

REPORT TO: Executive Board
DATE: 12 December 2013
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: Procurement of integrated sexual health services in Halton
WARD: Borough wide

1.0 PURPOSE OF REPORT

- 1.1 To seek Members approval to proceed with a tender exercise to test the current market and, subject to the financial implications from any tender submissions received, seek to appoint a provider or providers to provide integrated sexual health services in Halton.
- 1.2 To request approval for the waiver of procurement standing orders for a 6 month extension of the Community Sexual Health and Young People's Sexual Health Service which are due to expire on 1st April 2014.

2.0 RECOMMENDATION: That Executive Board

- 1) approve the proposal to tender for an integrated sexual health service for Halton;**
- 2) agree to using Procurement Standing Orders 1.8.4 (a) to waive Part 3 of the Procurement Standing Orders which refers to contracts whose value is in excess of £173,934 but not exceeding £1,000,000 for the delivery of the service in relation to the Community Sexual Health Service contract;**
- 3) agree to using Procurement Standing Orders 1.8.4 (a) to waive 4.1 of the Procurement Standing Orders in relation to the Young Persons Sexual Health contract;**
- 4) authorise a six month extension to the above contracts to provide service continuity during the tendering process; and**
- 5) approve the timeline for the tender process detailed in Appendix B.**

3.0 BACKGROUND

- 3.1 Under the terms of the Health and Social Care Act 2012, responsibility for commissioning public health services was transferred from the Primary Care Trust to local authorities on 1st

April 2013. The Department of Health has identified five areas of public health for which local authorities have a mandatory responsibility, one of which is the commissioning of most sexual health services.

3.2 The services for which the Council is responsible are as follows.

- Contraception outside the GP contract (this includes long acting reversible contraception including implants and intra uterine devices);
- HIV testing (HIV treatment is the responsibility of NHS England);
- Chlamydia testing as part of the National Chlamydia Screening Programme and treatment;
- Testing and treatment of other sexually transmitted infections;
- Sexual health aspects of psycho sexual counselling;
- Any sexual health specialist services e.g. sexual health promotion, young persons' services, HIV prevention, outreach work, teenage pregnancy etc

4.0 CURRENT POSITION

4.1 Financial provision for sexual health contracts is contained within the Public Health budget. The current total value of sexual health services to be included in the integrated service is £1.1 million. This figure excludes non-contracted activity for Halton residents who visit open access genito-urinary medicine (GUM) clinics in other areas, enhanced service payments provided to GPs for chlamydia screening, contraceptive implants and intra uterine devices and the provision of support for patients diagnosed with HIV which will not be included in the commission.

4.2 Currently sexual health services are delivered under four separate contracts each with a different focus or area of responsibility but with strong interdependencies between service providers. A summary of in scope services is provided as Appendix A.

4.3 Other than the main Community Sexual Health and Young Persons Sexual Health contracts (both of which expire on 31st March 2014) all contracts were due to end on 31st March 2013 but were extended for a 12 month period with an option to extend for a further 12 months to March 2015 if necessary.

4.4 It is proposed that the Community Sexual Health and Young Persons' Sexual Health services are also extended until October 2014 to enable the tender process to take place.

4.5 The authority also commissions an HIV support and prevention service. This service provides practical support for people

diagnosed with AIDS and HIV as opposed to treatment. It is not intended that this contract form part of the integrated Sexual Health service due to the non-medical nature of the service. Opportunities to re-commission this service on a wider footprint are being explored.

5.0 **INTEGRATED SEXUAL HEALTH SERVICES**

5.1 An integrated model of service delivery would bring together the four service contracts into one large contract. There are a number of different delivery models available including where there is one lead provider with more specialist elements of the contract sub contracted as necessary or where there is a partnership arrangement between different providers.

5.2 The Public Health White Paper “Healthy Lives, Healthy People: Our Strategy for Public Health in England” published in 2010 highlighted the Department of Health’s commitment to work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for sexually transmitted infections, contraception, health promotion and prevention).

5.3 Moving towards a more integrated model offers a number of different advantages as listed below.

- It offers the potential for a “one stop shop” approach to service delivery thereby streamlining the customer facing element of the service;
- It eliminates any potential for duplication in service delivery;
- It ensures that service users are offered a full and comprehensive sexual health service e.g. the service can deal with both contraception and sexual transmitted infections at one appointment;
- It reduces the risk of service users “falling between the cracks” of different services. This is a considerable risk in the delivery of sexual health services due to the sensitive and personal nature of the service;
- It offers the potential for a more flexible and responsive service e.g. if demand is high in one area of the service resources can be diverted from an area with less demand;
- It makes contract management more straightforward for commissioners since the lead provider is responsible for all elements of the contract;
- It offers the potential for greater efficiency in service delivery and therefore improved cost effectiveness.

