 responses were received and were used to inform the new integrated service model.

### 2.2 Invitation to Tender

The Council issued an Invitation to Tender (ITT) for an Integrated Sexual and Reproductive Health Service on 12<sup>th</sup> December 2016. In line with the negotiated procedure without prior publication this was issued specifically to existing providers of services in Plymouth (see S.I.)

At the same time the Council issued a Due Diligence Questionnaire in order to assess the tenderer in all aspects of business acumen and ability to fulfil the contract.

### 2.3 Evaluation weightings

The ITT response was evaluated using the following scoring framework.

Award Criteria	Weighting (%)	Sub Criteria (%)	Weighting (%)
<b>Commercial</b>	<b>20</b>	Proposed Contracts, Collaborations and Partnerships	20
<b>Technical</b>	<b>80</b>	Service Vision and Design	15
		Improving Outcomes	15
		Contract Mobilisation	10
		Quality and Performance	10
		Social Value	5
		Case Studies and Scenarios	10
		Presentation	15

An overall threshold of 75% of the achievable marks was required to determine whether the Provider met the minimum requirements. The Part 2 Contract Award Report provides evaluation outcomes.

## 2.4 Finance and Affordability

Providers were required to submit a full cost recovery budget breakdown that utilised the total budget available.

The tender response received was costed within the contract budget which included savings to be found of £639,945 over the 3 year contract. These savings will be realised through efficiencies across the system and will not result in a reduction of overall service. The contract will be paid from the Public Health Grant allocation and is reflected in the MTFs.

## 2.5 Evaluation of Self-Certified Sections

Self-certified sections (including Economic and Financial Standing; Insurances; Quality Management as well as Equality and Diversity; Health and Safety; Data Protection and Safeguarding policies/procedures) were evaluated as part of due diligence. These documents were evaluated against current legislative requirements and the minimum criteria detailed in the tender documentation and scored as follows:

Definition	Criteria	Consequence
Award	Documents fully comply with criteria detailed in SQ.	Contract awarded to successful tenderer
Award subject to	Documents mostly fully comply with criteria detailed in SQ and only minor amendments are required to bring them to full compliance.	Contract awarded to successful tenderer subject to them updating documents to a satisfactory standard before contract commencement
Fail	Documents do not or only partially comply with criteria detailed in SQ and major amendments are required to	Successful bidder will be disqualified from the process. Consideration will be given to approaching the

	bring them to full compliance.	next placed bidder.
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## 2.6 Evaluation

A response to the Invitation to Tender was received on 10<sup>th</sup> February 2017. This identified a service model with a lead provider working collaboratively with other organisations to deliver an Integrated Sexual and Reproductive Health Service.

In accordance with the agreed negotiated procedure a number of negotiation meetings took place between March – June 2017 with the Council, the Lead Provider and the sub-contracted organisations. This led to the submission of a Best and Final Offer on 7th July.

The outcome from the evaluation process and negotiation are contained in Part 2 of the report.

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# EQUALITY IMPACT ASSESSMENT

Public Health, Office of the Director of Public Health



## STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

This EIA considers the implication of a redesigned system for sexual and reproductive health services in Plymouth. It is proposed that a new Integrated Sexual and Reproductive Health Service is in place from October 2017.

Sexual health is an important public health priority. Good sexual and reproductive health is an essential component of positive health and wellbeing. The consequences of poor sexual and reproductive health, including sexually transmitted infections (STIs) and unplanned pregnancies can have a lasting impact on people's lives. STIs are communicable diseases and as such require effective clinical services and public health interventions to prevent onward transmission.

Investing in sexual health services can deliver significant cost savings for the NHS and local authorities. Quality services and interventions that focus on prevention, screening and prompt treatment and partner notification can control disease prevent unwanted pregnancies and avoid costly health complications and treatments.

Healthy Lives Healthy People – Our Strategy for Public Health in England, 2010 stresses the need for an accessible integrated model of sexual health service delivery at a local level. The Public Health Outcomes Framework includes the following indicators;

- Under 18 conceptions
- Chlamydia diagnoses 15 – 24 year olds
- People presenting with HIV at a late stage of infection

Currently sexual and reproductive health services are commissioned between the Local Authority, the CCG and the NHS Commissioning Board. There is an acknowledgement that these commissioning arrangements have the potential to fragment treatment pathways and destabilise integrated approaches to sexual and reproductive health and HIV services. In response to this

