

NOTICE OF MEETING

CABINET MEMBER SIGNING

Thursday, 21st March, 2024, 11.00 am - 2nd Floor, George Meehan House, 294 High Road, London, N22 8JZ (watch the live meeting [here](#) watch the recording [here](#))

Members: Councillor Lucia das Neves

1. FILMING AT MEETINGS

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

4. DEPUTATIONS / PETITIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

5. REQUEST FOR APPROVAL OF ACCEPTANCE OF THE GRANT AWARD TO HARINGEY COUNCIL FROM THE DEPARTMENT OF HEALTH AND SOCIAL CARE FOR ROUGH SLEEPING DRUG AND ALCOHOL TREATMENT (PAGES 1 - 8)

6. AWARD OF CONTRACT TO PROVIDE - COMMUNITY SEXUAL HEALTH SERVICES - OUTREACH AND HEALTH PROMOTION (PAGES 9 - 20)

7. EXCLUSION OF THE PRESS AND PUBLIC

Item 8 is likely to be subject to a motion to exclude the press and public from the meeting as it contains exempt information as defined in Section 100a of the Local Government Act 1972 (as amended by Section 12A of the Local Government Act 1985); para 3, namely information relating to the financial or business affairs of any particular person (including the authority holding that information).

8. EXEMPT - AWARD OF CONTRACT TO PROVIDE - COMMUNITY SEXUAL HEALTH SERVICES - OUTREACH AND HEALTH PROMOTION (PAGES 21 - 22)

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Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 13 March 2024

Report for: Cabinet Member for Health, Social Care and Wellbeing

Item number: 5

Title: Request for approval of acceptance of the grant award to Haringey council from the Department of Health and Social care for Rough Sleeping Drug and Alcohol treatment

Report authorised by : Dr Will Maimaris, Director of Public Health

Lead Officer: Sarah Hart

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

This report seeks approval to accept the Rough Sleeper Drug and Alcohol Grant 2024/2025

2. Cabinet Member Introduction

Not applicable

3. Recommendations

3.1. For the Cabinet Member for Health, Social Care and Wellbeing to approve the receipt of Department of Health and Social Care Rough Sleeping Drug and Alcohol Treatment grant of £702,145, for the year 2024/25 as permitted under Contract Standing Orders 16.02 and 17.1

4. Reasons for decision

4.1. Cabinet Member for Health, Social Care and Wellbeing has previously approved the receipt of the grant for financial year 2023/2024. An additional year of the grant has now been announced, which will allow us to continue to commission drug and alcohol services for those with a history of sleeping rough.

5. Alternative options considered.

5.1. The Council could refuse to receive the grant. However, the commissioned services are performing well, and there is a clear need for this work and strong support to tackle the impact of substance misuse on the homeless community, this option has been considered and rejected.

6. Background information

- 6.1. In response to the COVID-19 pandemic, the Minister for Local Government and Homelessness (Luke Hall MP) called on local authorities to assist in ensuring that all those sleeping rough or at risk of doing so, were accommodated. In response to 'Everybody In' the Council placed over 500 people into emergency accommodation. It is estimated that around 70% of those with a history of rough sleeping will have a substance misuse issue. People experiencing homelessness are among the most vulnerable and isolated in our society, with the poorest health outcomes. They often struggle to engage in mainstream services which they find too inflexible.
- 6.2. In 2020 Haringey became a phase one area for a new grant to improve access into substance misuse treatment for those with a history of rough sleeping and substance misuse. In 2021 this was extended to 2024, now a further year's funding for 2024-25 has been announced.
- 6.3. **Participation** – The grant was given to create a new substance misuse treatment workforce who would better meet the needs of homeless people. The design of the team and its way of working was undertaken through a series of participatory exercises which resulted in a theory of change. Service users, substance misuse staff, homeless workers, and peers, came together to decide how we would create something new, a substance misuse homeless team whose culture and way of working blended the empathy and skills of homeless workers with the clinical knowledge and skills of substance misuse workers. The consensus was for a team who were outward facing, delivering treatment where homeless people felt most comfortable. Participation continues to be core to delivery. There is a multi-agency quarterly steering group, which is always well attended. There are also smaller, less formal projects which homeless people are involved in i.e. designing training for workers, a harm reduction conference, and delivering an international women's day event. We have all recently worked together to raise funds for an activities/clinical building in our homeless unit.
- 6.4. **Current team model** - The grant application is used to commission the drug and alcohol rough sleeping team. This is made up of multi skilled workers from the organisations who deliver treatment services in Haringey. Bringing Unity Back into the Community (BUBIC) provide peer supporters and the drug and alcohol service, a senior practitioner, psychology, nurse prescribing, alcohol worker, eastern European worker, trainee, psychology, prescribing nurse and alcohol complex worker.
- 6.5. The team's method of delivery is based on the theory of change developed through participation. It is trauma informed and co locates where people who are homeless are most comfortable to engage, including the street, hostels, and Mulberry Junction. The outcomes of the service were agreed with funders as follows:
- **Access to treatment** - A team of psychologically informed specialist workers, provide rapid access services in the community where and

