

North Tyneside Council

Report to Cabinet

Date: 25 November 2019

Title: Integrated Sexual Health Services Procurement Exercise 2020/21

Portfolio(s):	Public Health and Wellbeing	Cabinet Member(s):	Councillor Margaret Hall
Report from Service Area:	Public Health Commissioning and Asset Management		
Responsible Officer:	Wendy Burke, Director of Public Health Mark Longstaff, Head of Commissioning and Asset Management	Tel: (0191) 6432104 Tel: (0191) 6438089	
Wards affected:	All		

PART 1

1.1 Executive Summary:

North Tyneside Council has a statutory duty to improve the health of the population and to provide local public health services.

The specific responsibilities are set out in the Health and Social Care Act 2012 and associated regulations and include a mandated requirement for local authorities to provide or make arrangements to secure the provision of comprehensive open access **sexual health services**.

The current contract for the open access sexual health service in North Tyneside is held by Northumbria Healthcare NHS Foundation Trust (NHCFT). It went live on 1 October 2015 and is due to expire on 31 March 2021. In accordance with Contract Standing Order 8(4), this Report requests approval to proceed with a re-procurement exercise as the estimated potential total contract value to be procured will exceed £500,000.

1.2 Recommendation(s):

It is recommended that Cabinet delegate authority to the Director of Public Health, in consultation with the Head of Health, Education, Care and Safeguarding, Head of Commissioning and Asset Management, Head of Resources, Head of Law and Governance and the Cabinet Members for Public Health and Wellbeing and Finance and Resources to:

- i. undertake a procurement exercise for Sexual Health services in North Tyneside to identify a provider(s);
- ii. appoint and award following the procurement exercise, a Contract for the provision of a Sexual Health Service across the borough for an initial contract

period of 36 months, with an option to extend for a further two 12 months periods.

This length of contract is designed to encourage interest from a wide range of organisations and to provide financial sustainability to the successful provider who will be expected to act as a strategic lead for sexual health services in the Borough.

1.3 Forward Plan:

28 days notice of this report has been given and it first appeared on the Forward Plan that was published on 24 October 2019.

1.4 Council Plan and Policy Framework:

This report directly links to the Our North Tyneside Plan 'People' Theme and to the priorities of 'Our people will be healthy and well – with the information, skills and opportunities to maintain and improve their health, well-being and independence.

1.5 Information:

1.5.1 Background

Sexual health is an important part of people's lives and the consequence of poor sexual health can be serious both in terms of the health and wellbeing of individuals but can also be costly to healthcare services. Prevention is central to achieving good sexual health outcomes and entails changes that reduce the risks of poor outcomes and activities that encourage healthy behaviours.

There is strong evidence to suggest that sexual health outcomes can be improved by easy access to high quality information and good quality sexual health services that provide:

- accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health
- preventative interventions that build personal resilience and self-esteem and promote healthy choices
- rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times
- early, accurate and effective diagnosis and treatment of sexually transmitted diseases (STIs), including HIV, combined with the notification of partners who may be at risk
- joined-up provision that enables a seamless journey for individuals across a range of sexual health and other services including community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings.

The commissioning of sexual health services largely falls within the remit of local authorities' public health departments, rather than the NHS. However, some aspects of sexual health are commissioned by CCGs and NHS England (NHSE).

The responsibility of Local Authorities, in accordance with the mandated duties under the Health and Social Care Act 2012, are set out below.

- i) Community contraception and:

- Long Acting Reversible Contraception (LARC) in general practice
- Emergency Hormonal Contraception (EHC) in pharmacies
- ii) Community STI diagnosis and treatment, Chlamydia screening as part of the National Chlamydia Screening Programme (NCSP); HIV testing and partner notification for STIs and HIV
- iii) Targeted Sexual Health Promotion and HIV prevention
- iv) Free Condom scheme (C-Card)
- v) Psychosexual services (sexual health element)

The ambition of the NHS Long Term Plan published in January 2019 is for the NHS and local authorities to work together at the community level to tackle the root causes of poor health and provide targeted services for those most at risk particularly in sexual health services. This ambition is underpinned by the findings from the House of Commons Health and Social Care Committee report on sexual health published in June 2019 which recommends that the NHS should work much more closely with local authorities to ensure collaborative commissioning of sexual health services.