**STAGE I: What is being assessed and by whom?**

	<p>Public Health England has published guidance on delivering a local integrated system. Making it Work stresses that ‘whole system commissioning’ based on collaboration and cooperation across the system is necessary to deliver best outcomes for individuals and populations.</p> <p>The proposed Integrated Sexual and Reproductive Health Service in Plymouth represents a transformation of current provision and has been informed through published evidence, direct collaboration and negotiation with specialist providers and a public consultation process, Sexual Health Matters, that received over 600 responses through universal and targeted communications.</p> <p>Key features of the proposed Integrated Sexual and Reproductive Health Service are;</p> <ul style="list-style-type: none"> <li>• A clear focus on prevention and self-management through a systematic approach to communication of information and advice including innovative uses of media and marketing techniques to support behaviour change</li> <li>• Improved accessibility by ensuring that services are delivered in the most appropriate settings and at the most convenient times for the population including specific high risk and vulnerable groups such as young people, men who have sex with men and people with multiple and complex needs.</li> <li>• An ‘integrated front door’ with a central telephone number and online system for advice, information, self-management and appointment bookings</li> <li>• A clear focus on optimisation of new treatments and technologies including online testing for sexually transmitted infections</li> <li>• An enhanced focus on cost effectiveness where the service provider(s) share responsibility with commissioners for delivering services within defined budgets and identify opportunities for reducing costs over the term of the contract</li> </ul> <p>This transformed service model will ensure that where possible people requiring services are able to address all their sexual and reproductive and HIV needs in one place thus achieving improving outcomes, maximum efficiencies and minimising the need for repeat service attendance.</p>
Responsible Officer	Laura Juett, Public Health Specialist, Plymouth City Council
Department and Service	Public Health, Office of the Director of Public Health, Plymouth City Council
Date of Assessment	11 July 2017 (Updated)

**STAGE 2: Evidence and Impact**

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p>Plymouth currently has a population of 261,574 (Office of National Statistics (ONS) 2014 mid-year population estimates).</p> <p>Due to an estimated 35-40,000 students residing in the city, Plymouth has a much higher percentage of 20-24 year olds than seen nationally, a lower percentage of children across each of the 1-4, 5-9 &amp; 10-14 age brackets, but a higher percentage aged 15-19</p> <p>The burden of sexual infection is carried mostly by young people</p> <p>Young men are a group that are particularly at risk of sexual ill health.</p> <p>The conception rate for under 18s is higher than the England average and higher than six of the</p>	<p>The proposed new service should have a positive impact on access and outcomes for young people.</p>	<p>A panel of young people contributed to the evaluation of the Integrated Sexual and Reproductive Health Service and provided positive feedback on the proposed model.</p> <p>A key part of the redesigned service is directed to improving access for younger people. A new digital service will provide online access to information, advice and online testing for sexually transmitted infections. This will promote a greater focus on prevention and self-management.</p> <p>Walk in services and booked appointments will be available at convenient times across the week and in venues accessible to young people.</p> <p>A number of initiatives including a free condom distribution scheme and</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Working with commissioners they will also link with a broader range of services and provision including Primary Care, Community Pharmacies and education providers to continue to improve access for younger people.</p> <p>Services will be delivered against the national 'Your Welcome' criteria to ensure that they are accessible to young people.</p> <p>Monitoring will be built into regular performance reviews of the Integrated</p>

<b>STAGE 2: Evidence and Impact</b>				
<b>Protected Characteristics (Equality Act)</b>	<b>Evidence and information (e.g. data and feedback)</b>	<b>Any adverse impact?</b>	<b>Actions</b>	<b>Timescale and who is responsible?</b>
	<p>eleven comparator areas, although it is reducing.</p> <p>The Sexual Health Matters Consultation received 361 responses from 16-24 year olds and these have informed the design of the new service.</p>		<p>chlamydia screening programme will specifically be directed to young people.</p> <p>There are on-going discussions with schools and higher and further education establishments focused on improving access to the student population in the city.</p>	<p>Service to ensure that the outcomes required are achieved.</p>
Disability	<p>According to the 2011 Census, 10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The national value was 8.3</p> <p>There is little intelligence about the specific sexual health needs of people with a disability or learning disability. However, owing</p>	<p>No adverse impact is anticipated. The new service should improve access and outcomes for people with disabilities.</p>	<p>All service venues are required to be accessible to the whole population.</p> <p>A new digital service will provide online access to information, advice and online testing for sexually transmitted infections thus improving overall accessibility.</p> <p>All service changes will be communicated in formats that ensure that people with disabilities are informed of the changes.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Providers will work with the Local Authority to ensure that all changes are communicated clearly and in formats accessible to people with disabilities.</p>



