

NOTICE OF MEETING

CABINET MEMBER SIGNING

Monday, 26th June, 2017, 12.00 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Claire Kober (Chair)

Quorum: 1

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.

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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. **URGENT BUSINESS**

The Leader/Cabinet Member will advise of any items they have decided to take as urgent business.

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. PAN LONDON SEXUAL HEALTH TRANSFORMATION PROGRAMME ONLINE SERVICES (PAGES 1 - 16)

Report of the Director of Public Health, seeking approval to enter into an inter Authority Agreement to access the new Pan-London Online Sexual Health Service

5. NEW ITEMS OF URGENT BUSINESS

To consider any new items of unrestricted urgent business admitted under agenda item 2.

6. EXCLUSION OF THE PRESS AND PUBLIC

The following item is likely to be the subject of a motion to exclude the press and public from the meeting as it contains exempt information, as defined under Paragraph 3, Part 1, Schedule 12A of the Local Government Act 1972.

7. PAN LONDON SEXUAL HEALTH TRANSFORMATION PROGRAMME ONLINE SERVICES (PAGES 17 - 18)

To consider exempt information in relation to agenda item 4.

8. NEW ITEMS OF EXEMPT URGENT BUSINESS

To consider any new items of exempt urgent business admitted under agenda item 2 above.

Susan John - Principal Committee Coordinator
Tel – 020 8489 2615
Fax – 020 8881 5218
Email: philip.slawther@haringey.gov.uk

Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 16 June 2017

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Report for: Leader of the Council

Item number: N/A

Title: Approval to enter into an Inter Authority Agreement to access the new Pan-London Online Sexual Health Service

Report authorised by: Dr Jeanelle De Gruchy, Director of Public Health

Lead Officer: Akeem Ogunyemi, Public Health Commissioner

Ward(s) affected: All

Jeanelle De Gruchy
15/06/2017

Report for Key/
Non Key Decision: Key decision

1. Describe the issue under consideration

- 1.1. This report recommends that the Council enters into an Inter Authority Agreement (IAA) to access the new pan-London Online Sexual Health service contract procured by the City of London as the final part of the London Sexual Health Transformation Programme (LSHTP). This new online service is an integral part of the LSHTP's development of a comprehensive sexual health service for Haringey and London-wide.
- 1.2. The contract for the pan-London Online service was procured through an EU tender by the City of London. The Council was included in the OJEU notice advertising the tender of the online service along with City of London and 26 other London councils (Related Authorities) that will access the online service from the start. Four other authorities had indicated that they may wish to join the arrangement at a later date and were also included in the OJEU notice as eligible to get access to the online service (Named Authorities).
- 1.3. The City of London, as the procuring /lead authority has recently approved the award of a contract for the online service to Preventx Limited. The contract will commence on 1st June 2017 and will run for an initial term of 5 years with options to extend for 4 further one year periods. The Council's estimated spend on this service over the initial 5-year term is £1,527,888 with a first year spend of up to £95,962 (depending on uptake of the service) and a total estimated spend of up to £3,294,388 over the maximum 9-year lifetime of the contract (depending on uptake of the service).

2. Cabinet Member introduction

- 2.1. Sexual and reproductive health is an area of commissioning that has benefited from the transfer into the local authority. Faced with escalating cost and poor outcomes,

the council has over the last three years implemented a phased local 'step change' programme and more recently worked with 30 London councils on the LSHTP. It's been impressive to see London local authorities working together to find a solution to this health issue.

