

CABINET MEMBER DECISION

11 JULY 2016

SEXUAL HEALTH SERVICES TENDER

Relevant Cabinet Member

Mr J H Smith

Relevant Officer

Interim Director of Public Health

Recommendation

- 1. The Cabinet Member with Responsibility for Health & Well-Being is recommended to:**
 - (a) note the contents of the report, the outcome of the public procurement process and the Equality Impact Assessment;**
 - (b) agree that the contract for sexual health services until the end of March 2020 be awarded to the Worcestershire Health and Care Trust; and**
 - (c) authorise the Interim Director of Public Health to finalise the terms of that contract in consultation with the Acting Director of Commercial and Change and take all necessary steps to put it into effect.**

Background

2. In April 2013 upper tier Local Authorities were given new duties, which had formerly sat with the NHS, for improving the health and well-being of the local population, including in relation to sexual health services. On 16 July 2015 the Council's Cabinet approved a range of initial proposals for savings and reinvestment of the public health ring-fenced grant (PHRFG) and delegated a final decision for each service to the Cabinet Member with Responsibility for Health and Well-being in discussion with the (then) Director of Adult Services and Health. On 20 November 2015 the Cabinet Member agreed a reduction in the budget available for sexual health services, and this report covers the outcome of the procurement process for them, and recommends a final decision for the Cabinet Member to take.

3. The Council was required to tender for sexual health services under the requirements of the Local Authority procurement code and public procurement legislation. Existing contracts were set to expire in March 2016, and to enable a full tender process to take place, contracts were extended by 6 months and notice given for them to terminate on 30 September 2016.

4. The reforms under the Health and Social Care Act 2012 and associated legislation stipulate that upper tier and unitary authorities in Local Government have a mandated responsibility to commission open access Sexual Health Services. In particular, as part of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, Local Government is required to arrange for the provision of the following:

- Open access Sexual Health Services for everyone present in their area; covering
 - Free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
 - Free contraception and reasonable access to all methods of contraception.

5. Funded by the PHRFG, responsibility and existing contracts for these services transferred to the Council (as part of the transfer of Public Health functions) without a competitive tender process in April 2013. Together with a number of other locally developed Sexual Health Services they currently provide a joined-up approach to addressing a range of issues relating to personal sexual behaviour, contraception, and the prevention, testing, and treatment of sexually transmitted infections.

6. A Sexual Health Needs Assessment (SHNA) was undertaken which reviewed sexual health needs, current provision and best practice to identify recommendations to improve sexual health outcomes and inform the local commissioning of sexual health services. The SHNA recommended a redesign of sexual health services through the recommissioning process, and the replacement model be based on a lead provider model using a whole systems approach to ensure a greater proportion of integrated activity is focused on prevention and early intervention.

The procurement process

7. By the closing date for the submission of bids in early March 2016, the Council had received only one bid - from the Worcestershire Health and Care Trust (WHCT), who are the current holder of the main sexual health services contracts in Worcestershire.

8. The evaluation of this bid led to the decision that it was non-compliant due to an unacceptable pricing schedule, and the Council entered into an agreed period of negotiation without prior publication with WHCT in accordance with advice from the procurement team.

9. The negotiation process was concluded on 30 June with the revised final bid from WHCT being deemed acceptable in terms of both the quality (subject to agreed service transformation across the life of the contract) and pricing schedule, and agreement in principle that WHCT would be the preferred provider for the Integrated Sexual Health Services contract subject to formal ratification and Cabinet Member decision.

Legal, Financial and HR Implications

10. In line with the agreed reductions to the PHRFG that are set out in the Cabinet Member Decision dated 25 November 2015, the budget for the recommissioned Integrated Sexual Health Service was reduced by 12.5% and subsequently set at £4,337,000pa for a 3.5 year replacement contract, to expire in March 2020.

11. The SHNA suggested that this reduction could be achieved by reducing an expensive over-provision of clinically-led services which over time should be reduced through strengthened prevention activities to achieve sexual behaviour change. Early discussions with the current provider and a countywide sexual health strategic group suggested that savings could be achieved through this improvement activity without reducing outcomes.

Equality and Diversity Implications

12. A full Equality Impact Assessment (EIA) has been carried out in respect of the recommendations to recommission sexual health services in order that the Council can consider its decisions in the light of its Public Sector Equality Duty (PSED). This did not find any specific negative impacts for people with a protected characteristic, but it did highlight potential negative implications for the sexually active population as a whole. These are:

- Reductions or changes in service provision (as a result of less funding) may mean that sexual health outcomes could deteriorate beyond local and national trends leading to increases in infection rates, and unwanted/teenage pregnancy rates
- The ongoing impact of the exclusion of sexual and psychosexual counselling services from the tender is continuing to be assessed and evaluated in conjunction with other health & care commissioners. The intention is to mitigate any negative impact wherever possible.

13. The following mitigating action has been identified:

The impact of the increased prevention and early intervention work will be closely monitored in terms of activity, costs and outcomes through the Sexual Health Transformation Board and monitored through the life of the Contract.

The available sexual and psychosexual counselling provision will be reviewed jointly with all health and social care commissioners and any alternative or reduced service changes will be communicated.

It is therefore considered that the proposed action complies with the PSED and the Council's public health duties. The full EIA is attached as an Appendix.

Supporting Information

- Appendix – Equality Impact Assessment

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Interim Director of Public Health) the following are the background papers relating to the subject matter of this report:

- Agenda papers for the Cabinet meeting 16 July 2015 [here](#)

- Agenda papers for the Cabinet Member Decision taken on 20 November 2015 [here](#)
- SHNA [here](#)