<b>STAGE 2: Evidence and Impact</b>				
<b>Protected Characteristics (Equality Act)</b>	<b>Evidence and information (e.g. data and feedback)</b>	<b>Any adverse impact?</b>	<b>Actions</b>	<b>Timescale and who is responsible?</b>
	<p>to societal attitudes towards disability and sexuality it is likely that these groups will find it harder to access information and services.</p> <p>The Sexual Health Matters Consultation received a number of responses from organisations providing services for people with learning disabilities and these have informed the design of the new service.</p>			
Faith, Religion or Belief	<p>According to the 2011 Census, Christianity is the most common religion in Plymouth. 32.9% of the Plymouth population stated they had no religion. Those following Hinduism, Buddhism, Judaism or Sikhism combined totalled less than 1.0%. 0.5% of the population had a current religion, such as Paganism</p>	No adverse impacts anticipated.	All aspects of the proposed Integrated Service are expected to be aware of the potential sensitivities around faith religion and belief.	Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.

<b>STAGE 2: Evidence and Impact</b>				
<b>Protected Characteristics (Equality Act)</b>	<b>Evidence and information (e.g. data and feedback)</b>	<b>Any adverse impact?</b>	<b>Actions</b>	<b>Timescale and who is responsible?</b>
	or Spiritualism.			
Gender - including marriage, pregnancy and maternity	<p>Overall 50.5% of Plymouth's population are female. According to the 2011 Census, of those aged 16 and over 90,765 (42.9%) people are married. There were 3,418 live births in 2012. The number of births has increased annually from 2,547 in 2001, except in 2011 when the number was the same as 2010 (3,280 births in each year).</p> <p>Women are the highest users of contraceptive services and need for access to pregnancy advice and abortion services</p> <p>Young men are particularly at risk of sexual ill-health. Men who have sex with men are more likely to contract an STI.</p> <p>Sex workers who are</p>	The proposed new service should have a positive impact on access and outcomes for young people	<p>The new Integrated Service will improve access for the whole population.</p> <p>Walk in services and booked appointments will be available at convenient times across the week and in accessible venues.</p> <p>A new digital service will improve overall access to sexual and reproductive health services.</p> <p>Gender specific services for men and women will be provided where specific needs indicate. This includes the provision of outreach contraception for vulnerable women and women with multiple and complex needs and prevention and outreach services for men who have sex with men.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues relating to gender are identified and responded to appropriately</p>

<b>STAGE 2: Evidence and Impact</b>				
<b>Protected Characteristics (Equality Act)</b>	<b>Evidence and information (e.g. data and feedback)</b>	<b>Any adverse impact?</b>	<b>Actions</b>	<b>Timescale and who is responsible?</b>
	predominantly women are at risk of sexual ill-health and often do not access services			
Gender Reassignment	<p>In 2010 it was estimated nationally that the number of gender variant people presenting for treatment was around 12,500. Of these, around 7,500 have undergone transition. There is no precise number of the trans population in Plymouth.</p> <p>There is some evidence that trans people experience difficulties accessing services and information and experience poorer health outcomes.</p>	No adverse impacts anticipated.	<p>The new Integrated Service is designed to improve access for the whole population.</p> <p>Walk in services and booked appointments will be available at convenient times across the week and in accessible venues.</p> <p>A new digital service will improve overall access to sexual and reproductive health services.</p> <p>The Integrated Service is expected to respond appropriately to the needs of trans people and staff will engage with training where appropriate.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>
Race	According to the 2011 Census 92.9% of Plymouth's population	The proposed new service should have a positive impact on	A key part of the redesigned service is directed to improving access for the	The proposed changes will be developed from the start of the contract in

<b>STAGE 2: Evidence and Impact</b>				
<b>Protected Characteristics (Equality Act)</b>	<b>Evidence and information (e.g. data and feedback)</b>	<b>Any adverse impact?</b>	<b>Actions</b>	<b>Timescale and who is responsible?</b>
	<p>considered themselves White British. This is significantly higher than the England average (79.8%). 7.1% considered themselves Black and Minority Ethnic (BME) with White Other (2.7%), Chinese (0.5%) and Other Asian (0.5%) the most common ethnic groups. Despite the small numbers Plymouth has a rapidly rising BME population which has more than doubled from 7,906 individuals since the 2001 census.</p> <p>People from African communities are at increased risk of sexual ill-health including sexually transmitted infections and HIV.</p> <p>There is no data on the specific sexual health needs of asylum seekers in Plymouth, but it is known</p>	<p>access and outcomes for people from Black Minority Ethnic communities</p>	<p>whole population.</p> <p>A new digital service will provide online access to information, advice and online testing for sexually transmitted infections – thus improving accessibility to testing for people from BME communities.</p> <p>Some outreach and community engagement services will be directed to BME communities including the international student community.</p>	<p>October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>

