

PLYMOUTH CITY COUNCIL

Subject: Integrated Sexual and Reproductive Health Service Contract Award

Committee: Cabinet

Date: 25 July 2017

Cabinet Member: Councillor L Bowyer

CMT Member: Ruth Harrell (Director of Public Health)

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Ref: PEO/16120

Key Decision: Yes

Part: I

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.¹

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

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

included within a separate Part 2 report.

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.

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.

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.

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.

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
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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.

Published work / information:

Sexual Health Needs Assessment

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.

I.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.

Sexually Transmitted diagnosis rates in Plymouth, South West and England² (2016)			
Indicator	Plymouth	South West	England
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

²Public 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

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/E12000009/ati/102/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 policy³ 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 View⁴ 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.

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

⁴ 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 12th 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 (%)
Commercial	20	Proposed Contracts, Collaborations and Partnerships	20
Technical	80	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 10th 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.