

**Report for:** Cabinet 13 December 2016

**Item number:** 14

**Title:** Award of a contract to provide a community sexual health service – outreach and health promotion

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

**Lead Officer:** Akeem Ogunyemi, Public Health Commissioner

**Ward(s) affected:** All

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

## **1. Describe the issue under consideration**

- 1.1** The report seeks agreement from Cabinet to award a contract to Embrace UK Community Support Centre, Selby Road, London, N17 8JL (referred to below for short as Embrace UK) to provide a community sexual health service focussing on outreach and health promotion. The service will include; sexual health promotion, awareness raising and STI & HIV testing at the point of request.
- 1.2** The contract will be awarded for 3 years with options to extend for 2 further periods of 1 year starting from April 2017. The value of the contract will be £220,000 for each consecutive year of the contract to a total value of £1.1m inclusive of the 2 year option to extend.

## **2. Cabinet Member introduction**

- 2.1** The public health team embarked on an ambitious ‘step change’ programme in April 2013 to develop local community based sexual health services focussing on prevention and early intervention in order to redirect Haringey residents away from the more expensive specialist genito-urinary medicine (GUM) services.
- 2.2** Reducing the burden of HIV and sexually transmitted infections (STIs) requires a sustained public health response based around the promotion of safer sex, active early detection using new technologies i.e. on the spot HIV tests and postal home sampling kits and successful treatment and partner notification. Given that most people with an STI are not aware that they have an infection, that having an infection still carries significant stigma: and that the groups most at risk are often marginalised, Haringey requires a service

that is able to reach into the community and eliminate local barriers to testing, through making testing available free and confidential at easily accessible settings.

- 2.3** The award of this contract enables the Council to continue to meet its responsibilities to: improve the health and wellbeing of the local population and reduce health inequalities across the life course, particularly young people, black & minority ethnic groups and hard-to-reach groups.
- 2.4** I welcome the proposal contained in this report that will further expand the provision of targeted sexual health promotion, HIV and STI testing, and the promotion of contraception activities undertaken in the community over the next 5 years.

### **3. Recommendations**

- 3.1** That Cabinet agrees to award, in accordance with Contract Standing Order (CSO) 9.07.1 (d), a contract for a community sexual health service focusing on outreach and health promotion to Embrace UK Community Support Centre, Selby Road, London, N17 8JL for a period of three years with options to extend for 2 further periods of 1 year at an annual value of £220,000.

### **4. Reasons for decision**

- 4.1** From 1 April 2013, local authorities are mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not).
- 4.2** A procurement exercise was carried out in accordance with the Council's Contract Standing Orders and Procurement Code of Practice. As a result, it is recommended that the successful tenderer be awarded a contract as outlined in 3.1 in accordance with CSO 9.07.1(d).

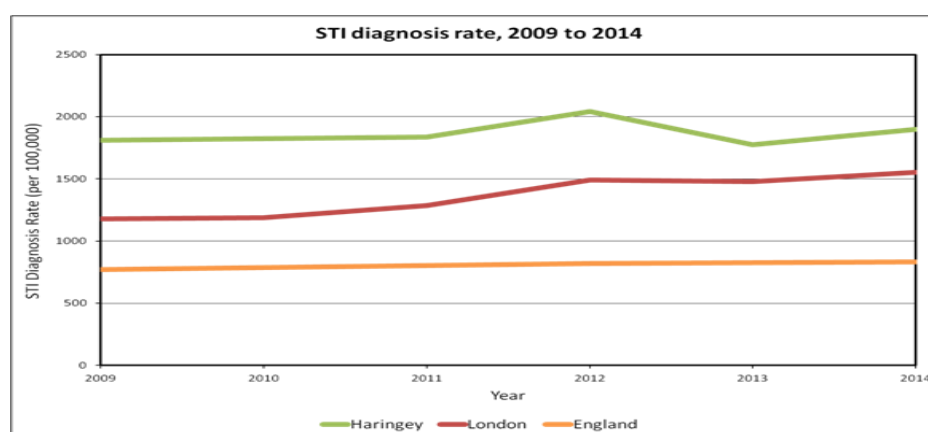
### **5. Alternative options considered**

- 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 promotion, back into 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.