<b>STAGE 2: Evidence and Impact</b>				
<b>Protected Characteristics (Equality Act)</b>	<b>Evidence and information (e.g. data and feedback)</b>	<b>Any adverse impact?</b>	<b>Actions</b>	<b>Timescale and who is responsible?</b>
	that these people generally have difficulty in accessing services, for example language barriers.			
Sexual Orientation -including Civil Partnership	<p>There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth but it is nationally estimated at 5.0% to 7.0%. This would mean that approximately 13,300 people aged 16 years and over in Plymouth are lesbian, gay or bi-sexual.</p> <p>Men who have Sex with Men (MSM) experience high rates of sexually transmitted infections.</p> <p>MSM are the group most likely to be affected by HIV in the UK.</p>	The proposed new service should have a positive impact on access and outcomes for people from LGBT communities.	<p>A key part of the redesigned service is directed to improving access for the whole population including people from LGBT communities.</p> <p>A new digital service will provide online access to information, advice and online testing for sexually transmitted infections – thus improving accessibility to testing for people from LGBT communities.</p> <p>Some outreach and community engagement services will be directed to LGBT communities.</p> <p>Specific support will be provided for people affected by HIV.</p>	<p>The proposed changes will be developed from the start of the contract in October 2017 by the collaboration of Providers delivering the new Integrated Service.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>

**STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken**

Local Priorities	Implications	Timescale and who is responsible?
<p>Reduce the inequality gap, particularly in health between communities.</p>	<p>The council has a responsibility under the Health and Social Care Act 2012 and The Local Authorities (Public Health Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to provide confidential, open access sexual health services for the population of Plymouth. These services must be available to all people in the area, whether resident or not.</p> <p>There is a clear relationship between sexual ill health, poverty and social exclusion. Poverty is also a key risk factor in teenage pregnancy.</p> <p>There are specific populations who are at risk of sexual ill-health such as young people, men who have sex with men, people from African communities and sex workers.</p> <p>This proposed Integrated Sexual and Reproductive Health Service provides an accessible service to support people to stay healthy with an enhanced focus on primary prevention, early intervention and planned care.</p> <p>In terms of health inequalities the Integrated Service will target prevention and promotion initiatives to communities more at risk of poorer sexual and reproductive health outcomes. Specific actions to reduce inequalities will include ensuring services are offered in appropriate settings; increasing testing for STIs in high risk populations and geographical areas where there are low detection rates; and increasing</p>	<p>The Integrated Service contract will start from October 2017 and will be delivered by a collaborative of experienced Providers. They will work closely with Commissioners and service users and other stakeholders to ensure that the service is responsive to local need.</p> <p>Specific targeted outreach services will be directed to those at most risk of poor sexual and reproductive health outcomes.</p> <p>Monitoring will be built into regular performance reviews of the Integrated Service to ensure that any issues are identified and responded to appropriately.</p>

<b>STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken</b>		
<b>Local Priorities</b>	<b>Implications</b>	<b>Timescale and who is responsible?</b>
	prevention and outreach in areas of high need.	
Good relations between different communities (community cohesion).	This Integrated Service is provided for the whole population. However some specific individuals and communities are at higher risk of poorer sexual and reproductive ill-health. It is important that the providers of this service understand the needs of communities and take pro-active steps to promote the service using universal and targeted communications.	Details of the new Integrated Service will be communicated through various routes to ensure that the population is aware of changes, opening times and access points. All service changes will be communicated in formats that are accessible to the whole population.  Specific outreach and engagement will take place with key organisation and stakeholders to promote details of the new Integrated Service.
Human Rights	Good sexual and reproductive health is an essential component of positive health and wellbeing. The consequences of poor sexual health, including sexually transmitted infections (STIs) and unplanned pregnancies can have a lasting impact on people's lives. It is fundamental to human rights that people have access to information and services that allow them to lead a healthy sexual and reproductive life, regardless of gender, sexuality, marital status, race, age, disability or any other of the protected characteristics	The Integrated Service provides enhanced access to the whole population in Plymouth.

<b>STAGE 4: Publication</b>			
Director, Assistant Director/Head of Service approving EIA.	Ruth Harrell, Director of Public Health, Plymouth City Council	Date	11 <sup>th</sup> July 2017

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The following relates to exempt or confidential matters (Para(s) 3 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

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