- 2.2. The time is right for change. Haringey residents have moved away from using the local Genito-Urinary Medicine (GUM) clinic - 68% of our residents using a GUM service do so outside of Haringey. To improve the local offer the public health team has introduced innovative new community based services which as well as being local should reduce use of GUM clinics. Residents can now access the majority of their sexual health needs via our 32 pharmacies, 18 GP practices or from the Embrace outreach service. In addition, in July the Central North West London Trust (CNWL) will open a new service for young people and long acting reversible contraception (LARC).
- 2.3. However, there are some complex sexual health services that need to be delivered at a GUM clinic, therefore, we have commissioned a new service with other local authority partners in North Central London (NCL). Having a service delivering for all NCL partners creates economies of scale which delivers high quality and more cost effective services. Residents will benefit from having a state of the art service, which will include access to advanced technology systems for the first time and will provide 24 hour on line booking and access to home testing kits.
- 2.4. To further enrich the range of local and sub-regional services on offer to Haringey residents, the online sexual health service will offer the added benefit of access to online services via an e-portal and offer different, more efficient, options for sexual health screening and treatment. In addition, the service will provide high quality advice and information in respect of sexual health services and online access to order self-sampling/self-testing kits for sexually transmitted infections (STI's) and HIV for people who are asymptomatic. This will be accompanied by professional health advice and signposting to specialist services where required.
- 2.5. By having access to self-sampling kits this creates the opportunity to move a proportion of attendances out of clinics to convenient online alternatives, which will contribute to financial savings across the sexual health service landscape.
- 2.6. I welcome the proposal contained in this report for Haringey to be part of the London online sexual health service.

3. Recommendations

- 3.1. That the Leader agrees to the Council entering into an Inter-Authority Agreement (IAA) with the City of London and up to 30 other London authorities in order to access the new pan-London online sexual health service under a contract recently awarded by the City of London to Preventx Limited.
- 3.2. That the Council commits, in accordance with the terms of the IAA, to accessing the online service under the City of London-Preventx Ltd contract at an estimated service cost of £1,527,888 for the initial 5-year contract term and a further maximum estimated service cost of £1,766,500 over 4 additional 1-year periods for

which the contract may be extended resulting in a maximum estimated Haringey service provision spend of £3,294,388 over the maximum 9-year contract duration.

- 3.3. That, subject to paragraph 3.4 below, the Council commits, in accordance with the terms of the IAA to making a financial contribution to the City of London for its contract management role in an estimated maximum amount of £122,412 over the maximum 9-year contract duration.
- 3.4. That authority be delegated to the Director of Public Health to agree the final terms of the IAA with the City of London and other authorities including in particular the length and cost (within the maximum referred to in paragraph 3.3 above) of the Council's use of City of London's contract management services.

4. Reasons for decision

- 4.1. From 1 April 2013, local authorities were mandated to ensure that comprehensive, open access, confidential sexual health services were available to all people in their area (whether resident in that area or not).
- 4.2. In December 2016, Cabinet agreed to the Council's participation in a London wide procurement for an expansive sexual health service that would be a web-based system to include a 'front-end' portal joined up partner notification and home/self-sampling. It was also agreed that the procurement would be led by one council on behalf of the councils in the London Sexual Health Transformation Programme (LSHTP).
- 4.3. This led to City of London recently awarding a contract for the online service. To access the online service under that contract, Haringey has to enter into an IAA with City of London and the other participating LSHTP authorities governing the access arrangements. Approval is needed for the Council to enter into the IAA and to access the online service from the provider that was procured by City of London in a transparent and thorough procurement process as further detailed in this report.

5. Alternative options considered

- 5.1. The Public Health team could have acted outside of the LSHTP and procured as a single local authority. However, it chose to be part of the LSHTP, which is a partnership between 30 London boroughs, with the purpose of creating a collaborative approach to commissioning sexual health services. The LSHTP business case for change demonstrated that the level of improvement in quality and cost reduction that all London clinics needed could only be obtained by commissioning at scale. For this reason, Haringey gained agreement from Cabinet in December 2015 to become a participating member of the pan-London online sexual health service and to procure clinic-based services as part of an NCL sub region.

- 5.2. Joining the pan-London online sexual health service offers the benefits of savings via economies of scale and greater choice of access to online services across London for local residents.