## 6. Background information

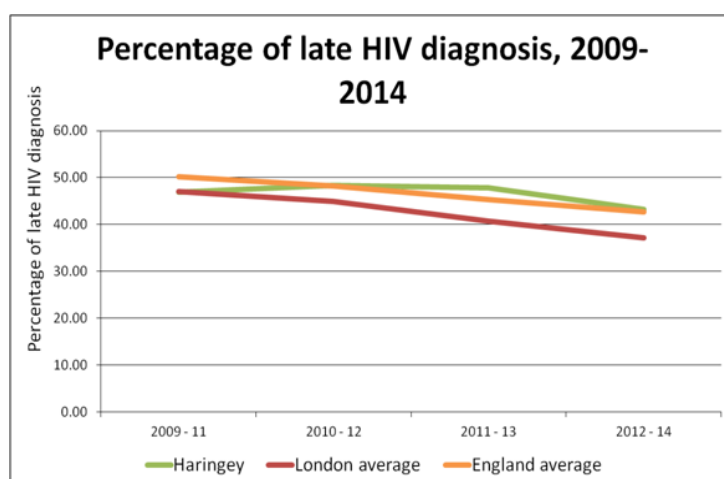
- 6.1** Although Haringey has moved from having the 4th highest rate in England, in 2012, to 12th in 2014, sexually transmitted infections (STIs) continue to pose a significant health risk to the population of Haringey.
- 6.2** In 2014, 4389 new STI cases were diagnosed in Haringey residents, a rate of 1666.4 per 100,000 compared to London (1366.6 per 100,000) and England ((797.2 per 100,000). It is important to note that there are been a national increase in STI diagnosis with London increasing at a faster rate than other regions. This is reflected in Haringey's diagnosis rate which is also experiencing a steady increase; however, this increase has been substantially lower than London (please see figure 1);

**Figure 1: STI Diagnosis rate 2009-2014**



- 6.3** HIV remains a key STI for Haringey; in 2014 there were 112 new HIV diagnosed cases in Haringey. The diagnosed HIV prevalence rate was 7.1 per 1,000 population aged 15-59 years (compared to 2.2 per 1,000 in England). In Haringey, between 2012 and 2014, 43% of HIV diagnoses were made at a late stage of infection compared to 42% in England.
- 6.4** Although Haringey's late diagnosis is marginally higher than England, this is a marked reduction from 49% of residents diagnosed between 2009 and 2011. The projection is to continue to see improvements in HIV late diagnoses in Haringey as the opportunity for residents to access prompt testing within primary and community settings is expanded, specifically for residents from high risk groups/communities.

**Figure 2: HIV Late Diagnosis 2009-2014**



- 6.5** Sexual ill health does not affect the population equally in Haringey. BME and young people (under 25 years) remain key high risk groups to engage with to improve access and uptake of testing for STI and HIV. In 2014, 49.2% of new STIs diagnosed in Haringey were in people born overseas. With 34% of STIs diagnosed in young people aged 15-24 years.
- 6.6** HIV late diagnosis is associated with high morbidity and short term mortality. Nationally 66% of those diagnosed late were black Africans. In 2014, in Haringey 1403 adult residents (aged 15 years and older) received HIV-related care, of those living with HIV in Haringey 37.1% are black Africans.
- 6.7** Reducing the burden of HIV and STIs requires a sustained public health response based around the promotion of safer sex, active early detection using new technologies i.e. on the spot HIV tests and postal home sampling kits, successful treatment and partner notification. Given that most people with an STI are not aware that they have an infection, that having an infection still carries significant stigma and the groups most at risk are often marginalised, Haringey requires a service that is able to reach into the community and eliminate local barriers to testing, through making testing available free and confidential at easily accessible settings.
- 6.8 The community sexual health service - outreach and health promotion,** intends to support the council in reducing health inequalities and improving wellbeing through:
- Continuing to target those adults at higher risk of STIs and HIV, particularly black African and Caribbean's adults
  - Continuing to provide HIV point of care testing (using tests which can be done in non-clinical settings) and Chlamydia/Gonorrhoea testing to adults and young people

- Increasing the level of targeted condom distribution
- Continuing to offer behaviour change support to those who once treated get re-infected.
- Continue to help those with an STI notify a partner
- Continue to provide HIV support to those newly diagnosed especially pregnant women

- 6.9** As the incumbent provider, Embrace UK have developed very strong links with hard to reach high risk communities, through the outreach programme, which incorporates sexual health promotion, awareness raising and STI & HIV testing at the point of request.
- 6.10** Embrace UK started offering STI (Chlamydia & Gonorrhoea testing) in April 2015 & HIV Point of Care Testing at its first faith based event, held during National HIV Testing Week in November 2014 as a 'taster' session to explore the viability and potential uptake of the service within community based settings. The session proved to be a success, delivering 12 HIV Point of Care Tests (PoCT). As a result, the service was extended as a pilot programme till the end of the financial year (March 31<sup>st</sup> 2015).
- 6.11** The service was fully implemented as a core provision of the community sexual health outreach delivery outcomes alongside Chlamydia/Gonorrhoea testing from April 2015. During 2015-2016 financial year , Embrace UK delivered;

Service	Number of Tests Delivered	Number of Positives achieved
Chlamydia & Gonorrhoea testing	2,987	33
HIV Point of Care Test	197	2 Reactive's

Service	Number of service users engaged with	Number of repeat users
Pan London C-card Scheme (under 25 yrs)	806	406
Haringey Adult Condom Scheme	1689	2087

Service	Number of service
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	users engaged with
Service users assessed and supported living with HIV including newly diagnosed with HIV	345
Service users supported to disclose status and negotiate and practice safer sex	196
Newly diagnosed pregnant women supported	30

**6.10** The above achievements exceeded the contractual expectation and translated to significant financial savings for the council. As an example, if the 2,987 service users tested for Chlamydia & Gonorrhoea by Embrace UK had accessed GUM clinics for the same provision an estimated £448,050 would have been spent through GUM in 2015-16 financial year.