1.5.2 Sexual Health in North Tyneside – Regional and National Comparisons

The sexual health service in North Tyneside is well used with a throughput of almost 20,000 clients in 2018/19.

In the last quarter of 2018/19 75% of attendances for diagnosis and treatment of STI's were from the under 35 year old age group, with over half of these being under the age of 25 years. In terms of gender, there is an even split between males and females and people attend from all wards in the borough.

The contraception element of the service is predominately used by females over the age of 25. In the last quarter of 2018/19 40% of attendances were from the under 25 year old age group.

The importance of improving sexual health is acknowledged in the Public Health Outcomes Framework with the inclusion of three sexual health indicators: the rate of under 18 conceptions; chlamydia diagnoses in 15-14 year old and late presentation of HIV. The borough performs favourably against the North East and National averages in all three indicators.

At a national level there has been an increase in new STI diagnoses in 2018. In the same period in North Tyneside the number of new STI diagnoses has remained stable with decreases in the number of the major STIs (notably syphilis) but there has been a slight increase in number of new diagnoses of genital warts and herpes.

According to NICE guidelines prevalence of HIV is considered low in the North Tyneside and there has been a decrease in new diagnoses in 2018. This is a general trend nationally. However, rates of late diagnoses, the most important predictor of morbidity and mortality among those with HIV infection has increased in 2018 nationally, regionally and in North Tyneside, although the numbers are small.

1.5.3 Proposal for a Sexual Health Service from 1 April 2021

In line with the Authority's Procurement Strategy consideration must be given to whether any part of the service can be directly delivered by the Authority. There is no evidence of any Local Authority in England in-sourcing a sexual health service. This is likely to be due to the highly specialist and clinical nature of the service.

The procurement will be guided by a detailed phased project plan. A brief outline of the plan is set out below:

Phase 1	Sept to Nov 2019	Scoping/Design and Development
Phase 2	Sept 2019 – March 2020	Engagement and Development
Phase 3	April to July 2020	Pre-tender period
Phase 4	Aug – Sept 2020	Main procurement activity
Phase 5	October 2020	Evaluation of bids/selection of provider
Phase 6	October 2020	Decision and Approval to Award
Phase 7	November 2020	Contract let and Final Contract conclusion
Phase 8	Dec 2020 – March 2021	Service Transition/mobilisation
Phase 9	April 2021 onwards	Contract management and monitoring

A Procurement Steering Group (PSG) will be convened with representatives from the LA, CCG and NHSE to enable a whole system review of sexual health services for residents in North Tyneside and to facilitate more collaborative approaches to commissioning.

1.5.4 Engagement and Development

A detailed Needs Assessment is currently being carried out. It is anticipated that this will be concluded by December 2019 and will form the basis for a comprehensive consultation exercise planned for January – March 2020.

The proposed consultation exercise will entail consultation with service users, potential service users, the general public and professionals and other organisations.

1.6 **Decision options:**

Option 1:

Cabinet to not approve the suggested Integrated Sexual Health Services Procurement Exercise 2020/21 set out at 1.2 and request Officers to look at alternative options.

Option 2:

Cabinet to approve the proposed Integrated Sexual Health Services Procurement Exercise 2020/21 set out at 1.2.

1.7 **Reasons for recommended option:**

Option 2 is recommended in order to continue to provide and improve a model of integrated sexual health services that is based on expressed local need and evidence of effectiveness, also ensuring best value for the Authority.

