

## **Cabinet – 3 February 2016**

### **Award of new contract for Integrated Sexual Health Services 2016/17**

**Portfolio:** Councillor Rose Martin, Public Health and Wellbeing

**Related portfolios:**

**Service:** Economy and Environment Directorate - Public Health

**Wards:** All

**Key decision** Yes

**Forward plan** Yes

#### **1 Summary**

- 1.1 Cabinet (9<sup>th</sup> September 2015) approved the new service design (described in Appendix 1 and paragraph 3.3.1 of this report) and approved the commencement of an open competitive tendering process for the new service, to be in place by 1<sup>st</sup> June 2016.
- 1.2 This report seeks approval for the award of a contract for provision of Integrated Sexual Health Services, following the conclusion of the procurement process.
- 1.3 The new contract will implement service changes, affecting more than two wards in the borough of Walsall that were the subject of a previous Cabinet Report on 9 September 2015.
- 1.4 The provision of open access sexual health services by local authorities is mandated and is currently funded from the ring fenced Public Health grant. As part of the transition from National Health Service to local authorities, existing contracts, including those for sexual health services, were extended until 31 March 2016.
- 1.5 The services referred to in this report will have a positive and sustained impact on the Council's agreed purpose and priorities. In particular improve the lives and life chances for everyone who lives and works in the Borough of Walsall by ensuring a positive and respectful approach to sexuality and sexual relationships. The potential longer term savings to the borough include the following:
  - Improving health and well being, including independence for older people and the protection of vulnerable people;
  - Creating safe, sustainable and inclusive communities ;
  - Improving safeguarding, learning and the life chances for children and young people raising aspirations; and
  - Create a modern, dynamic and efficient workforce designed around what residents need.

- 1.6 In March 2013, the Department of Health published 'A Framework for Sexual Health Improvement' which sets out the national ambition for good sexual health and provides a comprehensive package of evidence, interventions and actions to improve Sexual Health outcomes. This acted as a national driver towards the provision of integrated sexual health services and a national service specification<sup>1</sup> to support this model of sexual health service delivery.
- 1.7 The local commissioning intention is to procure services with a single lead provider who will work in collaboration with the Third Sector to access those key target groups most at risk of poor sexual health outcomes. The service provider will deliver a single access and risk assessment service, supported by a rebalanced clinical and Third Sector support services. The redesigned provision will advocate a more self management/testing service underpinned by greater prevention/promotion focused delivery.

## **2 Recommendations**

Following consideration of the confidential report in the private session of the agenda, Cabinet approve the following recommendations:

- 2.1 That Cabinet approve the award of a contract for Integrated Sexual Health Services, for an initial term of two years and ten months, to commence service delivery from the 1<sup>st</sup> June 2016 until 31<sup>st</sup> March 2019, with the option to extend the initial term by a further two consecutive twelve month periods, from 1 April 2019.
- 2.2 That Cabinet delegate authority to the Director of Public Health, in consultation with the Portfolio Holder for Public Health and Wellbeing, to enter into a new contract to deliver Integrated Sexual Health Services, by using the most appropriate procedures and to subsequently authorise the sealing of any deeds, contracts or other related documents for such service.

## **3 Report detail**

### **3.1 Sexual Health and Contraception Services in Walsall**

- 3.1.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require local authorities to arrange for the provision of open access genitourinary medicine and contraception services for all age groups. This covers free testing and treatment for sexually transmitted infections, notification of sexual partners of infected persons and free access to comprehensive contraception and advice on preventing unintended pregnancy.
- 3.1.2 Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. Regulations refer to the provision of "open access services for the benefit of all persons present in the area". This means that services cannot be restricted only to people who can prove that they live in

---

<sup>1</sup> Department of Health (2013) Integrated Sexual Health Services: National Service Specification  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/210726/Service\\_Specification\\_with\\_covering\\_note.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf)

the area, or who are registered with a local General Practitioner. Open access services must be confidential.

