

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Procurement strategy for the provision of sexual health services for young people in Camden and Islington(PH/2021/01)	
REPORT OF Cabinet Member for Best Start for Children and Families and Cabinet Member for Healthy and Caring Camden	
FOR SUBMISSION TO Children, Schools and Families Scrutiny Committee Cabinet	DATE 5 th July 2021 7 th July 2021
STRATEGIC CONTEXT <p>Camden 2025 is our communities’ vision for Camden. We have linked this specification to the Camden 2025 vision; these services strongly support the objectives of Camden 2025 by working with our NHS and voluntary sector partners so that in 2025 everyone in Camden should be able to live a healthy, independent life.</p> <p>Our Camden Plan is the council’s response to Camden 2025. We have linked the service provision to several key areas within the Healthy Independent Lives element of the Camden Plan. Young people’s health and wellbeing will continue to be at the forefront of all that we do.</p> <p>We have engaged with young people during the procurement process and they have designed and delivered focus groups to their peers and presented their findings to Commissioners and Providers. We continue to engage with young people throughout the commissioning process seeking their views and feedback on the specification to enable co-design of the model. This includes ensuring there are options for peer led delivery as part of service delivery, and as part of contract management ensuring there are opportunities for user feedback and an ongoing clinic survey of the 22 – 25 cohort.</p>	
SUMMARY OF REPORT <p>This report seeks approval for the procurement of young people’s sexual health services in Camden and Islington, providing a more inclusive service representative of the local population.</p> <p>The proposed approach to the commissioning of the young people’s open access sexual health services in Camden and in partnership with Islington will give young people access to the services they need to keep themselves well. It will support them to take charge of their health and wellbeing through clinical services, targeted support, and delivery of relationship and sex education using a ‘No Wrong Door’ approach and supporting the delivery of Camden 2025.</p> <p>Sexual Health services include building-based sexual health screenings, pregnancy tests and access to contraception, relationship and sex education in schools and other events, targeted support to groups of young people or individuals, and sexual health outreach clinics into youth settings and other locations.</p>	

The services in scope for this procurement strategy are currently provided by: the Brandon Centre, Brook and Homerton University Foundation Hospital NHS Trust.
Service Improvements

A group of young people delivered workshops and surveys during January 2021 with a feedback session on 27 January 2021 to Commissioners. There has been helpful and proactive suggestions and solutions on key themes for improvements, many of which we will be able to deliver or work to deliver. We are particularly keen to hear the voices of our young people in care and care-experienced young people, as we know they experience poor health outcomes compared to their peers. We will actively seek their views on the service.

Social Value

We will be using Camden Council's social value framework when evaluating provider bids. These social value opportunities will be included within jointly agreed KPIs and we will consider holding back a percentage of the contract value for each provider until KPIs are collaboratively delivered.

The current contracts come to an end on 31 March 2022 and a procurement will take place in 2021 led by the London Borough of Islington on behalf of both boroughs. The report is coming to Cabinet in line with Contract Standing Orders.

Local Government Act 1972 – Access to Information

No documents that require listing were used in the preparation of this report.

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RECOMMENDATIONS

The Children, Schools and Families Scrutiny Committee is asked to make recommendations to Cabinet.

Cabinet is asked

1. To approve the procurement strategy for sexual health services for young people aged 25 and under including vulnerable groups, with services structured so that young people receive the most appropriate level of service related to their needs, as set out in section 2 of this report, noting the commitment to further consultation and development regarding the wider 25 and under offer.
2. To delegate authority to award the contract to the Director of Public Health in consultation with the Executive Director Supporting People, the Cabinet Member for Best Start for Children and Families and the Cabinet Member for Healthy and Caring Camden.