Local Authorities have the duty to reduce health inequalities and improve the health of their local population. The provision of open access sexual health services is mandated under the provisions of the Health and Social Care Act 2012. The current contract for the delivery of a sexual health service will terminate on 31 March 2020. If approved, the Authority will be in a position to commence a procurement exercise to appoint a replacement provider when the current contract comes to an end, allow for a comprehensive consultation exercise to be carried out and provide a sufficient transition period.

If the preferred option is not approved, the Authority will be unable to undertake the proposed procurement exercise and will be unable to meet its obligations under the Health and Social Care Act 2012.

1.8 Appendices:

There are no Appendices to this report.

1.9 Contact officers:

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Oonagh Mallon, Commissioning Manager	tel: (0191) 643 6434
Lynne Allen, Category Manager	tel: (0191) 643 5661
Sue Graham Finance Business Manager	tel: (0191) 643 7038

1.10 Background information:

The following background papers have been used in the compilation of this report and are available at the link and at the office of the author:

- (1) [The NHS Long Term Plan](#) (Department of Health and Social Care – online version)
- (2) [The Prevention Green Paper](#) (Cabinet Office/Department of Health and Social Care, July 2019)
- (3) [Health Matters: preventing STIs](#) (Public Health England, 21 August 2019)
- (4) [Commissioning local HIV sexual and reproductive health services](#) (Public Health England, 26 March 2018)
- (5) [Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV](#) (Public Health England, 2 March 2015)
- (6) [House of Commons, Health and Social Care Committee – Sexual Health](#) (House of Commons, 2 June 2019)

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

- 2.1.1 Out of the Authority's £12.102m Public Health ring-fenced grant, £1.850m is currently spent on Sexual Health Services. Procurement decisions will be made within the envelope of the funding available.
- 2.1.2 Procurement is an important tool in the drive for both quality improvement and greater efficiency.
- 2.1.3 Re-procuring Sexual Health Services may have the potential to achieve efficiencies.

2.2 Legal

- 2.2.1 The commissioning responsibilities of local government, Clinical Commissioning Groups and NHS England are set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are further detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. These mandate local authorities to commission confidential, open access services for sexually transmitted infections and contraception as well as reasonable access to all methods of contraception.
- 2.2.2 The procurement of a provider to deliver Sexual Health Services under a contract with the Authority will be a contract for services and as such will be governed by the Public Contracts Regulations 2015 (PCR). The Authority will carry out an open procurement exercise through the North East Procurement Organisation portal to determine the most suitable provider for this service. In doing so, the Authority will comply with the PCR 2015.
- 2.2.3 The nature of this service falls under schedule 3 of the PCR 2015 and to which Regulations 74, 75 and 76 apply, which means that what is commonly known as the 'Light Touch Regime' can apply to this procurement. This allows the Authority some degree of flexibility in the procurement process (including over the time periods for the procurement). There is potential risk of challenge with any procurement using a mechanism not expressly authorised by the PCR but the level of risk will be mitigated by the service falling under Schedule 3 provided that the Authority still complies with the European Commission's overarching principles of fairness, transparency and equal treatment for all bidders.
- 2.2.4 If Cabinet agree to the recommendations contained in this report, a further delegated officer decision will need to be taken by the Director of Public Health in consultation with the Head of Health, Education, Care and Safeguarding, Head of Commissioning and Asset Management, Head of Finance and Head of Law and Governance prior to the award of the contract to the identified provider. Twenty eight days notice on the Forward Plan of the delegated officer decision must be given and a record of the decision taken together with the report to the officer making the decision will need to be produced and published on the Authority's website (unless the matter for decision involves exempt or confidential information in accordance with Part 1 of Schedule 12A to the Local Government Act 1972).
- 2.2.5 The Authority also has a duty to secure best value from any procurement that it undertakes. The duty to secure best value applies to all procurements equally, and this is achieved by compliance with the Authority's Contract Standing Orders.
- 2.2.6 The regulatory requirements applicable to the Public Health services procurement exercise detailed in this report will be undertaken in such a way to take account of the procurement regulations prevailing at the time.