6. Background information

- 6.1. Increasing sexual ill health has created demand for both testing and treatment in GUM clinics, which in turn has created pressures on council budgets. An opportunity to reduce costs through using new testing technologies in primary care and outreach settings has not been maximised due to commissioners having to fund increased demand in GUM clinics.
- 6.2. Turning this situation around has required a pan London approach. This is because residents are able to access services outside of their borough of residence, with 68% of our residents using a service doing so outside of Haringey. In 2014, 28 London councils joined together as the London Sexual Health Transformation Programme (LSHTP) to remodel sexual health services across the capital.
- 6.3. The business case. The business case developed by the LSHTP recommended reducing the number of GUM/Contraceptive and Sexual Health (CaSH) clinics in London and increasing the scale of commissioning, moving from individual councils commissioning their local service to commissioning within 4 sub-regional commissioning teams.
- 6.4. Following the recommendations of the LSHTP business case, Cabinet in December 2015 agreed a procurement strategy which covered procurements for sexual health clinic-based services and on-line sexual health services. The procurement of local clinic-based integrated sexual health services for Haringey (which is not the subject of this report) was carried out jointly with Barnet, Camden and Islington as part of the NCL sub-region (which also includes Enfield, City of London and Hackney, who procured their clinic-based services separately).
- 6.5. The NCL clinic-based integrated service. The NCL clinic-based integrated service will be an open access GUM service. This open access sexual health service will provide fully comprehensive sexual health services for contraception and testing and treatment of STIs, including HIV testing and diagnosis. In addition, it will offer specific services for people with learning disabilities, sexual health promotion, training, a fully comprehensive sexual health service able to treat the most complex STIs and provide a full range of contraception services. It will also provide effective referral pathways to other services provided by the NHS; abortion, gynaecology, HIV treatment and care and council-commissioned drug and alcohol services.
- 6.6. The new pan London online sexual health service. The new pan London online sexual health service forms part of the transformation of sexual health services across London. As mentioned above, this transformation has focussed on service redesign and innovation, improving sexual health outcomes whilst driving efficiency to deal with increased demand for services amidst the backdrop of reduced funding. New technologies, including access to online services, alongside GUM services, will offer different, more efficient, options for sexual health service

delivery. The service will provide high quality advice and information in respect of sexual health services and online access to order self-sampling/self-testing kits for STIs and HIV for people who are asymptomatic. This will be accompanied by professional health advice.

- 6.7. Access to self-sampling kits will offer the opportunity to move a proportion of attendances out of clinics to convenient online alternatives. The online service will also offer the option of remote / postal treatment for uncomplicated genital Chlamydia infection to service users aged 16 and older and will include partner notification, STI home sampling kit delivery and supply of appropriate antibiotics as necessary.
- 6.8. New technologies, including access to online services alongside integrated sexual health services (ISHS), Healthy Living Pharmacies and Sexual Health in Practice (SHIP)-trained General Practices (GP's), offer different, more efficient and convenient options for sexual health service delivery in Haringey. The new online service will increase choice for Haringey residents by allowing patients to access information, to receive an initial risk assessment that will direct them to the best service for their needs and, for those who are eligible for the service, to order self-sampling kits for HIV and STIs online. It will also offer a treatment and partner notification service for people diagnosed through the self-sampling service with uncomplicated genital Chlamydia. The new service will work in partnership with the new local young people sexual health clinic in Haringey (awarded to Central North London NHS Trust (CNWL) in April 2017, the sub-regional integrated sexual health service (ISHS) awarded to CNWL in May 2017 and across most of London in order to deliver optimal, end to end, sexual health services.
- 6.9. In settling the strategy for the procurement of the online sexual health service, it was agreed by the pan-London authorities participating in the LSHTP that the online services should be procured as a London-wide service for which the City of London should be the sole authority contracting with the provider of the online service. All other participating London authorities would access the online service, available through the contract placed with Preventx Ltd by City of London, via an IAA between the City of London and the other participating authorities. As part of this collaborative procurement effort, the procurement services were undertaken by Camden Council on behalf of the City of London. See Appendix 1 for the full list of authorities eligible to participate in the new online service.
- 6.10. The IAA provides the means for councils to access the pan-London online sexual health service under the contract between the City of London and Preventx. The IAA sets out the governance and contract management arrangements between the City of London and the participating councils that define how the online service will be delivered within a wider governance arrangement for sexual health services in London. This includes an online services management board, which will bring together the online service provider (Preventx), the online services contract management team and sub-regional clinic-based services commissioner representatives to monitor and guide the service.
- 6.11. Under the IAA, a financial contribution is to be made by each of the other participating authorities to City of London's sexual health programme team, which