when people experiencing rough sleeping are best engaged. Peer mentors support people to navigate treatment and housing pathways.

- **Sustained engagement** - Trauma informed holistic system of 1:1 and groups ensure people feel safer to address their substance misuse. If it isn't the right time for treatment, then harm reduction and recovery activities,
- **Successful**- outcomes measurement is balanced between harm reduction and abstinence principles and people's own definitions of success.
- **Stable accommodation** - Every person has an integrated substance misuse and housing care/support plan. The team is involved in incident and risk management planning in emergency/supported housing, with the view to preventing evictions.
- - Bridges between mental health and substance misuse services are strengthened by the emerging MDT approach between our new Rough Sleeping Mental Health Service, Street Outreach Team and Council delivered services
- **GP registration** - All those with a history of rough sleeping are supported to register with a GP.
- **General health care** - Complex health needs are addressed via a GP with a special interest (GPSI) working with primary and secondary care and the homeless GP's.
- **Access to inpatient** - The team are reworking the inpatient pathway to account for the pace, needs and goals of people who have been rough sleeping.

6.6. **Monitoring and outcomes.** The service is overseen by an operational group which reports quarterly to multi partnership Substance Misuse Rough Sleepers Steering group, which includes people with lived experience. Outcomes are shown below. Haringey does report outcomes into funders however, there is not a universal outcome reporting system. This means that we don't have outcomes from other local authorities to benchmark against. However, we know Haringey is doing well as we have been chosen to be part of the national evaluation.

6.7. **Referrals and engagement** – the service has had in total 259 referrals, of whom 222 were accepted. It is very positive that referrals have increased as the service has developed.

- 1 referral in 2020
- 56 referrals in 2021
- 70 referrals in 2022
- 95 referrals in 2023 (up to December 2023)

6.8. These referrals have come from 26 sources, highlighting the wide range of agencies the team has contact with. More recently referrals via peers have increased, as clients act as advocates for the service.

6.9. **Commencement of treatment** – Haringey's ambitions clearly set out that the team will work with people who are homeless where they are in terms of their drug or alcohol use. So, for some this is providing harm reduction advice, ensuring they have the skills and equipment to prevent overdoses and

contraction of a blood borne virus. Stepping into structured treatment is important. Of the 222 accepted referrals, 146 (66%) have commenced structured treatment. That rate is increasing in 2022-23 it was 51% in 2023/24: Q1=81%Q2=74%. This is likely to be due to both people slowly engaging and moving at their pace into treatment and the service getting better. A major service improvement has been the establishment of 2 prescribing clinics in Mulberry Junction. At the start of the program women's engagement was poor however in the last quarter this has risen to 70%. Again, this improvement has a clear link to flexible practice, listening to women and their i.e. all services now have women only sessions, additional psychiatry led by a female has been introduced. Women who use substance are highly discriminated against and often seen as a problem or too complex. The celebrate the projects women, in March 2024 the women of our services are planning to host an event to celebrate international women's day.

6.10. Visible rough sleeping is associated with 'Other White' and 'White British' ethnicity groups and this is reflective in those who are engaged in the service. However, having Bringing Unity Back into the community (BUBIC) a black African organisation, as our peer led service, has ensured that 22% of those engaged with the service are Black Afro Caribbean and mixed-race homeless people.

6.11. **Primary substance** – of those engaging the primary substance is heroin with crack cocaine. Alcohol numbers are lower than expected, in part because of staffing vacancies. However, this is something we will explore in 2024/25.

Referred by Primary Drug

- **54%** of primary **alcohol** users,
- **80%** of primary **heroin** users,
- **50%** of primary **cannabis** users,
- **53%** of primary **crack** users have engaged.

6.12. **Housing status at referral** - 56% were officially sleeping rough at referral. The rest were at risk of homelessness.