- 3.1.3 The requirement to provide open access services does not however prevent authorities from providing services targeted at specific groups, for example the provision of young people's services for the under 25s. However, the overall service offer must be open access, and everyone present in the local authority area must be able to access services, irrespective of age, gender or sexual orientation. Whilst the majority of services in Walsall are truly open access there are a number of interventions targeted at the under-25 year olds only.
- 3.1.4 Education and prevention targeted to those people most at risk of poor sexual health is crucial to improve outcomes and the health of the local population. In particular, robust prevention targeted at vulnerable groups can support people to develop the knowledge and skills to prevent poor sexual health and therefore reduce demand for services such as sexually transmitted infections testing and treatment.
- 3.1.5 The local authority is responsible for commissioning clinically safe services. Sexual health services do carry a clinical risk, particularly in both genito urinary medicine and contraception services as well as potential issues in relation to safeguarding and medicines management. It is therefore important that there are robust clinical governance assurance arrangements in place.

## **3.2 Integrated service model**

- 3.2.1 Integration of service will enable efficiencies to be gained and a more seamless approach from the service users' point of view by:
- Prime contractor model;
  - Delivering services from a single access point, in one appointment if appropriate thereby minimising the number of separate appointments/contacts which need to be made;
  - Maximise the use of specialist clinic slots;
  - Better use of staff resource;
  - Introduction of a standardised patient management system;
  - Uniform pricing structure to be used across the Walsall area;
  - Fixed budget agreement for the contracted period ;
  - Promoting greater opportunities for self management; and
  - Ensure greater transparency in relation to service delivery.

## **3.3 The Procurement Process**

- 3.3.1 Tenders were sought for the delivery of the redesigned model for Integrated Sexual Health Services using an open procurement process which commenced on 20<sup>th</sup> October 2015. A Contract Notice was issued to alert the market to the tender in accordance with EU regulations and the Council's Contract Rules. In addition, the opportunity was posted to the Council's e-tendering portal, "In-tend".
- 3.3.2 The Council received a single tender submission detailing the required partnership with Third Sector agencies.

- 3.3.3 The tender evaluation model used a combination of price and technical merit/quality. The overall weightings used were Price 15% and Technical Merit/Quality 85%. Bidders were required to complete a technical questionnaire which sought to test their understanding of the service requirements as well as their capacity and capability to deliver the service in the future.
- 3.3.4 The tender was evaluated by a range of partners including senior officers from Walsall Council Public Health, Procurement and Finance teams and representation from Walsall Clinical Commissioning Group.
- 3.3.5 Following evaluation against the advertised criteria and on consideration of the outcome of the evaluation it is recommended that the contract is awarded to the only Bidder who tendered, at a total cost of £6, 296,967 for the period of 3 years.
- 3.3.6 Given the commercially sensitive nature of the tender evaluation information, a report detailing the evaluation criteria and the outcome of the evaluation appears in the private agenda.

## **4 Council priorities**

- 4.1 In February 2015 the Council adopted the Corporate Plan 2015-2019, 'Shaping a Fairer Future'. The plan has been informed by intelligence from the 2011 Census, Index of Deprivation 2010 and the three key thematic needs assessments:
- Joint Strategic Needs Assessment (JSNA);
  - Economic Needs Assessment; and
  - Safer Walsall Community Safety Assessment.
- 4.2 The Corporate Plan priorities which these services will contribute to are listed below:
- Improving health and wellbeing, including independence for older people and the protection of vulnerable people;
  - Creating safe, sustainable and inclusive communities;
  - Improving safeguarding, learning and the life chances for Children and Young People raising aspirations; and
  - Create a modern, dynamic and efficient workforce designed around what residents need.
- 4.3 The Public Health services referred to in this report will have a positive and sustained impact on the objectives and priorities as set out, and for the Health and Wellbeing portfolio generally, both through active engagement with Walsall residents and through partnership.

## **5 Risk management**

- 5.1 The risks relating to both the procurement and service implementation have been actively assessed and managed as part of the tendering process.

- 5.2 Following the recent announcement by the national government of its plans to reduce grant allocations to local authorities for Public Health services, there is a potential risk to the Public Health budget in future years and any impact on services will need to be considered at the appropriate time, as necessary. In the case of a reduction in the funding available for the extension period(s) the Council will retain the right to vary the content of service specification and renegotiate the contract value in line with any budgetary reductions.
- 5.3 Maintenance of service quality will be monitored and assured throughout the lifetime of the new contract by reporting of achievement of key performance indicators at regular contract meetings with the service providers who are appointed.

