

Classification	Item No.
Open	

Meeting:	Cabinet
Meeting date:	Wednesday 26 th May 2021
Title of report:	Request for approval to collaboratively commission an Integrated Sexual Health Service with Rochdale and Oldham Councils.
Report by:	Andrea Simpson, First Deputy and Cabinet Member for Health and Wellbeing.
Decision Type:	Key Decision
Ward(s) to which report relates	Borough Wide

Executive Summary:

The current Bury Integrated Sexual Health Service has been provided by Virgin Care Ltd since January 2016 as part of a cluster commissioning arrangement with Rochdale and Oldham Councils (known as ORB). In April 2020, Cabinet agreed to extend the contract, under Regulation 72 (1) (c) of the PCR2015, for a period of 12 months (1 April 2021 to 31 March 2022) due to the COVID-19 outbreak¹.

This report outlines proposals to recommission the service, with the same cluster arrangement, and to proceed to market for procurement of a new service for commencement from 1 April 2022. As per previous tender process, Rochdale Council would act as the lead commissioner for the service, and STAR Procurement² (Stockport, Trafford and Rochdale Procurement) would lead the procurement process.

¹ https://councildecisions.bury.gov.uk/documents/s21517/Urgent_Decision_Virgin%20Care_April%202020%20V2.pdf

² <https://www.star-procurement.gov.uk/star-procurement.aspx>

Recommendation(s)

That:

- Bury Council proceeds to market for a full tender process commencing June 2021 for a new service to be in place by 1 April 2022.
- Bury remains as part of a collaborative commissioning arrangement with Oldham and Rochdale Councils

Reasons for the decision:

There is no provision to extend the current contract. Undertaking a full tender process, including revising the specification of the service to include additional elements (based on data and intelligence from the 2019 Sexual Health Needs Assessment) and to better align with local and regional ambitions, as well as including new required provision, will ensure that we have a high functioning and appropriate Integrated Sexual Health Service for Bury.

The cluster arrangement between Oldham, Rochdale and Bury has worked well to date and there have been significant benefits to collaboratively commissioning the service for the three boroughs. The locality footprints and demographics are such that the population health needs are similar across the cluster. The service has also benefited from reduced overheads and management costs and has been able to provide a more flexible service in response to staffing pressures or other service need.

Other options considered and rejected:

The recommendation is that Bury remains as part of a collaborative commissioning arrangement, as opposed to commissioning as a single locality- the rationale is to standardise quality of care across the localities as well as to manage costs associated with the process, reduce duplication, and avoid unnecessary expense.

Key considerations

Background

The Greater Manchester (GM) Sexual Health Strategy's vision is to improve sexual health knowledge, provide accessible sexual health services, improve sexual health outcomes and achieve HIV eradication in a generation. The ten local authorities of Greater Manchester have taken a collaborative approach to the commissioning of integrated sexual and reproductive health services in order to maintain consistent sexual health provision across all of GM, whilst reducing the costs of providing sexual and reproductive health services and minimising the risk of unanticipated or increasing spend. The local authorities, working in clusters and on a phased basis, have procured several integrated sexual and reproductive health services for Greater Manchester. Services operate on an open-access basis and offer the full range of sexual and reproductive healthcare provision.

The specialist Sexual and Reproductive Health system in Greater Manchester experiences significant levels of demand, with over 300,000 face to face appointments taking place each year within specialist clinics. In line with the national picture, there has been an increase in incidence of some STIs in Oldham, Rochdale and Bury, including syphilis and gonorrhoea. The provision of PrEP (pre-exposure prophylaxis for HIV) has also increased the demand on services.

Integrated Sexual Health Services contributes to several key [Public Health Outcomes](#) including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.

Current Position

The current contract for the delivery of Integrated Sexual Health Services, held by Virgin Care Ltd, is a collaborative commissioning contract between Oldham Council, Rochdale Council and Bury Council, and has been in place since January 2016. Rochdale are the lead commissioner of this cluster arrangement and hold the contract with Virgin Care Ltd, under a tripartite legal agreement whereby Oldham and Bury Councils are associates to the contract.