6.13. A major issue for London and Haringey is helping people with no recourse to public funds. At stage of entry into the service, of the 222, 28 (13%) had no recourse to public funds. The team works well with the Council and charities to review the status of those with no recourse and as a minimum can offer community services, detoxification and either repatriation or support from charities.

6.14. **Success** - This project is not aimed at exit; it aims to stabilise and maintain wellbeing. However already there are people who have successfully completed treatment – 25 of the 125 exits. The aim is to avoid unplanned exit, but this is a client group who are hard to successfully serve, are transient and can be caught up in offending to feed their addiction. There were 3 deaths, 68 unplanned exits, 18 moved out of area and 11 transferred into custody. Receiving funding for a further year allows us to work on these areas and find ways to continue treatment for those who move or go into custody.

6.15. Successes and challenges – the service is very different from the normal drug and alcohol treatment services, it is a person centered, placed-based way of working which sees good results. We are excited that in 2024 Haringey has been selected as one of 9 areas to be part of the national evaluation. Recruitment and retention of eastern European workers has been a challenge as has finding prescribing medical staff. It is especially important when building trust for the workforce to be consistent. For 2024 we now have a new team of alcohol workers and hope this will bring higher success in relation to the work around alcohol.

6.16. Reporting The Public Health team report outcomes quarterly to the funder and the local steering group. The steering group has people with lived experience, street outreach teams, housing related support accommodation manager and commissioners and substance misuse staff. It is chaired by public health.

7. Contribution to the Corporate Delivery Plan 2022-2024 High level Strategic outcomes.

This decision supports the ambition of the Corporate Delivery plan to for Haringey to be a place where everyone can live healthy and fulfilling lives and feel connected and safe in communities where people support each other. The grant will provide additional unique services that support those who are of have been homeless and have a substance misuse problem. This is a population of residents who are most in need, their life expectancy is far shorter than other residents and they often experience years of poor health, violence and social exclusion.

8. Carbon and Climate Change

Mitigating carbon – The grant will go to local providers of substance misuse services. No new premises will be used for this service as the strategy for these services is co- location, maximising use of existing buildings. In the specification for the service, we will require providers to have carbon reduction policies and to minimise energy consumption, encourage staff to walk or use public transport.

9. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities)

Finance

An indicative amount of £702,145 has been awarded to London Borough of Haringey for 2024-25, to support its Rough Sleeping, Drug and Alcohol Strategy. It is intended that the funds will support the programme, and expenditure will not exceed the budgeted amount.

Procurement

Congruent with Contract Standing Orders 16.02 and 17.1 a Cabinet Member with the relevant portfolio (in this case Health Social Care and Wellbeing) may take a decision usually made by Cabinet, allocated by the Leader (16.02) and approve the receipt of grant monies that exceed 500k. (17.1)

The approval for the receipt of grant funding at £702,145 will help support the delivery of important drug and alcohol treatment for vulnerable rough sleepers in place-based and person-centred ways that encourage their specific engagement as outlined at 6 above.

Assistant Director of Legal & Governance (Monitoring Officer)

The Assistant Director of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.

The Contract Standing Orders (CSOs) in respect of approval of receipt of a grant mirror the CSOs for award of a contract. As the value of this grant is over £500,000, approval would ordinarily be by Cabinet, as provided for under CSOs 9.07.1 d) and 17.1.

In-between meetings of the Cabinet, the Leader may take any such decision or may allocate to the Cabinet Member with the relevant portfolio (CSO 16.02).

The receipt of the grant is a Key Decision and therefore the Council needs to comply with its governance processes in respect of Key Decisions including publication in the Forward Plan.

The Assistant Director of Legal and Governance (Monitoring Officer) confirms that there are no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in this report.

Equality

The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation.

Advance equality of opportunity between people who share those protected characteristics and people who do not.

Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity,

race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

This report relates to the recite of a grant which will specifically be used for residents who are homeless with substance misuse issues. Data show that women and people from black and ethnic minority communities are overrepresented in the rough sleeping/service user population. As such the decision represents a route to advance equality of opportunity for those with protected characteristics.

