

Cabinet Member delegated decision

Decision Due: 22 December 2015

Report title Sexual Health Promotion and Condom Distribution

Wards: All

Report Authorised by: Helen Charlesworth-May, Strategic Director; Children, Adults and Health

Portfolio: Cabinet Member for Health and Wellbeing: Jim Dickson

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Report summary

This report seeks approval for the award of contracts on behalf of Lambeth and Southwark (Lambeth are Commissioning and Procurement lead) for Sexual Health Promotion and Condom Distribution Services.

Finance summary

The indicative maximum cumulative value of both lots that are part of this service is £410,085 per annum. The indicative cumulative 3 year contract value is £1,230,255.

Recommendations

- (1) To award the contract for the Sexual Health Promotion service for the period of 1st April 2016 until 31st March 2017 (with the option to extend up to two additional years- until 2019) to the RISE Partnership. The annual budget is £292,867 (if the three year term is taken the total budget will be £878,601).
- (2) To award the contract for Condom Distribution service for the period of 1st April 2016 until 31st March 2017 (with the option to extend up to two additional years- until 2019) to Brook London. The annual budget is £117,218 (if the three year term is taken the total budget will be £351,654).

Reason for Exemption from Disclosure

The accompanying Part II report is exempt from disclosure by virtue of the following paragraphs of Schedule 12A to the Local Government Act 1972:

3. Information relating to the financial or business affairs of a particular person. (Including the authority holding that information).

Context

- 1.1 In December 2014, the Lambeth, Southwark and Lewisham (LSL) Sexual Health Board approved a decision to commission a new sexual health promotion programme to replace the current HIV prevention programme (formally known as the Safer Partnership).
- 1.2 The aim was to commission evidence-based health promotion services that were dynamic and targeted at the most vulnerable members of the community. Embedding wellness and good sexual health through alignment with other council and CCG priorities will drive work to achieve our strategic priorities as set out in the LSL Sexual Health Strategy.
- 1.3 Bidders were required to align their service model and interventions with [Lambeth Council's Community Plan 2013-16](#) and Lambeth's *draft* Social Value Policy. They were asked to particularly focus on the items below:
 - 1.3.1 Engagement with neighbours, local residents and local organisations
 - 1.3.2 Wider service user involvement in the community
 - 1.3.3 Recruitment and usage of staff and volunteers from disadvantaged, diverse and local communities
 - 1.3.4 Community resilience
 - 1.3.5 Any other community-based work
- 1.4 This is a Gateway 3 Procurement Report.

2. Proposal and Reasons

- 2.1 In 2014, the Lambeth, Southwark and Lewisham Sexual Health Strategy was published and set out the intention to reshape services to meet the emerging and changing needs of the population. The strategy was developed with extensive engagement with a wide range of stakeholders. Stakeholders were invited to input and comment on the draft strategy which was made available on all three council websites. The strategy clearly communicates the intention to embed health promotion and wellness as part of the wider agenda while shifting the focus to positive sexual relations, and not just the absence of disease.
- 2.2 In December 2014, the LSL Sexual Health Board approved a decision to commission a new sexual health promotion programme to replace the current HIV prevention programme (formally known as the Safer Partnership). The Safer Programme contracts ended on the 31 March 2015. Contracts were extended for one year to provide an interim programme while the Council procured a new programme. The shift from HIV prevention to sexual health promotion reflects epidemiological evidence and the launch of the new London HIV Prevention Programme (LHPP) which provides significant and targeted activity in venues in LSL.
- 2.3 The aim was to commission evidence-based health promotion services that are dynamic and targeted at the most vulnerable members of the community. Embedding wellness and

good sexual health through alignment with other council and CCG priorities will drive work to achieve our strategic priorities as set out in the LSL Sexual Health Strategy.

- 2.4 Procurement activity associated with this report was presented to Procurement Board in July 2015. An entry on the Council's Forward Plan was also facilitated shortly afterwards.