A procurement exercise was originally scheduled to take place during 2020 with the view to tendering for a service with a commencement date of 1 April 2021, however, all work in relation to the procurement was suspended due to the ongoing global pandemic and the requirement for commissioners (and providers) involved to be redirected to support the COVID-19 response locally.

In April 2020, Cabinet agreed to a 12 month contract extension, under Regulation 72 (1)(c) of the PCR2015, to enable appropriate consultation with all stakeholders in relation to pre-procurement planning and to allow for an open and robust procurement process to take place. The current contract ends on 31 March 2022, with no further option to extend.

Arrangements between the three Councils are set out in a tri-borough agreement, which was reviewed and re-signed (for the new period but on the same terms) when the most recent contract extension was agreed. At contract end, the recommendation is to procure an Integrated Sexual Health Service that aligns to emerging public health priorities, considers learning from service delivery during COVID-19 restrictions, and addresses identified gaps in service provision. This service will be redesigned and set within the context and spirit of the government White Paper³; collaboration between Bury Council and NHS partners, to deliver improved outcomes to health and wellbeing for local people.

ORB commissioners have been working towards a recommendation to procure Sexual and Reproductive Health services that align to emerging public health priorities and address identified gaps in service provision, such as outreach support. PrEP preparatory work to date has included a Sexual Health Needs Assessment⁴ and a Market Engagement Event that took place at Bury Town Hall on 4 March 2020 with providers operating in the sexual and reproductive health market, to help determine

³ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

⁴ SHNA can be viewed at <http://www.oldham-council.co.uk/jsna/ORB-SHNA-2019>

future requirements and to shape the proposal and specification for the formal tendering process. The Market Engagement session was also conducted collaboratively with commissioners from Stockport, Tameside, and Trafford.

Work had also commenced on the redesign of sexual and reproductive health systems both locally and regionally to take in to account the increased opportunities given by Local Care Organisations/Alliances and Primary Care Networks. In order to bring the new service in line with changes in the wider health and care system, significant work is required to develop the ISHS service specification to ensure that it sufficiently sets out the vision, ambition and expectation that the new provider will work developmentally with Primary Care (GP's and Community Pharmacy) to support the provision of Long Acting Reversible Contraception (LARC), and other SRH provision in Primary Care Networks.

Considerable learning has also been taken from the impact of COVID on the delivery of services and the ways in which people access information, advice and support, as well as treatment, and an enhanced Digital Offer will be expected from the provider to maintain and build upon current service provision around telephone triage/consultation and online, postal and 'click and collect' offers around HIV/STI testing, treatment and routine contraception, in order to ensure that clinic space and face to face services are available for the complex and urgent cases and most vulnerable patients.

The recommendation is that Bury remains as part of a collaborative commissioning arrangement, to standardise quality of care across the localities as well as to manage costs associated with the process, reduce duplication, and avoid unnecessary expense. The cluster arrangement between Oldham, Rochdale and Bury has worked well to date and there have been significant benefits to collaboratively commissioning the service for the three boroughs. The locality footprints and demographics are such that the population health needs are similar across the cluster. The service has also benefited from reduced overheads and management costs and has been able to provide a more flexible service in response to staffing pressures or other service need.

If approved, the procurement process will be led by STAR procurement (as was the previous ORB procurement). Commissioners are also working towards undertaking a joint procurement exercise (with two separate lots) with another GM cluster due to go out to tender at the same time (made up of Stockport and Tameside Councils [ST] – Trafford are currently part of this cluster but will likely move out of the cluster from 1 April 2022). This will allow us to create further efficiencies in the procurement activity and to avoid inundating the market with requests to partake in tender exercises. Recent consultation with providers in the Sexual and Reproductive Health market has confirmed that there is capacity and interest to partake in a procurement exercise at this time, despite the ongoing COVID-19 pandemic. Where concerns have been raised, mitigations have been proposed e.g. extended length of time for bid development (see risk management below).