5.4 The advantages of an integrated service as listed above are

expected to result in improved outcomes for Halton residents. For example sometimes patients are seen by one service for their contraceptive needs but then have to be referred to another service for sexually transmitted infections and vice versa. The pathways do not facilitate easy, fast interventions for the patient and the costs associated with this approach are often borne by the patient in relation to time and travel to another clinic appointment. This could delay treatment which could lead to an increase in unwanted pregnancies and/or the prevalence sexually transmitted infections.

5.5 Consequently the expected outcomes of an integrated sexual health service are:

- A reduction in unwanted pregnancies, particularly teenage pregnancies since currently service users (often young people) visiting genito-urinary medicine clinics are offered condoms only and their longer term contraceptive needs are not discussed;
- A reduction in the prevalence of sexually transmitted infections. It is important to note that initially the integrated service is likely to show an increase in the number of STIs as more people are offered tests. This is a positive thing as it means they can be treated thus helping to control the spread of the infection.

5.6 The Department of Health has published a suggested specification for integrated sexual health services which local authority Public Health Departments are free to adopt or tailor as they wish to fit local circumstances. The authority is also participating in an on-going review of sexual health services across Cheshire and Merseyside facilitated by public health collaborative service *CHaMPS* and as part of this has carried out Sexual Health surveys with the general public and with stakeholders. The outcome of this work will be used to inform the development of Halton's specification.

5.7 Tender submissions will be evaluated on quality as well as price and tenders will be reported to the Board in the normal way.

5.8 A timetable for the proposed tender is attached for Executive Board's approval at Appendix B.

6.0 **BUSINESS CASE**

6.1 **Value for Money**

The purpose of the extension to the two contracts is to ensure service provision is maintained at current levels until the new service is operational. The contract for the new service will be awarded on

the basis of quality and price, thus ensuring value for money.

6.2 Transparency

Contracts will be recorded in the Council's Contracts Register accessible via the internet together with the publication of all spend in excess of £500,000.

6.3 Propriety and Security

The extension of the contracts referred to in this report will be compliant with Halton Borough Council's Procurement Standing Orders. Compliance with anti-corruption practices will be adhered to and any of the contracts within the subject of this report will be terminated if there is any occurrence of corruption by any organisation or their staff.

6.4 Accountability

The contracts will be performance managed and service standards monitored by commissioners and the contracts team.

6.5 Position of the Contract under the Public Contracts Regulations 2006

These contracts are Part B exempt services and do not need to be advertised in the OJEU.

7.0 POLICY IMPLICATIONS

7.1 The method of procurement complies with the Council's procurement policy and Procurement Standing Orders, and will utilise The Chest e-procurement portal.

8.0 FINANCIAL IMPLICATIONS

8.1 As outlined in the report the provision of Public Health sexual health services in Halton currently costs over £1.1 million and therefore represents a significant proportion of the total Public Health budget.

9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

9.1 Children and Young People in Halton

The services provided aim to prevent the spread of sexually transmitted infections in young people (and adults) and reduce levels of teenage pregnancy.

9.2 Employment, Learning and Skills in Halton

N/A

9.3 A Healthy Halton

The services aim to prevent the incidence and spread of sexually transmitted infections in Halton.

9.4 **A Safer Halton**
N/A.

9.5 **Halton's Urban Renewal**
N/A.

10.0 RISK ANALYSIS

10.1 Risk will be a particular consideration in the tender evaluation process. Robust service monitoring should provide early warning of any performance issues.

10.2 Some existing sexual health services are currently shared with St Helens including the Community Sexual Health contract. There is a risk that commissioning decisions made by either authority could result in destabilisation of the services. Commissioners from both local authorities are working together to try to minimise this risk.

11.0 EQUALITY AND DIVERSITY ISSUES

11.1 All contractors will be required to demonstrate that they embrace and comply with the Equality Act, and services will be monitored to ensure this is the case.

12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.