## **6 Financial implications**

- 6.1 The total value of the contract per annum is £2,227,400 and this will be funded through the Public Health ring fenced budget as previously agreed by Council.
- 6.2 Any extensions to the contract will be funded through the Public Health budget and will not result in Public Health exceeding its ring fenced budget in the relevant period and would be managed in line with Council procurement rules. In the case of a reduction in the funding available for the extension period(s) the Council will need to retain the right to renegotiate the contract value with the service provider.

## **7 Legal implications**

- 7.1 All contractual arrangements have been procured in compliance with the Public Contracts Regulations 2015 and in accordance with the Council's Contract Rules.
- 7.2 All new services will be evidenced by a written contract in a form approved by the Head of Legal and Democratic Services and shall be made under the Council's seal.

## **8 Property implications**

- 8.1 The preferred bidder will provide new premises from which to deliver the service. The current provider delivers the service from a Council owned building and Asset Management will work with the provider to manage their exit from the building.

## **9 Health and wellbeing implications**

- 9.1 The Council has a statutory duty to promote the health and wellbeing of its population. The Public Health contract for which Cabinet approval to the award is being sought under this report has been designed based upon feedback from service users and upon knowledge of effectiveness from published research and from other geographical areas to ensure that the health of the population is maximised in the most efficient manner. The procurement supports the Corporate Plan priorities for the Council by ensuring that these services protect the most vulnerable in Walsall and reduce health and wellbeing inequalities, an explicit

objective of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

- 9.2 The Integrated Sexual Health Service aims to provide a systematic multi-agency approach that places a greater emphasis on prevention, promotion and self management.

## **10 Staffing implications**

- 10.1 No staffing implications have been identified.

## **11 Equality implications**

- 11.1 The Equality Impact Assessment (EqIA) was undertaken and identified that there was no potential adverse impact on people with protected characteristics from the proposed service model; therefore no major change would be required. The EqIA attached at Appendix 2 of this report was considered by elected members at the Cabinet meeting on 9<sup>th</sup> September 2015 but is attached as a background paper to this report.

## **12 Consultation**

- 12.1 Specific consultation was undertaken in preparation for the tender of the Open Access Sexual Health Service and the details of the findings were included in the Cabinet Report (9<sup>th</sup> September 2105). In summary a wide range of service users and stakeholder organisations were consulted with 788 responses, the comments were noted and taken into consideration and there was general support for the proposed service model.

## **Background papers**

Towards a Health and Wellbeing Strategy: Joint Strategic Needs Assessment Health and Wellbeing Strategy 2013-2016

Transition of Public Health Contracts. Report to Health Scrutiny and Performance Panel 18 December 2012

Transition of Public Health contracts. Report to Cabinet 12 September 2012.

Department of Health 'A Framework for Sexual Health Improvement' March 2013.

Full Equality Impact Assessment.

Open Access Integrated Sexual Health Services Consultation Feedback Summary.

## **Appendix 1: New Service Model**

### **Author**

David Walker  
Senior Commissioning Manager  
Public Health

Adrian Roche  
Head of Social Inclusion  
Public Health

Dr Barbara Watt  
Director of Public Health


☎ 01922 653747

✉ [barbara.watt@walsall.gov.uk](mailto:barbara.watt@walsall.gov.uk)

A handwritten signature in black ink, appearing to be 'SN' with a stylized flourish.