Substance misuse is highly stigmatised and so it is to be expected that adults with a history of homelessness with protective characteristics may face additional challenges in seeking help. This was explored within the needs assessments and theory of change developed at the beginning of the project. The key design features of the service are having peers reaching out into different communities – led by Bringing Unity Back into the Community (BUBIC). BUBIC has recruited residents with lived experience into this program of work. There are both male and female workers – homeless women are often very marginalised. Workers are predominantly black African. The team also has an eastern European worker. This peer service, where the peers are diverse, helps remove barriers to access for those experiencing homelessness, including the most marginalised, and therefore reduces health inequalities for those with protected characteristics.

Quarterly equities reporting is a fundamental requirement of the service. As demonstrated in section 6 of this report data is not only examined but shapes practice and there are demonstratable outcomes in improvement of access.

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Report for: Cabinet Member for Health, Social Care and Wellbeing

Item number: 6

Title: Award of contract to provide - Community Sexual Health Services – Outreach and Health Promotion

Report authorised by : Dr Will Maimaris – Director of Public Health

Lead Officer: **Akeem Ogunyemi, Tel; 0208-489-2961,**
akeem.ogunyemi@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision: Key Decision**

1. Describe the issue under consideration

- 1.1 This report details the outcome of an open tender process and seeks approval to award the Public Health Contract for Community Sexual Health Services – Outreach and Health Promotion in accordance with Contract Standing Orders (CSO) 9.07.1 (a) and 16.02.
- 1.2 The current contract expires on 31st March 2024 and a procurement process has been undertaken to ensure that a new contract is in place to meet the Council's requirements.

2. Cabinet Member Introduction

N/A

3. Recommendations

- 3.1 The Cabinet Member for Health, Social Care and Wellbeing in accordance with Contract Standing Order (CSO) 16.02 and 9.07.1 (a), agrees to award, a contract for the Provision of a Community Sexual Health Service focusing on outreach and health promotion to the successful bidder identified in Appendix 1 – Part B of this report.

- 3.2 The proposed contract shall run for a period of three (3) years commencing 1st April 2024 to 31st March 2027 at an annual cost of £233,000 (totalling £699,000 over 3 years), with an option to extend for a period or periods of up to two (2) years. For the avoidance of doubt the maximum contract length would be five (5) years, if extended. The aggregated total cost of the contract including the proposed extension period will be £1,165,000.

4. Reasons for decision

- 4.1 The services to be commissioned will contribute to achieving the outcomes of the Corporate Delivery Plan (CDP), specifically as it relates to Theme 4; Adults, Health and Welfare ('Health and Fulfilling Lives') in regard to their health and wellbeing. Contracting the recommended bidder to provide a broad range of services through an outreach, sexual health promotion/signposting and dedicated support for those most impacted by sexual ill health and HIV will ensure the council continues to commission locally focused and targeted services as part of its 'Haringey Deal' for residents and communities most in need.
- 4.3 An Equality Impact Assessment (EQIA) for the service was completed in 2017 and updated in 2019. A review of the EQIA, using the EQIA screening tool, re-affirmed that there continues to be significant need for sexual health services in Haringey, that should include prevention and diagnostic services, with access to services and appropriate information that recognises that need can be greater in certain communities and groups.
- 4.4 For example, the most up to date annual epidemiology data on HIV in London reports that in 2021, whilst 47% of all new diagnoses in London residents were in gay, bisexual and other men who have sex with men (GBMSM), of which 55% were white and 25% were UK-born. The countries of origin for non-UK-born GBMSM varied, with Brazil as the most common country of birth, but it should be borne in mind that this is a country with a large population. Other common countries of birth for this group included countries in the European Union such as Poland, Spain and Italy. The Philippines, China, Nigeria and India also featured, which are also populous countries.
- 4.5 Heterosexual contact was the largest transmission route for new diagnoses in London residents in 2021 (50%). HIV acquisition in African-born persons accounted for 58% of all heterosexually acquired cases in 2021. HIV acquisition in UK-born persons accounted for 13% of all heterosexually acquired cases in 2021. Aside from countries in sub-Saharan Africa, common countries of birth for those who acquired HIV through heterosexual sex included Jamaica and India, and regarding the European Union, Romania, Portugal and Italy. (UKHSA-2021)

4.4 Benefits of commissioning a local dedicated community sexual health

outreach & promotions service.