2.3 Consultation/community engagement

2.3.1 Internal Consultation

Consultation will take place with internal stakeholders such as the 0-19 Public Health Service, North Tyneside YOS, Schools, Housing and Homelessness services and will be guided by the Integrated Sexual Health Procurement 2020/21 – Communication and Engagement Strategy, which is currently being produced.

2.3.2 External Consultation/Engagement

Discussions at contract meetings with providers have taken place since 2013. A letter to the current provider has been sent informing them of the expiry of the current Contract and our intention to commence a re-procurement exercise.

Additionally, extensive consultation will take place with stakeholders including service users and will be guided by the Integrated Sexual Health Procurement 2020/21 – Communication and Engagement Strategy.

2.4 Human rights

There are no Human Rights implications arising from this report.

2.5 Equalities and diversity

Currently there is a difference in the life expectancy between the most deprived and least deprived communities in the borough. The commissioning and delivery of services will aim to focus on closing this gap by ensuring that services target those who are most vulnerable and at highest risk of developing disease.

The procurement of sexual health services will be progressed in accordance with the aims and requirements of the 2010 Equality Act and the Public Sector Equality Duty.

The Tender documentation will require potential providers of sexual health services to confirm that they comply with all legal obligations for those with protected characteristics; an assurance that they are up to date with all relevant in legislation and that they have not been the subject of formal investigation on the grounds of unlawful discrimination.

The Contract will also contain a specific section in relation to equity of access, equality and non discriminatory practice which outlines the obligation on the provider to assure the Council on how it will comply with the requirements of the 2010 Equality Act and Public Sector Equality Duty.

Equality Impact Assessments are integral to the commissioning and procurement process. The Integrated Sexual Health Procurement – Communication and Engagement Strategy contains the commitment to undertake an Equality Impact Assessment at each stage of the consultation process.

2.6 Risk management

2.6.1 There are specific risks in procuring clinical services. It is anticipated that these risks will be managed through:

- Robust Service Specification following national guidance provided by Public Health England in 'Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV' – 2014
- Clear standards
- A system of reporting for serious untoward incidents
- Adequate clinical governance arrangements

2.6.2 In particular the following risks will require specific attention by senior managers:

- Political issues may arise with the possibility of awarding contract/s to private provider/s.
- There is the risk of service disruption during the transition period which may lead to increases in teenage pregnancy, increase in unintended pregnancy rates, late diagnosis of HIV which have health and cost implications
- Budgetary risks associated with the requirement for access to assessment and treatment for emerging conditions such as mycoplasma genitalium and resistant gonorrhoea

2.6.3 In procuring services from new providers there are risks of service disruption during transition. These risks will be managed as part of the project plan.

2.6.4 The risks associated with re-procuring sexual health services will be fully assessed and a detailed delivery plan will be developed to mitigate the risks identified.

2.6.5 Current providers:

- Impact upon relationships with current provider
- TUPE implications where it is decided that the service is provided by a new provider, either private or public sector.

2.7 Crime and disorder

There are no crime and disorder issues arising directly from this report. The tender specification will highlight the importance of safeguarding issues and this aspect will form part of the evaluation process.

2.8 Environment and sustainability

There are no Environment and Sustainability Implications arising from this report.

PART 3 - SIGN OFF

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| • Chief Executive | <input checked="" type="checkbox"/> |
| • Head(s) of Service | <input checked="" type="checkbox"/> |
| • Mayor/Cabinet Member(s) | <input checked="" type="checkbox"/> |
| • Chief Finance Officer | <input checked="" type="checkbox"/> |
| • Monitoring Officer | <input checked="" type="checkbox"/> |
| • Head of Corporate Strategy and Customer Service | <input checked="" type="checkbox"/> |