Simon Neilson  
Executive Director

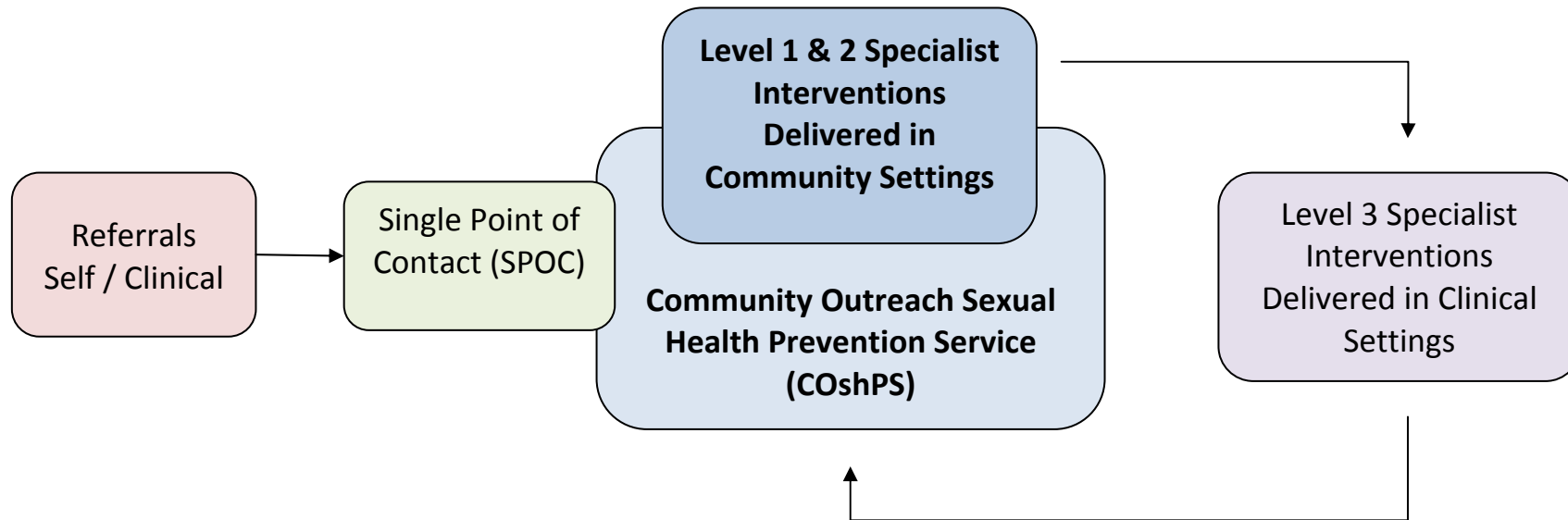
03 February 2016

A handwritten signature in blue ink, appearing to be 'Rose Martin' with a stylized flourish.

Councillor Rose Martin  
Portfolio Holder

03 February 2016

## Appendix 1. Walsall Integrated Sexual Health Model





## Appendix 2

### Equality Impact Assessment (EqlA) for Policies, Procedures and Services

Proposal name	Sexual Health (PH1) – Saving Options		
Directorate	Neighbourhood		
Service	Public Health		
Responsible Officer	Dr Uma Viswanathan/Dr Barbara Watt		
EqlA Author	David Walker		
<ul style="list-style-type: none"> <li>Date proposal started</li> <li>Updated in line with re-tendering consultation</li> </ul>	1-9-2014  24 -8-2015	Proposal commencement date (due or actual)	1-4-2015

<b>1</b>	<b>What is the purpose of the proposal?</b>	<b>Yes / No</b>	<b>New / revision</b>
	Policy	<b>No</b>	
	Procedure	<b>No</b>	
	Internal service	<b>No</b>	
	External Service	<b>Yes</b>	<b>revision</b>
	Other - give details		
<b>2</b>	<b>What are the intended outcomes, reasons for change? (The business case)</b>		
	Rationalisation of services providing STI prevention and Reproductive Health activity, reduction of Chlamydia screening and other outreach activity. Redesign of service to provide more integrated delivery.		
<b>3</b>	<b>Who is the proposal potential likely to affect?</b>		
	<b>People in Walsall</b>	<b>Yes / No</b>	<b>Detail</b>
	All	<b>No</b>	
	Specific group/s	<b>Yes</b>	<b>Users of Sexual Health services</b>
	Council employees	<b>No</b>	
	Other		
<b>4</b>	<b>Summarise your evidence, engagement and consultation.</b>		
	<p>From the 2013 Sexual Health report for Walsall the population aged 15 -24 years are at greatest risk of Sexually Transmitted Infections and unplanned pregnancies.</p> <p>Teenage Conceptions Walsall rate in 2012 was 46.1 conceptions per 1,000 girls aged 15 -17. This is significantly higher than three comparator rates; statistical neighbours, regionally and nationally</p> <p>The highest rates of all new STIs diagnosis for Males are amongst 15 – 24 years old. The highest rates of all new STIs diagnosis for Females are amongst 20-34 years old</p> <p>The largest number of new STIs diagnoses occur within the White ethnic group followed by the Black Caribbean ethnic group for both males and females.</p>		

Sexual relationships are an important part of people's lives and relationships. Good sexual health can be defined as the enjoyment of sexuality of your choice without causing or suffering physical or mental harm. Certain groups of the population experience disproportionately poor sexual health including young people, men who have sex with men, black Africans, prisoners, sex workers, refugees and asylum seekers, this makes it an important health inequality issue.