will support governance and provide contract management for the online sexual health service. For Haringey, this contribution is expected to be a maximum over 9 years of £122,412. However, the value may be considerably less as administration costs decrease as the service embeds. The level of each participating authority's contribution is based on projected levels of use of the online sexual health service.

6.12. The terms of the IAA allow the Council to withdraw during an initial period of 2 years from the effective date of the City of London-Preventx online service contract after which 6 months' notice of withdrawal may be given subject to payment of any agreed outstanding and exit costs.

6.13. The final IAA terms as to the length and cost for each accessing authority to use City of London's contract management services are being fine-tuned by the participating authorities before the IAA is formally concluded. As a result, a delegation of authority has been sought in paragraph 3.4 to allow the Director of Public Health to agree the final IAA terms, particularly in relation to the length and final cost to the Council of using the City of London contract management role within the maximum amount of £122,412 referred to in paragraph 6.11.

6.14. Procurement process for securing sexual health online service contract

6.14.1 The procurement of the online sexual health service contract was done on the basis that the City of London would be the sole contracting authority. However, Camden Council managed the procurement on behalf of the City of London in consultation with representatives of the other London authorities collaborating through the LSHTP. A Competitive Procedure with Negotiation (CPN) was followed. The evaluation panel for the tender included the programme lead, commissioners from the 4 London sub regions, clinicians, a health advisor, consultants in medical microbiology and virology, finance officers, Information Technology (IT) reps from City of London along with colleagues covering safeguarding and Information Governance. A microbiologist, virologist and clinician were involved in the visits to the pathology laboratories. The Head of Commercial Services for the City of London attended moderation discussions.

6.14.2 There were four stages to the CPN tender process:

- Selection (pre-qualification)
- Invitation to Participate in Negotiation (ITPN)
- Invitation to Submit Final Tender (ISFT)
- Invitation to Submit Refined Final Tender (ISRFT).

6.15. Selection stage: Eight organisations (see paragraph 1.2 of the exempt information) submitted selection questionnaires which included NHS trusts, private companies and a community interest company. The majority of submissions were from consortia due to the hybrid nature of the services out for tender as these combine information technology, clinical and laboratory services. Following evaluation against the selection criteria, six organisations were invited to the ITPN stage.

6.16. Invitation to Participate in Negotiation (ITPN) stage: Three organisations submitted initial tenders, two of which were made up of consortia. These tenders were evaluated using a quality/price ratio of 70:30 as set out in the published tender documents. The two highest scoring submissions (see paragraph 1.2 of the exempt information) were invited to participate in negotiation. The third organisation did not meet the minimum standards and did not progress to that stage.

6.16.1 Discussions during this negotiation stage were documented in detail and recorded as issues logs which were updated after each negotiation session and addressed all aspects of the award criteria/method statements. There were three negotiation sessions held with each bidder with the aim of developing their initial submissions to ensure comprehensive final tenders plus clear and sustainable pricing models.

6.16.2 Quality was evaluated in line with weighted criteria as detailed in a set of method statements. These included areas such as website design and functionality, IG, sample kit design and content, social value, safeguarding and mobilisation. A breakdown of the Quality criteria is attached in Appendix 2.

6.16.2 Price was assessed based on an evaluation of the Total Tender Sum (TTS) which comprised:

- the kit costs for each year of the Contract
- the kit diagnosis costs based on a notional return rate of 70%;
- a price for chlamydia only treatment.