- The service provision to be awarded to the recommended bidder will enable the Council to proactively engage with high risk groups; with a specific focus on BaME communities in raising awareness of HIV and STI's whilst also providing a broad range of sexual health intervention and prevention services such as; STI screening, dual testing for HIV and Syphilis point of care testing, access to contraception resources i.e. condoms, and effective signposting and referral to a broad range of local and sub-regional sexual health providers such as; Healthy Living Pharmacy providers that offer a suite of sexual health provision, GPs, Haringey dedicated young people sexual health and women's contraception service and referral to Genito-Urinary Medicine (GUM) clinics within the North Central London (NCL) partnership for people with symptomatic/complex STI issues.
- In addition to these primary prevention provisions, the service will also provide secondary prevention services for newly diagnosed pregnant women (NDPW) and people living with HIV (PLWHIV) to support treatment adherence and offer social-emotional support for marginalised and isolated service users who are experiencing challenges with their HIV diagnosis.
- The NDPW service for example, through collaborative partnership with the HIV antenatal clinic based at North Middlesex Hospital provides a broad range of support tailored to the needs of HIV positive pregnant women such as; support during birth and post-natal support, encouraging treatment adherence, support with HIV status disclosure to partners (when appropriate) and advice on safer sex practice. Beyond specific HIV intervention; volunteering opportunities, peer mentoring, housing and employment advice, health and nutrition and access to broader community health and wellbeing services such as mental health services and socio-emotional networks/forums are made available to service users.
- As a fixed contract, this community promotion and outreach approach will work towards achieving the dual benefit of providing residents with immediate access to sexual health and contraceptive provision and advice at the point of request but also helps to support the reduction in footfall into sexual health clinics for routine asymptomatic STI screening thereby helping to reduce the financial implications associated with Genito-Urinary Medicine (GUM) provision.

5. Alternative options considered.

- 5.1 As part of a rigorous exercise to explore potential options to strengthen sexual health service provision in defined target groups, the public health team considered merging the community sexual health service - outreach and health promotion with the specialist Genito-Urinary Medicine (GUM) service. However, after careful consideration it was deemed that this option was neither viable, sustainable or in line with the council's medium term financial strategy.

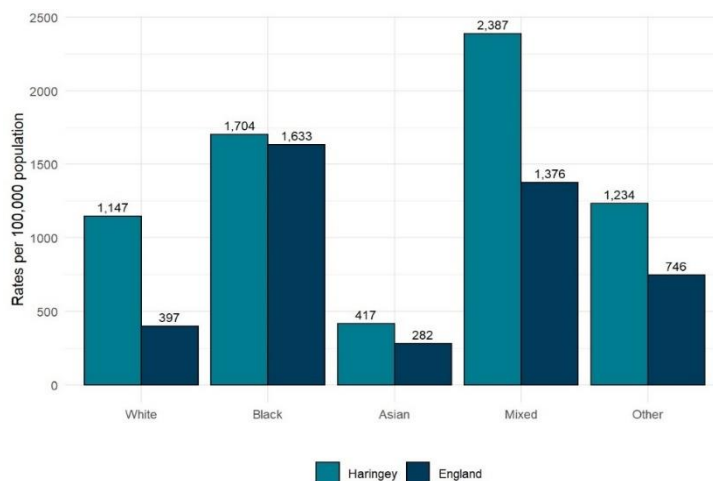
5.2 Additionally, UKHSA recommends that sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy through a range of diverse local services to improve access and uptake of sexual and reproductive health provision for those who need it.

6. Background information

Sexually Transmitted Infections (STIs)

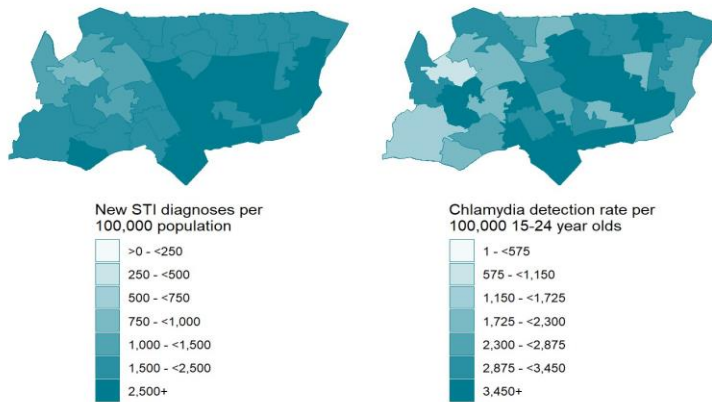
6.1 Haringey is not dissimilar to most London boroughs when it comes to sexual health and the impact poor sexual health awareness, prevention and access to services can have on a local population. The most recent data from the Summary Profile of Local Authority Sexual Health (SPLASH) 2022 publication reports that;

- 3,918 STIs (excluding chlamydia under 25 years) were diagnosed in Haringey residents, a rate of 1,483 per 100,000 residents (compared to 496 per 100,000 in England).
- Rates per 100,000 population of new STIs by ethnic group in Haringey and England (Sexual Health Service diagnoses only): 2020



- In people where sexual orientation was known, overall, of those diagnosed in sexual health services (SHS and non-specialist SHSs) with a new STI in 2020 in Haringey residents, 64.7% were men and 35.3% were women. Additionally, where recorded, 43.3% of new STIs diagnosed in Haringey residents in 2020 were in people born overseas.