3. Finance

- 3.1 The existing revenue budgets are sufficient to cover the contract for the first year. Public Health has experienced in year budget cuts for 2015/16 and the expectation is that there will be further cuts in future years.
- 3.2 The service needs to ensure that there are clear exit options to these contracts, to allow the council to withdraw from these contracts, should further cuts make it unfeasible to continue.
- 3.3 There are no capital implications for this contract.

4. Legal and Democracy

- 4.1 The authority to award the contracts which are the subject of this report is vested in the Cabinet Member for Health and Wellbeing, who should exercise his discretion on the recommendation of the Procurement Board.
- 4.2 Public Health Services transferred to local authorities on 1st April 2013 pursuant to the Health and Social Care Act 2012. Under s12 of the Health and Social Care Act 2012 local authorities in England have a duty to take appropriate steps to improve the health of the people who live in their areas, and more specifically as prescribed by Regulations.
- 4.3 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under s12 of the Health and Social Care Act, imposes a duty on local authorities to make arrangements to secure the provision of open access sexual health services in their area. These responsibilities do not explicitly extend to preventive interventions such as information provision or education (which might include outreach services). However, the Department of Health has published guidance, 'Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities', which advises that *"joined up commissioning and seamless care pathways across the full range of sexual health services, including those not directly covered by the regulations, is crucial to improve outcomes and the health of the local population."*
- 4.4 The Council's contract standing orders required that contracts worth more than £100,000 must be formally tendered. The London Borough of Southwark has similar requirements.
- 4.5 The services which the proposed contracts will deliver are deemed to be Schedule 3 health and social services for purposes of the Public Contracts Regulations 2015. As such, if they are valued at more than €750,000 they qualify as 'light touch' services and require publication of a contract notice in the Official Journal of the European Union (OJEU). Thereafter, the contracting public body has a discretion to set its own procurement procedure within the parameters of the key EU Treaty principles – including transparency and equal treatment – and determine its own award criteria. Contracts

worth less than €750,000 need not be published in OJEU but should be procured in accordance with the EU Treaty principles.

- 4.6 Both contracts are worth less than €750,000 initially. However, the Sexual Health Promotion service is potentially worth more than that threshold if the options to extend are taken up. The report confirms that a contract notice was published in OJEU and sets out in detail how the Council ran the procurement process in compliance with the principles outlined in section 4.2 above.
- 4.7 Government guidance is that procuring bodies should observe a standstill period before awarding contracts for services deemed 'light touch'.
- 4.8 Under the Public Services (Social Value) Act 2012, the Council must consider before starting the process of procurement, how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and how, in conducting the process of procurement, it might act with a view to securing that improvement
- 4.9 This proposed key decision was entered in the Forward Plan on 09 October 2015 and the necessary 28 clear days notice has been given. In addition, the Council's Constitution requires the report to be published on the website for five clear days before the proposed decision is approved by the Cabinet Member. Any representations received during this period must be considered by the decision-maker before the decision is taken. A further period of five clear days - the call-in period – must then elapse before the decision is enacted. If the decision is called-in during this period, it cannot be enacted until the call-in has been considered and resolved.

5. Consultation and co-production

- 5.1 An advert was circulated to incumbent providers as part of the Safer Partnership and Brook (condom card scheme), as well as to the Voluntary Sector Networks across LSL inviting them to a consultation event on 29th July 2015 to comment on the outcomes the Council wished to commission through this programme. The event was also advertised on Contracts Finder, the Council website and bookable via EventBrite.
- 5.2 Commissioners revised outcomes and the specification for the sexual health promotion programme based on feedback from the consultation event. Revised outcomes were circulated to all attendees and those who had RSVPed to the 29th July 2015 event approximately 2 weeks after.
- 5.3 A separate bidder information day, post publication of advertisement and procurement documentation, took place on 10th September 2015. It was open to all potential providers expressing an interest in this opportunity. This information day was about informing providers how to answer potential questions to give themselves a more equal playing field when competing against larger organisations.
- 5.4 Attendees of this event asked questions of the Commissioner and Procurement staff about the procurement process which were answered verbally as well as in a detailed follow up document a few days after.