6.17. Invitation to Submit Final Tenders (ISFT) stage: At ISFT stage, tenders were received from the 2 remaining bidders (see paragraph 1.2 of the exempt information) which were evaluated using a quality/price ratio of 50:50. The quality/price weightings at the final tender stage differed from the initial tender stage in order to provide a greater focus on price. At initial tender stage, the focus was on the quality and technical elements to ensure that all tenders met the range and complexity of the quality standards. At final tender stage the balance between quality and price shifted to ensure that tenderers placed greater attention to the pricing elements following the negotiations in order to submit competitive tenders.

6.18. Invitation to Submit Refined Final Tender (ISRFT). Following the submission of final tenders, it was considered by the Lead Authority that further refinements of aspects of the Final Tender were required (i.e. more detail as to how the integrated clinical governance for the service will function, in particular between the laboratory and clinical elements of the service and across the various providers involved in the service delivery). Responses were evaluated in accordance with the methodology previously published at ISFT stage and incorporated into the final tender scores.

6.19. The procurement has resulted in the outcome shown in the table below.

Tenderer	Quality (50%)	Price (50%)	Total Score (100%)
Preventx Limited	36.2	50	86.2

Second Bidder	39.7	43.7	83.4
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Appendix 2 provides a breakdown of the quality evaluation criteria (including weightings) in respect of the method statements.

6.20. The following table summarises the key impacts / risks relating to completion of the commissioning of the new online service and how they will be addressed:

Impact / Risk	Mitigation Strategy
Legal challenge from unsuccessful bidder	Thorough scrutiny of scores has taken place. Officers are confident the process has been fair and transparent and that the outcome is the correct result. Debrief meetings to be held with the unsuccessful bidder.
Channel shift of service users from clinics to online service does not happen to time or scale.	The winning bidder submitted a robust implementation plan for all elements of the service and clearly demonstrated that risk mitigation strategies are in place for a new and innovative online service. The winning organisation will work closely with the City of London sexual health programme team and local commissioners to launch the new service and to ensure that its roll out dovetails with newly tendered sub regional ISHS. There will be early and on-going monitoring and performance management of the contract and the clinic contract. The specification for clinic services includes clear requirements to work in the new e-service including a Partnering Agreement for joined up working. An organisation has been separately procured to support the "channel shift" of service users moving away from the historic model of sexual health services to an IT based, self-sampling option.
Delay in implementation/start date of the service	Although a very tight implementation period and contract start date is required Officers are confident that a robust and detailed implementation plan is agreed to meet the contract start date. This is also linked to the award and mobilisation of sub regional contracts but a clear phased introduction of the new service alongside those awards was agreed at the tender stage.

7. Contribution to strategic outcomes

7.1. This service is linked to the Corporate Plan, in particular Priority 1: 'Enable every child and young person to have the best start in life and Priority 2: 'Empower adults to lead healthy, long and fulfilling lives'. Plus, the cross-cutting themes: fair and equal borough; prevention and early help.

7.2. Public Health England best practice recommendations on the provision of STI and HIV services include:

- Ensure that people are motivated to practise safer sex, including using contraception and condoms.
- Increased availability and uptake of testing to reduce transmission.
- Individuals understand the different STIs and associated potential consequences.

- Individuals understand how to reduce the risk of transmission.
- Individuals understand where to get access to prompt, confidential STI testing and provision allows for prompt access to appropriate, high-quality services, including the notification of partners.
- Individuals attending for STI testing are also offered testing for HIV.

8. Comments of the Chief Finance Officer and financial implications

8.1. Haringey's spend for accessing the online sexual health service under the IAA will be as follows:

Service provision spend:

Year	Service Provision Spend
Year 1	£95,963
Year 2	£237,670
Year 3	£387,560
Year 4	£397,572
Year 5	£409,124
	£1,527,889
Year 6	£421,125
Year 7	£434,125
Year 8	£448,125
Year 9	£463,125
	£1,766,500
TOTAL	£3,294,389

Haringey contract management spend:

Year	Contract Management Spend
Year 1	£9,596
Year 2	£14,102
Year 3	£14,102
Year 4	£14,102
Year 5	£14,102
	£66,004
Year 6	£14,102
Year 7	£14,102
Year 8	£14,102

Year 9	£14,102	<hr/>
		£56,408
		<hr/>
TOTAL		£122, 412
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8.2. The cost of the spend under the IAA on service provision and contract management will be contained within the resources available to Public Health, specifically in cost centre D00320.