- Rates per 100,000 population of new STIs (excluding chlamydia in those aged <25 years) and Chlamydia detection rate per 100,000 population in 15- to 24-year-olds.

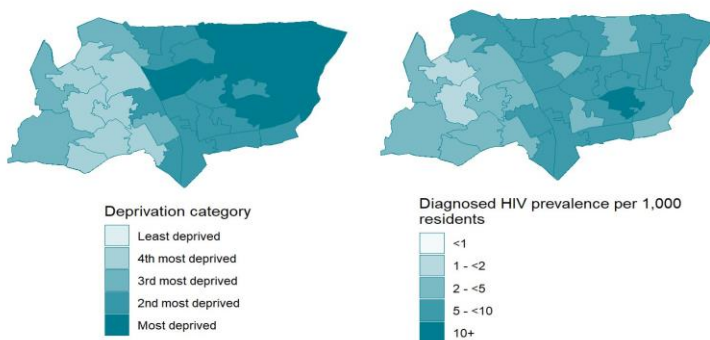


6.3 Reinfection with an STI is a marker of persistent high-risk behaviour. During the five-year period from 2016 to 2020, in Haringey residents, an estimated 8.7% of women and 13.9% of men presenting with a new STI at Sexual Health Service (SHS) became re-infected with a new STI within 12 months. Nationally, during the same period of time, 6.7% of women and 9.6% of men became re-infected with a new STI within 12 months.

6.4 **HIV**

There is a similar picture reflected in the distribution of HIV diagnosis and prevalence in Haringey which, similar to rates of STIs, is also influenced by socio-economic deprivation;

- Deprivation and diagnosed HIV prevalence per 1,000 in Haringey, (all ages) by Middle Super Output Area (MSOA)*: 2020



- There were 46 new HIV diagnoses in individuals aged 15 years and above in Haringey with the borough’s diagnosed HIV prevalence at 6.3 per 1,000 population aged 15-59 years (compared to 2.3 per 1,000 in England).

- In Haringey, between 2020 and 2022, 45.7% of HIV diagnoses were made at a late stage of infection within 3 months of diagnosis compared to London (39.4%) and England (43.3%).

Although the percentage of Haringey residents diagnosed late with HIV has held steady over the past 2 years, the prevalence of HIV diagnosis in Haringey remains higher than the national average and is relatively comparable to most London boroughs (Haringey is ranked 15th highest in London for HIV prevalence).

Socio-economic deprivation (SED) is a known determinant of poor health outcomes and data from Sexual Health Services (SHSs) show a strong positive correlation between rates of new STIs and the index of multiple deprivation across England. The relationship between STIs and SED is probably influenced by a range of factors such as the provision of and access to health services, education, health awareness, healthcare seeking behaviour and sexual behaviour (UKHSA).

7. Contribution to the Corporate Delivery Plan 2022-2024 High level Strategic outcomes

- 7.1 This service is linked to the Corporate Delivery Plan, specifically Theme 4 - Adults, Health and Welfare’;
- High Level outcome 1: ‘All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe, independent and connected in their communities’;
- 7.2 Intermediate Outcome “Improved mental wellbeing and a decrease in the stigma around mental health.
- 7.3 The contract award will contribute to the Council’s commitment to generate social, value i.e. additional economic, social or environment benefits for residents as the winning bidder has pledged, to volunteer time to older and disabled peoples to ameliorate health and wellbeing outcomes, as well as provide additional support and flexibilities for its staff.

8. Carbon and Climate Change

- 8.1 The climate action plan is not a consideration for the Community Sexual Health Services – Outreach and Health Promotion.