6. Risk management

Key Risk	Likelihood	Mitigation
Tender process is challenged	Low	We have conducted a robust, clear and transparent procurement process which will mitigate the risk of challenge. All queries have been documented via the portal.
Small voluntary and community sector organisations without capacity to deliver new model of peer support challenge process.	Low	Two engagement events were held pre and intra-procurement process and were publicised to incumbent providers as well as the wider VCS community. (Competitive Procedure with Negotiation also enabled further engagement prior to concluding tender stage)
Providers not able to mobilise in time for 1 April go live date	Low	The preferred providers for both Lot A (lead contractor) and Lot B are incumbent providers. Mobilisation plans for both lots were evaluated by the panel as sufficient and feasible.
Providers not able to complete contractual obligations	Low	The tender process has ensured potential providers meet the standard requirements in terms of their technical and financial capacity.
Funding reduced to a point wherein service delivery is no longer viable	Medium	Terms and Conditions will contain a clause enabling termination in the event that funding reduces to a level wherein service delivery is no longer sustainable.

7. Equalities impact assessment

Sexual ill health disproportionately affects black and minority ethnic communities, gay and bisexual men and young people. The sexual health promotion programme will target the most disadvantaged and vulnerable groups in the community and is intended to reduce health inequalities and improve health outcomes.

Equalities Impact	Low	<p>An Equality Impact Assessment was carried out within the development of the LSL Sexual Health Strategy. The procurement of a new sexual health promotion programme to be targeted at Black Africans, MSM and young people was found to have a positive impact on the protected characteristics of race, age and sexual orientation.</p> <p>Evidence indicates that, overall, BME LSL residents, in particular Black African residents, experience inequalities in</p>
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	<p>sexual health.</p> <p>Evidence gathered locally during the consultation on the Strategy Section 3.1 and from research, (eg African Health and Sex Survey, 2013-14, Sigma Research, LSHTP, A Review of research Among Black African Communities Affected by HIV in the UK and Europe, Medical Research Council) also indicates that these health inequalities are driving factors including:</p> <ul style="list-style-type: none">• Late Diagnosis of HIV• Difficulties in accessing services, including HIV testing services• Difficulties in accessing information about HIV and HIV prevention• Deprivation and immigration status• HIV stigma <p>Young people between 15 and 24 years old experience the highest rates of acute STIs. In Lambeth, 35% of diagnoses of acute STIs were in young people aged 15-24 years. In Southwark, 38% of diagnoses of acute STIs were in young people aged 15-24 years.</p> <p>Young people are also more likely to become reinfected with STIs, contributing to infection persistence and health service workload. In Lambeth, an estimated 13.1% of 15-19 year old women and 17.1% of 15-19 year old men presenting with an acute STI at a GUM clinic during the four year period from 2009 to 2012 became reinfected with an STI within twelve months. In Southwark, an estimated 16.2% of 15-19 year old women and 15.7% of 15-19 year old men presenting with an acute STI at a GUM clinic during the four year period from 2009 to 2012 became reinfected with an STI within twelve months.</p> <p>In Lambeth in 2009 to 2012, for cases in men where sexual orientation was recorded, 47.1% (n=7509) of acute STIs were among MSM. In Southwark in 2009 to 2012, for cases in men where sexual orientation was recorded, 42.3% (n=5235) of acute STIs were among MSM.</p> <p>The Sexual Health Strategy aims to address these factors, and thus the health inequalities described above, as follows:</p> <ul style="list-style-type: none">• Procuring a new sexual health promotion programme that will be targeted at Black Africans and MSM. The programme will use innovative approaches to work with Black African communities and community networks and will include challenging HIV stigma
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		<ul style="list-style-type: none"> • Extending HIV and STI testing into settings closer to home and more accessible to Black Africans and other BME groups including primary care and community settings • Supporting interventions that promote access to information on HIV and sexual health including community interventions and online interventions (eg SH24) • Introduce a condom distribution service which targets young people, MSM and Black African communities
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8. Community safety