Appendix A

Public Health Sexual Health contracts included in scope of Integrated Sexual Health contracts

Name of service	Description	Current service provider	Contractual position
Community Sexual Health Service (CASH and Health Improvement)	<p>Community sexual health services provide clinics within the community to provide contraception advice, support and interventions and sexually transmitted infection advice, support and interventions/treatment that does not need specialist doctor and nurse level intervention. Within Halton there are both young people's specific clinics and adult clinics.</p> <p>Sexual health promotion is delivered by two specialists which includes delivery of training, events and promotional materials and the development and updating of the Halton and St Helens branded website 'www.getiton.org.uk'</p> <p>The service includes referrals for erectile dysfunction and psychosexual counselling which mean that people with ongoing sexual health problems can be seen and treated in community clinics rather than referral into hospital settings.</p>	St Helens and Knowsley NHS Teaching Hospitals Trust	Contract expires March 2014 Extension sought to 1 st October 2014
Young People's Sexual Health Support Service	This service provides advice, support and non specialist interventions on contraception and sexually transmitted infections specifically for young people aged under 25. The service is mainly provided via clinics at Connexions in Halton Lea which are staffed by a nurse and education worker.	Brook Liverpool, Halton and Wirral	Contract expires March 2014 Extension sought to 1 st October 2014
Genito-urinary medicine (GUM) Provision	This service is provided from Halton Hospital and provides all levels of sexually transmitted infections screening, health promotion, contact tracing and treatment. This will include diagnosis of HIV/AIDS which is a Local Authority responsibility, however treatment of patients with HIV is commissioned by the National Commissioning Board.	Halton and Warrington NHS Foundation Trust	Original contract expired March 2013 – Executive Board approved a 12 months with an option for a further 12 months at its meeting of February 28 th 2013
Chlamydia screening	This service was set up as part of the Chlamydia screening programme with the aim to co-ordinate tests for Chlamydia in the 15 – 24 year olds. THT co-ordinate the screens training services in touch with young people to opportunistically test, they do outreach to areas where young people are not in touch with services to increase testing, they provide treatments for positive cases, compliance checks and contact tracing of	Terrence Higgins Trust	Original contract expired March 2013 – Executive Board approved a 12 months with an option for a further 12 months at its meeting of February 28 th 2013

partners.		
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Appendix B

PROJECT TIMETABLE	Provision of Sexual Health Services
TYPE OF CONTRACT	Open process (Part B Exempt)
PERIOD OF CONTRACT	3 years with option for annual extensions up to two additional years

TENDER TIMETABLE

	OPEN PROCESS	
ACTION	Date (provisional)	Time Allocated
Prepare Preliminary Estimates Report	November 2013	
Draft Tender Documents. Comprising: MIQ / PQQ (questionnaire and matrix) , ITT (contract and specification(s)), TUPE, Performance Monitoring etc.	<i>Finalise all documents prior to/in advance of tender publication</i>	3 months
Prepare Advertising Document (template)	November 2013 – January 2014 The timeline incorporates a minimum 6 week consultation period	
- Advertise Contract on The Chest portal.	Week commencing 3 rd February 2013 <i>All tender documents issued</i>	1 day

Provider event?	<i>To be confirmed</i>	
Closing date for questions relating to ITT	Week commencing 3rd March 2014	
Closing date/time for submission of ITT / Tenders	Week commencing 17 th March 2014	6 weeks (from advertising)
Verification – ‘Remove Seal’	Week commencing 24th March 2014	1 day
Evaluate mandatory information on ITT	Week commencing 31 st March 2014	1 week
Evaluate / Moderate ITTs - Panel	Weeks commencing 7 th and 14th April 2014	2 weeks
Inform Short-listed Suppliers	Week commencing 14 th April 2014	1 day
Presentation & Interview	<i>Weeks commencing 5th and 12th May 2014</i>	2 weeks
Final evaluation		
SMT	<i>Held every Wednesday morning.</i>	1 day
Sign off at Executive Board <i>(allow 5 working days from publication of minutes for call-in period)</i>	Week commencing 9th June 2014	1 day
Intention(s) to Contract	Week commencing 23rd June 2014 <i>(following 5 day call in period)</i>	1 day
Mobilisation period	<i>1st July 2014 to 30th September 2014</i>	3 months
Award Contract / Contract start date	1 st October 2014	1 day
OJEU Award Notice (My Tenders)		1 day
Internal only:		
1.	Check if successful supplier is set up on Agresso	1 day
2.	Provide client with correct expenditure code	
3.	Provide client with correct ProClass code	

These dates are indicative and are subject to change by the Council