9. Procurement Process

- 9.1 The procurement process was carried out in line with the Public Contract Regulations 2015 and the Council's Procurement Code of Practice and in accordance with the Invitation to Tender (ITT) documents with the opportunity advertised, and bidders treated equitably in a transparent process.
- 9.2 A 'Market Engagement' event was held on 12th September 2023. The purpose of the event was to communicate and share information with potential providers to help them understand the commissioning intentions and offer opportunities to network and forge partnerships, where appropriate. The 'Market Engagement' event indicated that this is a specialist service and the nature of the market for this type of service is limited. Therefore, the 'Open' tendering process was selected as the most efficient route to market.
- 9.3 The tender process started on 28th September 2023 with placing a contract notice in Find a Tender Service (FTS), Contract Finder and Haringey's Procurement and Contract System (HPCS) Portal. Also, organisations who had attended the Market Engagement event were informed of publication of the contract notice.
- 9.4 The Invitation to Tender (ITT) and supporting documents were uploaded on HPCS (e-tendering portal) where following a registration process, the potential bidders can access the tender documents and submit their tenders electronically. By the closing date of tender (30th October 2023), 6 organisations had registered their company details on HPCS portal. (see Appendix 1 - Part B exempt information of this report).
- 9.5 The tender evaluation criteria and weighting were set out in the tender documents and clarified during the tendering process. Evaluation was undertaken using the Most Economically Advantageous Tender (MEAT) with a split of 60% quality (inclusive of 10% social value) and 40% price.
- 9.6 The evaluation panel comprised of 4 evaluators from the Council's Public Health Team. The bidder was selected and recommended for award, as their tender met all the thresholds related to quality and pricing.
- 9.7 The outcome of the tender evaluation is contained in Appendix 1 - Part B (exempt information) of the report.
- 9.8 The recommendation is based on a robust evaluation process following a competitive procurement process. The recommended Bidder's submitted tender was comprehensive and included robust models of the intended service delivery model, a good understanding of the contract's risks and challenges, and meeting and surpassing all the minimum quality criteria thresholds.
- 9.10 In order to ensure the service is effective and meets user/ contractual outcomes the Provider will, inter alia, attend monthly meetings to discuss performance, review achievement against KPIs, discuss user feedback and service take up following campaigns. As well as annual submission of a report including details

of how it meets care quality commission compliance requirements and self-assessment in relation to safeguarding.

10. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities)

10.1 Finance

The proposed contract seeks approval to award the Community Sexual Health Services – Outreach and Health Promotion at an annual value of £233,000. This will be funded by an allocation from the Council’s Public Health Grant.

10.2 Procurement

10.2.1 The procurement process was undertaken in accordance with the Light Touch Regime of the Public Contracts Regulations 2015, (“The Regulations”) as such a contract notice was published on relevant portals along with requisite documentation.

10.2.2 The proposed contract award is made in line with the Regulations and Contract Standing Orders 16.02 (Cabinet Member decision) and 9.071.a (most economically advantageous tender) and d (award by Cabinet)

10.2.3 The award represents best value for the Council as it was subject to competition. Given the rate of inflation the submitted price represents cost avoidance and best value in the current market.

10.2.4 Commissioning will actively manage the contract via monthly meetings to ensure key performance indicators and service outcomes are met. Moreover, regular meetings will foster good working relationships, sharing of information and will ensure any concerns are managed expeditiously and effectively.

10.3 Assistant Director of Legal & Governance (Monitoring Officer)

The Assistant Director of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.

The services are classified as Schedule 3 services under the Public Contracts Regulations 2015 (the Regulations) and are subject to the Light Touch Regime whereby a procurement needs to be carried out in accordance with the Regulations.

The award of this contract would normally fall to Cabinet in accordance with CSO 9.07.1 (d) (contracts valued at £500,000 or more). In-between meetings of the Cabinet, the Leader may take any such decision or may allocate to the Cabinet Member with the relevant portfolio (CSO 16.02).

The award of the contract is a Key Decision and, as such, needs to comply with the Council's governance processes in respect of Key Decisions including publication in the Forward Plan.

The Assistant Director of Legal and Governance (Monitoring Officer) confirms that there are no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in this report.