- 8.1 For Lot A, all RISE partners are committed to robust safeguarding for both adults and children. All partners have safeguarding policies and procedures in place which are regularly reviewed; all staff and volunteers having DBS checks where relevant to their role; and sufficient training around safeguarding at a level appropriate to their role. All 'frontline' employees will be DBS checked. RISE will work with the Lambeth and Southwark Safeguarding Children Boards and Safeguarding Adults Partnership Boards to ensure clear referral pathways.
- 8.2 Additionally, Lot A's staff may encounter MSM who are currently using drugs who may be dependent on some substances, or be experiencing adverse effects e.g. psychosis. London Friend's Antidote service will have in place triage and risk assessment processes that will highlight any immediate concerns related to substance use and make appropriate referrals through links with local substance misuse or mental health services.
- 8.3 For Lot B, Brook will ensure organisations delivering the Lambeth and Southwark condom delivery scheme (CDS) have robust safeguarding processes and knowledge of child sexual exploitation (CSE) to be able to identify and support young people experiencing or at risk of harm.
- 8.4 All Brook staff and volunteers are trained in, and sign up to, Brook's Protecting Young People Policy as part of their induction. All Brook staff, including those who are not client-facing, are trained in Level 1 safeguarding, and those with additional safeguarding responsibilities receive further internal training on decision making. All management and front line staff are expected to access higher levels of training through their Local Safeguarding Children's Board. Brook is currently looking to develop in house Level 3 training to increase access for staff to enhanced safeguarding training.
- 8.5 The CDS staff and volunteer team for Lambeth and Southwark will all receive Level 1 Safeguarding training. The Service Manager and Advanced Practitioner will receive additional internal training and support in addition to being expected to engage with local safeguarding training.
- 8.6 Peer distributors and CDS staff (partners) will receive a Core Health Course covering confidentiality, safeguarding, and working within Fraser Guidelines.

- 8.7 Brook's *Protecting Young People Policy* is fully consistent with the current legal, professional and good practice frameworks around confidentiality and safeguarding children and young people including the Children Act 1989 and 2004 and *Working Together to Safeguard Children* (2013).
- 8.8 Brook London and South East has a designated Safeguarding Team led by the Nurse Manager to support safeguarding decision-making and referral. Executive Team and Professional Leads provide an emergency on-call rota so that safeguarding support can be accessed at all times. Local pathways and referral contacts are documented, stored and updated in service delivery areas to ensure all staff have easy access to information.
- 8.9 Brook operate a 6-step Safeguarding Procedure in all cases where a safeguarding concern occurs. This incorporates identifying the risk of harm, assessing the level of risk of harm, seeking advice and information, taking appropriate action such as internal or external referral, and ensuring thorough documentation and follow-up. Throughout this process Brook involve and support the young person in all decisions.
- 8.10 Established relationships with Social Care and other agencies who support young people enables Brook to seek advice and share information where appropriate, always acting in the best interests of the young person. Brook work with relevant agencies to share information about a young person if they believe that there is, or may be, a risk of serious harm to them or to another young person, with informed consent wherever possible.
- 8.11 Brook's Executive Director of Service Delivery, Jane Hughes, is the organisation's Caldicott Guardian. Their Safeguarding Committee is chaired by Phillip Noyes, NSPCC's Chief Child Protection Advisor and Brook trustee with external advice from Tink Palmer, one of the UK's leading Child Sexual Exploitation experts.

9. Organisational implications

9.1 Environmental

All bids were asked to comply with the draft Social Value Statement and Guidance which was attached within the tender documents.

9.2 Staffing and accommodation

None

9.3 Procurement

A Competitive tender with Negotiation method adapted through the Light Touch Regime (LTR) provisions governing Health and Social Care Services was used to tender for this service.