**6.11** Moving more sexual and reproductive health services out of traditional genitourinary medicine (GUM) clinics into community settings is a key service transformation. In Haringey this service is part of a three year Step Change programme and is in line with the London wide Sexual Health Transformation programme.

## **6.12 Procurement Process**

**6.12.1** A 'Meet the Buyer' event was held on 7<sup>th</sup> July 2016. The purpose of the event was intended to communicate and share information with potential providers to help them understand the commissioning intentions and offer opportunities to network and forge partnerships.

**6.12.2** The 'Meet the Buyer' 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.

**6.12.3** The procurement process started with the placing a contract notice in Official Journal of the European Union (OJEU) and Contract Finder. The tender advert was also published on Haringey's website, CompeteFor and, Delta E-sourcing portals.

**6.12.4** The Invitation to Tender (ITT) and supporting documents were uploaded on Delta (e-tendering portal) where following a registration process, the

potential tenderers could access the tender documents and submit their tenders electronically.

**6.12.5** By the closing date of 24th August 2016, 12 organisations registered their interest on Delta E-sourcing portal. One organisation indicated that it was withdrawing from the process and three organisations submitted the tender. Tenderers who submitted tender(s) are listed in Part B (Exempt Information) of this report.

**6.12.6** The tenders were evaluated using the Most Economical Advantageous Tender (MEAT) which included a split of 50% Price and 50% Quality as set out in the ITT documentation.

**6.12.7** The table below details the outcome of the tender evaluations and respective scores of the tenders.

	<b>Quality Scores (max 500 points)</b>	<b>Price/Cost scores (max 500 points)</b>	<b>Total Score for quality &amp; price (max 1000 points)</b>	<b>Contract price over 3 years</b>	<b>Contract price for 5 years</b>
Company A (Embrace UK)	393	500	893	£660,000	£1,100,000.00
Company B	263	440	703	£761,857	£1,249,115.00
Company C	288	381	669	£886,998	£1,444,336.00

## **6.13 Transition and Contract Management**

**6.13.1** Key Performance Indicators and methods of measurement are integrated within the service specification and will be monitored through contract monitoring meetings and reports.

**6.13.2** Contract monitoring meetings will be held monthly for the first six months and quarterly thereafter. The purpose of monthly monitoring meetings will be to examine the implementation of the service, monitor delivery of the

service at an operational level and to foster partnership working to facilitate early resolution of problems and/or issues.

## **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; and working with communities.
- 7.2** Public Health England best practice recommendations on the provision of STI and HIV services includes:
- 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** The report seeks agreement from Cabinet to award a contract to Embrace UK, to provide a community sexual health service focussing on outreach and health promotion.
- 8.2** The contract will be awarded for 3 years with an option to extend for a further 1 + 1 years starting from April 2017. The value of the contract will be £220,000 for each consecutive year of the contract to a total value of £1.1m inclusive of the 2 year option to extend.
- 8.3** Embrace UK provided best Value tender based on both Price and Quality

## **9. Head of Procurement Comments**

- 9.1** The procurement process was carried out in line with the requirements of EU regulations and the Council's procurement code of practise
- 9.2** The winning bid represented the best value for the Council in the open market



**9.3** Key performance indicators and contract monitoring provision are contained within the contract; service must ensure the outlined monitoring regime is upheld and followed by regular meetings throughout the life of the contract to ensure it delivers the health outcomes sought by the Council in terms of prevention, early help and the ability to live healthy lives to often disempowered and stigmatised groups as well as the ability to identify and manage any issues early on.

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

**10.1** The report relates to services which are subject to the Light Touch Regime under the Public Contract Regulations 2015. As such they are required to be advertised in the Official Journal of the European Union (OJEU) although there is greater flexibility in the tender procedure followed than under the standard EU tender regime.

**10.2** The Council undertook a tender process in accordance with CSO 9.01 and now wishes to award the contract to the provider identified in paragraph 3.1 of this report.

**10.3** Cabinet has power to approve the award under CSO 9.07.1 (d) (contracts of £500,000 or more).

**10.4** The award is a Key Decision and has therefore been included in the Forward Plan in accordance with CSO 9.07.1(e).

**10.5** The Assistant Director of Corporate Governance confirms that there are no legal reasons preventing Members from approving the recommendations in paragraph 3.1 of the report.

## **11. Equalities and Community Cohesion Comments**

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

- tackling 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;

- advancing equality of opportunity between people who share those protected characteristics and people who do not;
- fostering good relations between people who share those characteristics and people who do not.

**11.2** The service within the contract has been developed to address health inequalities as identified in the 2015 Haringey sexual health needs assessment and the success of the local 'step change' programme. A full Equality Impact Assessment was conducted as part of the tendering process. All providers collect data to monitor their fulfilment of equalities duties.

## **12. Use of Appendices**

N/A

## **13. Local Government (Access to Information) Act 1985**

**13.1** 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 the 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).