11. Equality

- 11.1 The council has a Public Sector Equality Duty (PSED) under the Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
 - Advance equality of opportunity between people who share protected characteristics and people who do not
 - Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic

- 11.2 The services within the contract have been developed to address health inequalities as identified within the Haringey Joint Strategic Needs Assessment (JSNA), the Haringey Sexual Health Strategy and the Equality Impact Assessment (completed in 2017 and updated in 2019). As such the service will have a positive impact on the groups with the following characteristics by advancing equality of opportunity:
- **Age** - Almost 3 in 10 Londoners diagnosed with a new STI were young adults aged between 15 and 24 years old (Though the service focuses on the adult population in Haringey (25 yrs. and above), as part of the provision, the service will engage with and offer age-appropriate support to young adults (younger than 25 yrs.) at designated youth venues/events such as the promotion of and offer of the pan-London scheme and chlamydia/Gonorrhoea testing to help support reduction of STI's in this age group.

- **Disabilities** - There is evidence that access to clinic-based services can be poor for those with a disability. Through proactive signposting and referral pathways, the provider will minimise barriers to access for disabled people.
- **Gender reassignment** – Those in transition or have fully transitioned are often dissatisfied with mainstream sexual health services. As a community outreach and promotions service, the provider will proactively identify and develop collaborative partnerships with local and regional community LGBTQ+ organisations such as Wise Thoughts and develop links with specialist charities like London Friends to access training and advice to best support the needs of service users within this group who engage with/access the service.
- **Pregnancy/Maternity** – The Newly Diagnosed Pregnant women’s service (NDPW) is a unique standalone service provided within the service provision of the contract to support pregnant women who have been diagnosed with HIV. Service users referred to the service will be supported during their antenatal and post-natal care provision with their socio-emotional and wider health and wellbeing needs.
- **Race** – Rates of STI are higher in black and mixed ethnic groups compared to white groups in Haringey (page 7).
- **Socio-economic deprivation** -The impact of socio-economic deprivation is a known determinant of poor health outcomes and data from sexual health services show a strong positive correlation between rates of new STIs and the index of multiple deprivation in Haringey as highlighted on page 8 in this report. Consequently, the service will focus and deliver targeted outreach and provision aimed at people living in the most deprived localities where there is a higher or emerging burden of infection. The service will also be inclusive of engaging with the wider population to help reduce the incidence of ‘missed’ opportunities for residents to access appropriate sexual health information/service when needed.
- **Religion and Faith** - Belief systems can influence how people want to discuss sexual health and where they want to receive treatment. The provider will be expected to take religion and belief into consideration in the planning of its services and work collaboratively with faith groups to help address stigma and barriers to accessing services.
- **Sexual orientation** – the service is an open access provision that will engage with and support Haringey residents irrespective of their sexual orientation. The service will focus on groups/ communities where there are higher rates of sexual ill health such as MSM and Black African/Caribbean heterosexuals. The service will also be continually informed by sexual health datasets published by UKHSA to ensure it adapts to new or emerging needs.

- 11.3 The commissioned service will remain the same, therefore the EQIA completed in 2017 still represents the target user population. The service is open to all adult groups and communities; however, it has a clear focus to engage with groups that experience the highest level of sexual and reproductive ill health including Black African, Caribbean, and Latin American communities, men who have sex with men, people living with HIV, and newly diagnosed pregnant women with HIV. As such, the service will have a positive impact on these populations with protected characteristics.

As part of the tender documents, a service specification and method statement questions were developed, including questions on equalities. Each bidder submitted responses to the method statement questions, in line with the specification. Each shortlisted bidder was invited to present their responses and the evaluators had opportunities to ask questions and raise concerns including around how a bidder can address equalities expectations. Then, a team of evaluators assessed each application and selected a bidder that has achieved a better score. The following question was used to assess equalities considerations:

“Please describe how your service will reach and support high risk groups and those with protected characteristics to address inequalities, including those linked to stigma and discrimination, cultural diversity, place/location, and time of provision.

We are expecting your answer to detail:

- how you will tailor service delivery to achieve more equitable access and outcomes for target groups
- how you will use communications and engagement tools to reach target groups”

- 11.4 As an organisation carrying out a public function on behalf of a public body, the contractor will be obliged to due regard for the need the three aims of the Public Sector Equality Duty as stated above. Appropriate contract management arrangements will be established to ensure that the delivery of the major works does not result in preventable or disproportionate inequality.
- 11.5 The contract specifications clearly set out the supplier’s responsibilities under equalities legislation, including a requirement to have in place up to date equalities policies and to ensure that the service is accessible to young people, young adults and women from all sections of the community.
- 11.6 The contractor’s compliance with equalities legislation will continue to be quality assured through regular contract monitoring and service review.

12. Use of Appendices

1. PART B - Exempt Information

13. Background papers

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is exempt

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