The procurement was intended (and communicated) to consist of successive stages, and result in shortlisting of a minimum number of 3 (three) tenderers to participate in

negotiation meetings, formed from application of the evaluation criteria detailed below vis a vis initial tender submissions (i.e. Tenders would be submitted initially, before being evaluated and shortlisted for negotiation meetings. Tenderers would then be invited to negotiation meetings, prior to resubmission of tenders setting out conclusive positions for final evaluation). **The Council also expressly reserved the right to amend this number dependent on the outputs of initial Invitation to Tender ITT Evaluation, and/or to accept initial tenders without any further negotiation.**

Lot A - Sexual Health Promotion

No.	Evaluation Area	Weighting (%)
1	Service model to meet outcomes, aims and objectives	60
	<ul style="list-style-type: none"> • Activities and interventions 	(30)
	<ul style="list-style-type: none"> • Measuring impact 	(20)
	<ul style="list-style-type: none"> • Risks and mitigation 	(10)
2	Mobilisation plan	10
3	Managing interdependencies and relationships	3.33
	Engagement with Service Users	3.33
	Proposed Governance Arrangements	3.33
4	Resourcing and staffing	10
5	Social value	5
6	Exit plan	5
	Total:	100

Lot B - Condom Distribution

No.	Evaluation Area	Weighting (%)
1	Service model to meet outcomes, aims and objectives	60
	<ul style="list-style-type: none"> • Activities and interventions • Measuring impact 	(30)

	<ul style="list-style-type: none"> Risks and mitigation 	(20)
		(10)
2	Mobilisation plan	10
3	Managing interdependencies and relationships	3.33
	Engagement with Service Users	3.33
	Proposed Governance Arrangements	3.33
4	Resourcing and staffing	10
5	Social value	5
6	Exit plan	5
	Total:	100

The Council aimed to maximise quality of delivery in exchange for total available funding. The award criteria was based 100% on bidders' quality submissions, subject to attainment of a minimum quality threshold, with award of contracts predicated on highest-ranked tenderer by quality score. Quality was evaluated via method statement questions designed to assess the supplier's ability to deliver the service according to the specification and service outcomes.

Bidders were also mandated to provide a Financial Model template as part of their tender submission which provided clarity around the formulation of their costs and confidence in ability to meet the service requirements. The relevant due diligence checks were completed (references, insurances and Dun & Bradstreet checks) for each of the preferred bidders.

Lot A – Sexual Health Promotion

Three bids were received for the Sexual Health Promotion lot. The preferred bidder is a consortium partnership called RISE. RISE comprises of Naz (lead contractor), GMFA, London Friend and Race Equality Foundation. RISE's submission evidenced added value in every question with innovative and exciting answers. They also created an interesting partnership with a mix of expertise which the Panel thought was excellent, and the answers given were really able to address the questions in the detail required for each service user demographic.

An evaluation panel formed from Commissioning and Public Health representatives met on 15 September (service users were also approached to participate, but could not provide availability in alignment with communicated dates). Scoring from initial stage evaluation for the preferred bidder was as follows:

1. NAZ 77%

Due to the difference between the 1st and 2nd ranked bidders, and the limited nature of clarifications and amendments required of the former, a decision was taken to progress NAZ only to the secondary stage negotiation meeting. The panel's assessment of the revised submission satisfied all minor clarification points identified, and original commentary and scoring remained unchanged – aside from areas now reviewed as satisfying requirements (in respect of which the evaluation template has been updated and annotated accordingly). The 2nd ranked bidder was offered a position as reserve bidder, (which was accepted) in the event of inability to conclude a contract with NAZ (e.g. a failure at post-procurement insurance or reference checks) and communication was also provided through EU Supply clarifying the rationale for not progressing their bid on this basis (which was subsequently acknowledged and accepted).

Lot B – Condom Distribution

Two bids were received for the Condom Distribution lot. The preferred bidder is Brook London. The Brook London submission also evidenced substantial added value, and comprehensive understanding of the service, setting and objectives.