8.3. This contract is being let as part of the overall Sexual Health Transformation programme and will achieve the Medium Term Financial strategy savings for 2017/18.

9. Head of Procurement Comments

9.1. This report recommends the Council enters into an inter authority agreement with The City of London, in order to access a new online pan London sexual health service with its supplier, Preventx Limited.

9.2. This provision is part of a comprehensive London wide transformative sexual health programme which will positively affect the way sexual health services are accessed, and delivered and should offer efficiencies to the Council with the reconfiguration of GUM clinics in London.

9.3. A compliant competitive procedure with negotiation procurement process was undertaken in line with the requirements of PCR 2015 by the procurement lead authority, the City of London (via Camden Council) in collaboration with 26 other London Councils including Haringey Council. As required, all Councils that are able to access the service were named in the OJEU tender notice.

9.4. The procuring / Lead Authority has identified and taken steps to reduce/eliminate any risks associated with the tender process and service delivery. To this end, full feedback and a debrief will be given to the unsuccessful bidder. As the service requires a shift change from service users using clinics to accessing online provision, Preventx will work closely with the City of London and local commissioners at launch to roll out the new online service and ensure service users are aware of and assisted to move onto online provision. Additionally, requirements in the service specification enable regular monitoring, joined up working and performance management to mitigate any risks to service delivery.

9.5. Economies of scale gleaned from aggregating demand in this collaborative procurement should mean that the council and other authorities have obtained the keenest prices in the market and achieved best value for service users.

9.6. Under the Council's Contract Standing Order (CSO) the Council may select a single supplier provided the selection is from a framework or similar arrangement established by a public body in adherence to their CSOs and or PCR (CSO 7). The

use of the online portal and service access with Preventx Ltd is therefore in line with this requirement.

10. Comments of the Assistant Director of Corporate Governance and legal implications

- 10.1. This report is seeking approval for the Council to enter into an inter-authority agreement (IAA), as one of a number of London local authorities (the "Accessing Authorities"), with the City of London ("City") to access online sexual health services under a contract with Preventx Ltd. City's contract with Preventx Ltd was procured further to a procurement strategy supported by the Accessing Authorities as part of the London Sexual Health Transformation Programme (LSHTP). The IAA also details governance arrangements under which City will manage the contract with Preventx in close consultation with the Accessing Authorities.
- 10.2. As the value of the services under the contract with Preventx Ltd exceeds the EU tender threshold for health services, an EU tender was run under the Public Contracts Regulations 2015 (PCR 15). Given the joint approach to this procurement, in calculating the value of the services covered by this tender, City included the Council's and other Accessing Authorities' requirements for sexual health services within the scope of the services covered by its OJEU advertisement.
- 10.3. Under CSO 7.01(b), the Council may procure services without tendering by selecting a provider from a framework or similar arrangement set up by a public sector body under their standing orders and/or EU procurement rules. The Council must still approve the award of the services to the provider selected.
- 10.4. The recommendation in this report is therefore seeking approval to enter into the IAA with City and the other accessing authorities. By extension approval is also being sought for the Council to secure the provision of online sexual health services from Preventx Ltd via City's contract with Preventx Ltd. This arrangement for the Council to access services under City's contract is in substance similar to accessing services under a framework agreement set up by City as provided for under CSO 7.01(b).
- 10.5. City has confirmed that in its view the procurement of its contract with Preventx Ltd was conducted in accordance with the PCR 15.
- 10.6. As the value of the online health services which the Council will access via the IAA is well over £500K and the Council will also have to make the further financial contributions to City for its management role under the IAA, the decision to approve the entering into the IAA is a Key Decision. It must therefore be notified in the Forward Plan under CSO 9.07.1(e), which has been done, and must be approved by the Cabinet or may be taken by the Leader instead under CSO 9.07.1(d) (contracts of £500,000 or more) and CSO 16.02 (Decisions in-between Cabinet Meetings).
- 10.7. The report is also seeking the delegation of authority to the Director of Public Health to agree the final terms of the IAA with the City of London and other

authorities including finalising certain contract management cost details within a maximum envelope of £122,412. The Leader has the power under section 15(4)(b)(iv) of the Local Government Act 2000 to make this delegation.