Nationally it is estimated that one-quarter of people infected with HIV are unaware of their infection

Direct care costs for late HIV presenters is estimated to be 200% higher than for early presenters (£230K per individual)

Chlamydia is the most commonly diagnosed sexually transmitted infection. Most people who have it will have no symptoms and will be at higher risk of being infected with other STIs.

Health promotion and education remains the cornerstone for reduction of STIs, particularly encouraging safer sexual behaviour, such as consistent condom use and reductions in the number and concurrency of sexual partnerships. In general, for most infections, a whole population approach, but with particular emphasis on young people and black Caribbean groups, remains the key. However, the epidemiology of some serious infections (HIV, syphilis and gonorrhoea), suggests that specific targeted programmes for men who have sex with men and black African groups are also required.

Reducing in the under-18 conception rate the rate of teenage pregnancy has fallen 30.8% since 1998 from 67.2 per 1,000 to 46.5 per 1,000 in 2012 this compares with a fall of 40.6%

Early parenthood is associated with poor health outcomes and life chances. It impacts the poorest communities and most vulnerable young people and widens health inequalities, contributes to worklessness and poverty, and leads to avoidable costs to the NHS and public sector in general.

Ensuring good access to contraception, including the most cost effective forms, to prevent unplanned pregnancies could achieve savings in avoided health and social costs

Public Health Walsall has been engaged in a programme of continuing development with the Walsall Health care Trust (WHT) since April 2013 to date.

Public Health Walsall funded a project manager to support WHT in the redesign of service delivery.

The Sexual Health Project board was established consisting of a number of stakeholders from Public Health and WHT and Walsall CCG.

A number of work packages were established –

- Work package one Partnerships, Public, Patient and Staff Engagement
- Work package two Estate Management
- Work package three Workforce Development
- Work package four Quality & Performance and Sexual Health Needs Assessment

All work packages have been completed and signed off by the project board.

The views of all parties including the work undertaken with the public and patients have been considered and incorporated into the proposed model of services going forward.

The Public Health team have sent out a booklet to all known stakeholder, interest groups

and service providers setting out which services are proposed to be cut and in which alternative services the subsequent funds will be invested as part of the “transformation” fund. In addition where meetings schedules have allowed Public Health representatives have presented the proposed cuts and transformation fund proposals to local professional groups and stakeholder groups e.g. Local Medical Council and Health Watch. The provider agencies that will be directly affected by the proposed cuts have all had the opportunity to have their say, where ever possible through face to face meetings e.g. Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust.

<b>What activity has taken place</b>	<ul style="list-style-type: none"> <li>• December 2014 Focus group,</li> <li>• Service users</li> <li>• MEL RESEARCH</li> </ul>
<b>Feedback</b> (using information from the Engagement folder)	<ul style="list-style-type: none"> <li>• Education and prevention are considered to be a vital part of health education and health promotion activity; any reduction likely to fuel an increase in sexually transmitted infections, particularly amongst young sexually-active people.</li> <li>• There is acknowledgement of the linkages between poor sexual health practice and drug and alcohol misuse; remodelling and a greater emphasis on joined up services will help ensure consistency of approach.</li> </ul>

<b>What activity has taken place</b>	<b>Budget Booklet Survey</b>
<b>Feedback</b> (using information from the Engagement folder)	There were 21 respondents, 57% support this proposal fully and 24% support with concerns/amendments. Almost all do not appear to have previously used this service. The one respondent who says they regularly use the service supports the proposal with concerns/ amendments with comments suggesting they will source the service elsewhere.

<b>What activity has taken place</b>	Online and paper surveys
<b>Feedback</b> (using information from the Engagement folder)	Overall most (72%) of the 25 respondents feel that some of the proposed public health savings can be made. Two people felt that none of the savings outlined should be made whilst 5 people were happy with the savings proposal.

There have been no consultation responses that have indicated any potential adverse impact, for people with protected characteristics.

In line with proposed re-tendering of Walsall Sexual Health services further consultation has taken place with local residents.