The scoring from the evaluation panel (undertaken sequentially following completion of Lot A) for the preferred bidder was as follows:

1. Brook London 71%

The panel did not identify any further clarification or amendment to the Brook London submission, and, in alignment with the stated procurement approach, elected to accept the initial bid without further negotiation.

9.4 Health

Lambeth's health and wellbeing strategy for 2013-23 states, "*We believe that we can achieve better health and wellbeing outcomes for people in Lambeth by prioritising earlier action at all critical life stages.*" Further priorities for children and young people include early help for children, young people and families and that children and young people are safeguarded and protected from harm. Lambeth's joint strategic needs assessment (JSNA) and health profile 2014 state that HIV and sexual health are two of its local priorities. The outcomes of this sexual health promotion programme unequivocally support the priorities of both of these strategies.

10. Timetable for implementation

Milestones	Date
Publication of Advertisement / Availability of Tender documents	02 nd September 2015
Bidder Information Event	10 th September 2015
Deadline for receipt of Bidder clarification questions	25 th September 2015 (12pm noon)
Deadline for receipt of Tender submissions	02 nd October 2015 (12pm noon)
Initial Evaluation / Shortlisting	w/c 05 th October 2015
Negotiation Meetings	w/c 19 th October 2015 – w/e 23 rd October 2015
Issue of Revised Tender documents	30 th October 2015
Deadline for receipt of Bidder clarification questions	06 th November 2015 (12pm noon)
Deadline for receipt of Tender submissions	13 th November 2015
Final Evaluation	w/c 16 th November 2015
Provisional Award	w/c 07 th December 2015
Conclusion of Standstill period	24 th December 2015
Award of Contract(s)	w/c 28 th December 2015
Service Mobilisation	January – March 2016
Service Commencement	01 st April 2016

Audit trail				
Consultation				
Name/Position	Lambeth cluster/division or partner	Date Sent	Date Received	Comments in para:
Helen Charlesworth-May, Strategic Director; Children, Adults and Health	Strategic Director, Commissioning	24.11.15	11.12.15	
Maria Millwood, Director, Strategy and Commissioning,	Director	24.11.15		
Nicola Drito-Andi/ Pete Hesketh, Finance	Business Partnering	18.11.15	23.11.15	3
David Thomas, Legal Services	Enabling: Integrated Support	18.11.15	23.11.15	4

Henry Langford, Democratic Services	Enabling: Corporate Affairs	18.11.15	23.11.15	4
Councillor Jim Dickson	Cabinet Member: For Health and Wellbeing	24.11.15	3.12.15	
Internal Officer Board	Date of meeting			
Procurement Board	03.12.15			
External				

Report history	
Original discussion with Cabinet Member	04.06.15
Report deadline	26.11.15
Date final report sent	26.11.15
Report no.	N/A
Part II Exempt from Disclosure/confidential accompanying report?	Yes
Key decision report	Yes
Date first appeared on forward plan	09.10.15
Key decision reasons	2. Expenditure, income or savings in excess of £500,000
Background information	Lambeth, Southwark and Lewisham sexual health strategy, 2014-2017 Lambeth Council's Community Plan 2013-16 Public Health Outcomes Framework 2013 to 2016
Appendices	None.

APPROVAL BY CABINET MEMBER OR OFFICER IN ACCORDANCE WITH SCHEME OF DELEGATION

I confirm I have consulted Finance, Legal, Democratic Services and the Procurement Board and taken account of their advice and comments in completing the report for approval:

Signature _____ Date _____

Post Jennifer Reiter, Senior Commissioning Officer – Sexual Health

I approve the above recommendations:

Signature _____ Date _____

Post Helen Charlesworth-May, Strategic Director: Children, Adults & Health

I confirm I have consulted the relevant Cabinet Members, including the Leader of the Council (if required), and approve the above recommendations:

Signature _____ **Date** _____

Post **Cllr Jim Dickson, Cabinet Member for Health and Wellbeing**

Any declarations of interest (or exemptions granted):

Issue	Interest declared
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