It is proposed that the timeline from the approval to jointly procure (May 2021) to the finalised ITT (end June 2021) should include a period of stakeholder engagement

to present any system re-design proposals and further develop the service specification locally if required.

The proposal

It is recommended that Cabinet

1. Approve the request to proceed to market for the procurement of an Integrated Sexual Health Service in collaboration with Rochdale and Oldham Councils.
2. Approve the decision for STAR procurement to carry out the procurement process on behalf of Bury, Rochdale and Oldham Councils
3. Note that Rochdale Council will be acting as lead authority in respect of award of the Contract.
4. Delegate authority to the Director of Public Health Lesley Jones, in consultation with the Cabinet Member for Health and Social Care, Cllr. Andrea Simpson, to approve the recommendation of the STAR evaluation panel, in accordance with the results of the tendering exercise (based on quality, social value and financial modelling), on behalf of Bury Council and authorise the Council to enter appropriate call-off arrangements with the chosen Provider under the Rochdale Council Contract in respect of the services to be provided to Bury Council.

Other alternative options considered

At contract completion on the 31st March 2022, the service is discontinued with no provision to Bury residents for sexual health services in violation of our mandated responsibilities.

This is not a viable option as local authorities are mandated to provide open access sexual health services for their residents.

Community impact/links with Community Strategy


Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>
 Equality Analysis - Integrated Sexual Hi	

Assessment of Risk:

The following risks apply to the decision:

Risk / opportunity	Mitigation
Re-tendering can be both costly and extremely disrupting to the performance and quality of service delivery. It can also lead to reduced staff morale and workforce retention rates	It is proposed that the contract length appropriately reflects the opportunity for service development and minimises the impact of frequent retendering exercises. As such, we are proposing that the contract length is 5 years plus up to 5 years (1+1+1+1+1).
There have been some concerns raised by one NHS Trust (Manchester FT- the incumbent provider for ST) around pressures of their Trust govt targets (for outpatient activity and elective surgery) on their input to bids, thus impacting on the quality of bids, also concerned of the impact on current general staff morale.	STAR procurement sought legal advice on this on behalf of the ST and ORB commissioners. A written response was shared with providers to inform there is still an intention to go out to tender for the new contracts advertised in late July 2021. However, in response to the EOI's received, we will be increasing the amount of time that the tender will

	be live, simplifying the documentation and processes as much as possible. When the tender is advertised, we will also be advising of any potential clarification meeting/presentation dates that may help plan any required resources.
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Consultation:

Public and Stakeholder Consultation completed as part of Oldham, Rochdale and Bury 2019 Sexual Health Needs Analysis (produced by Bury Council)

<http://www.oldham-council.co.uk/jsna/ORB-SHNA-2019>

Legal Implications:

Undertaking a new tender process will allow the new service to commence in 2022. The contract was extended in April 2020 however since that date there new service requirements in these circumstance re procurement is the correct route for provision of these services.

Financial Implications:

The full cost of the proposal will not be known until the tender process has concluded. The cost of the contract can be met from existing funding and should the final costs be in excess of the funding available will need to be considered in the context of the overall financial strategy. The opportunity for economies of scale and securing best value is maximised through the proposed joint procurement route.

Report Author and Contact Details:**Shenna Paynter**

Public Health Programme Manager
s.paynter@bury.gov.uk

Background papers:



Cabinet Paper
Sexual Health Service

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
ORB	Oldham Bury and Rochdale cluster
STAR Procurement	Stockport Trafford and Rochdale Procurement team
STI	Sexually Transmitted infection e.g. chlamydia, gonorrhoea
PrEP	Pre Exposure Prophylaxis for HIV (prevention drug)
HIV	Human Immunodeficiency Virus
ISHS	Integrated Sexual Health Service (both GUM [genito-urinary medicine] and Family Planning)
LARC	Long Acting Reversible Contraception (coils, sub-dermal arm implants)
SRH	Sexual and Reproductive Health (AKA family planning services)
ST	Stockport and Trafford cluster
ITT	Intention to Tender- formal document submitted by both clusters.
FT	Foundation Trust