In total Public Health Walsall received over 788 responses to consultation document the breakdown as follows –

- 537 ‘face to face’ contacts across the borough of Walsall.
- Makeup of submissions included key groups as identified in Walsall Sexual Health Needs Assessment.
- Approached 3<sup>rd</sup> Sector organisations ( Black sisters, Aaina project, Sports and Leisure, Men’s Health Project, Street Teams, Children Services, Older People Services..)
- Interpreted the document – Easy Read for Disability UK & Children Centres
- Focus Groups (MSM, LGBT, Young People, LAC, BME & African)
- 160 Service Users – Paper submissions
- Consulted with Pharmacists, GPs, CCG
- Stakeholder Event – County Hotel.

### **Summary of Responses**

- There were 788 respondents to online sexual health consultation
- There were slightly higher proportion of females (58%) responding to the online sexual health consultation than males (41%).
- Over two thirds of respondents were aged between 16-34 years with great proportion within the 16-24 age cohorts (41.1%).
- The heterosexual or straight cohort had the highest representation with the online survey with LGBT community representing 10.8% .
- Just under a quarter of all respondents were from ethnic minority group as seen in figure below.
- The largest representation of respondents had indicated religious/belief as Christian (47.7%) followed by no religion or belief (36.1%).
- Three quarters of respondents indicated that they have no physical or mental health condition lasting or expected to last for 12 months or more.
- Just over a fifth (21.8%) of all respondents were from WS2 postcode sector which covers communities such as Alumwell, Bentley, Birchills/Reedwood, Pleck and Walsall Central
- Two thirds of respondents had used sexual health services and the preferred venues to obtain help, information or advice on sexual health matters were Walsall sexual health services (33.1%) followed by primary care services (20.2%).
- Respondents felt it was very important that the service should be welcoming and non-judgemental (69%)
- The look of the building should be discrete (62% very – quite important).
- Two thirds felt it very to quite important that SH services were close to their home, school/college or work place (66%).
- Over half respondents felt it was very important that service opening times should be flexible (don’t take time out of work, college or school).
- A third of respondents felt that location, distance and travelling time would put them off going to sexual health services, however vast majority felt it was no issue

	if location of services remained the same. <ul style="list-style-type: none"> <li>• Walk-in centre/GP practices were most popular venue to access sexual health services (%).</li> <li>• Just over three quarters of respondents (76.0%) supported the adoption of new technology (self testing kits).</li> </ul>			
<b>5</b>	<b>How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.</b>			
	<b>Characteristic</b>	<b>Affect</b>	<b>Reason</b>	<b>Action needed Y or N</b>
	Age	Positive	Under 25 more integrated delivery	N
	Disability	Neutral	No foreseen adverse impacts	N
	Gender reassignment	Neutral	No foreseen adverse impacts	N
	Marriage and civil partnership	Neutral	No foreseen adverse impacts	N
	Pregnancy and maternity	Neutral	No foreseen adverse impacts	N
	Race	Neutral	No foreseen adverse impacts	N
	Religion or belief	Neutral	No foreseen adverse impacts	N
	Sex	Neutral	No foreseen adverse impacts	N
	Sexual orientation	Positive	LGBT more integrated delivery	N
	Other (give detail)			
Further information				
<b>6</b>	<b>Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.</b>			<b>(Delete one) Yes / No</b>
	<u>LGBT &amp; U25's</u> <ul style="list-style-type: none"> <li>• Joined – up sexual health services</li> <li>• Integrated good quality, open access, confidential , cost effective and innovative services based on evidence to prevent crisis in our vulnerable groups.</li> <li>• Greater use of self management/ self testing methods</li> <li>• Building an honest open culture where everyone is able to make informed and healthy choices about relationships and sex</li> <li>• Better information about local services and targeted sexual health promotion</li> <li>• A cohesive sexual health offer to young people at school (SRE/School Nursing)</li> <li>• A robust primary care offer that GPs and Pharmacies deliver</li> <li>• Respond to the needs of young people by developing support that is co-ordinated by ensuring that there is a universal and targeted offer to young people.</li> </ul>			
<b>7</b>	<b>Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)</b>			
	<b>A</b>	<b>No major change required</b>		

	B	Adjustments needed to remove barriers or to better promote equality
	C	Continue despite possible adverse impact
	D	Stop and rethink your proposal

**Now complete the action and monitoring plan on the next page**

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome

Update to EqIA	
Date	Detail
22/12/2014	Update following Equality and Diversity Advisor comments received 18/12/2014.