10.8. The Assistant Director of Corporate Governance confirms that the Legal Service is not aware of any legal reasons preventing the Leader from approving the recommendations in the paragraph 3 of the report.

11. Equalities and Community Cohesion Comments

11.1. An Equality Impact Assessment was completed in March 2017. From the needs assessment previously carried out, protected characteristics which are of particular importance with regard to sexual health and sexual health services are age, gender, sexual orientation, race and disability as well as deprivation, although sexual health services encompass needs that may affect anyone within the population, including across all protected characteristics.

11.2. This on line service has been designed to be part of open access services across London available for anyone who is in the area and who wishes to access sexual health services. It will also fit into Haringey's programme of community services available to our residents in pharmacies, GPs and community services. The service is designed to meet the needs across the population, including of people with protected characteristics, and they will be equally open to the general population on equal terms.

11.3. New on-line sexual health services, including access to self-sampling kits for sexually transmitted infections, have the potential to provide an alternative to sexual health clinic attendances for people who are asymptomatic, and may also reach people who may previously not have used clinic services. It will be important that web-based services meet standards for accessibility. The specification and quality assessment of the on-line service took into account recommendations from the impact assessment carried out as part of the on-line service development process. The overall service model recognises that different groups may access and use on-line services differentially, and alternatives such as open access sexual health services or primary care-based services should be available

12. Use of Appendices

Appendix 1.

List of authorities eligible to participate in the London On-Line Sexual Health service.

Appendix 2.

The quality evaluation criteria (including weighting) used in the evaluation of the method statements

13. Local Government (Access to Information) Act 1985

13.1. Background documents

Leader sign off

- Award of Contracts for North Central London for 1) Genito-Urinary Medicine (GUM) and 2) Sexual Health Reproductive Services (SRH) – April 2017

Cabinet Report

- Community Sexual Health Services –Reproductive Health Service - Young People and Long Acting Reversible Contraception –Jan 2017
- Community Sexual Health Service - Lot 1 Outreach and Health Promotion & Lot 2 Reproductive Health Service - Young People and Long Acting Reversible Contraception – Dec 2016
- London Sexual Health Transformation Programme – Procurement Process –Dec 2015

13.2. This report contains exempt and non-exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following categories (identified in amended schedule 12 A of the Local Government Act 1972 (3)):

- (3) Information in relation to financial or the business affairs of any particular person (including the authority holding that information).

Appendix 1. List of authorities eligible to participate in the London On-Line Sexual Health Service.

Lead / contracting authority:

City of London

Related authorities:

Name of Related Authority
Barnet
Bexley
Brent
Bromley
Camden
City of London
Ealing
Enfield
Hackney
Hammersmith and Fulham
Haringey
Harrow
Havering
Islington
Kensington and Chelsea
Kingston upon Thames
Lambeth
Lewisham
Merton
Newham
Redbridge
Richmond upon Thames
Southwark
Tower Hamlets
Waltham Forest
Wandsworth

Westminster

Appendix 2. The quality evaluation criteria (including weighting) used in the evaluation of the method statements

Quality method statement	Weighting
1. Website/portal design and management	7.5%
2. Continuous improvement and development	2.5%
3. Management of the service and system	7.5%
4. Implementation /mobilisation/service model	7.5%
5. Clinical testing process including results management	7.5%
6. Proposed methodology for achieving Quality Outcome Indicators and KPIS	5.0%
7. Proposed approach to demonstrating social Value in the delivery of the Services	2.5%
8. Proposed approach to Partnership Working	5.0%
9. Safeguarding	5.0%
Total	50%

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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