Signed:



Date: 24 June 2021

1. CONTEXT AND BACKGROUND

- 1.1 This report seeks approval for the procurement strategy in respect of Young People's Sexual Health Services.
- 1.2 The proposed services will deliver sexual health services, building-based and by outreach, to all young people under the age of 25, Services will be structured so that there is 'No Wrong Door' and users receive the appropriate level of service in relation to their needs, in the London boroughs of Camden and Islington. Anyone aged 25 and under presenting to the service will be assessed and interventions provided. For those aged 22-25, services will discuss needs and the options for accessing support will be identified. Should young adults choose to access support from adult services a transition plan will be co-produced with the user and the SH worker the aims of which will be to ensure that future needs are supported by adult services and/or self-managed. A transition phase will also give the young adult an opportunity to return to the YP service should they feel they need a longer period of transition. All assessments will ensure that services develop an understanding of an individual's vulnerabilities in order to inform their discussions with the user about their options in accessing the range of interventions that they may need. This will include those aged 22-25 as it will be key to decisions about transition planning. The proposed procurement will be led by Islington with one contract for both boroughs.
- 1.3 The Camden and Islington Young People's Sexual Health service (CAMISH) was commissioned in 2015 as a joint procurement to deliver an integrated sexual health service across Camden and Islington. The services are delivered by three (3) providers; Brandon Centre, Brook and Homerton University Foundation Hospital NHS Trust. Funding for the service comes via the ring-fenced Public Health grant funded through central government and the budget will remain the same with no planned reductions. The age range for the service increased up to the age of 25 due to availability in the budget and this offered a consistent offer in line with emergency contraception delivered through pharmacies. These individuals are also able to access adult services if that is their preference. There have been many service innovations in the delivery of SH services throughout the life of the current contract and these new developments will form part of transition plan discussions, enabling a managed transfer of care or self-management where appropriate.
- 1.4 The aim of the current service is to offer accessible preventative services to young people and younger adults up to the age of 25 in order to:
- reduce unwanted pregnancies
 - reduce the risk and transmission of Sexually Transmitted Infections (STIs)
 - provide education in the forms of targeted group work, one-to-ones and Relationships and Sex Education (RSE)
 - provide workforce development (WFD) to staff teams working with young people.
- 1.5 The three organisations have worked together through a governance structure they have developed and agreed, with terms of reference and clinical oversight from the Homerton and senior managers from Brandon Centre and Brook. The governance structure includes: a safeguarding group to ensure best practice and

that vulnerable young people are identified across the organisations supported as necessary, and a clinical governance and quality group to agree consistent procedures and practice across the network. The Coordinator takes the lead in ensuring the governance of the network is maintained. The current service is recognised as good practice across London.

2. PROPOSAL AND REASONS

- 2.1 The recommended option for these services is to procure a single contract for Camden in collaboration with Islington which will offer both NHS and Voluntary Community Sector (VCS) delivery. The service has benefited from the wealth of skills, knowledge and expertise which has come from partnership between a local service, an NHS Trust and a national organisation. Through the tender process, we will be seeking bids that can offer this level of provider partnership.
- 2.2 During the procurement process we will use Camden's comprehensive social value framework which will guide bidders in developing opportunities for Camden residents. The partnerships within the current network have been key to providing added social value, with additional resources and expertise from organisations charitable funds and/or clinical expertise. These social value opportunities will be included within jointly agreed KPIs. We will consider holding back a percentage of the contract value for each provider until KPIs are collaboratively delivered. Maintaining a mixed provider model across statutory and non-statutory providers, should support local charities and organisations to continue to exist within our local Borough provider markets.
- 2.3 The service offer will be available for all young people up to the age of 25. There has been a continuing pressure in terms of those aged 22 to 25 accessing the service. Part of future delivery and service design will be around how this can be effectively addressed across the wider sexual health pathway. Vulnerable young adults aged 22 to 25 will continue to be a priority group for accessing this service. However, we will consider the whole sexual health system in terms of provision for others in this age group and how we diversify the wider offer to support young adults to access services that best meet their needs. Young adults who wish to start accessing SH treatment and support in YP services will be able to do so and services will plan with each user a transition plan which takes account of their vulnerabilities, needs and preferences for things such as locations and timescales. This does not preclude the potential role of this re-specified service within that offer, but will recognise significant changes since the current young people's service was developed and procured, in the provision of other sexual health services including: integration of contraception and sexually transmitted infections (STIs) services; online testing for HIV and STIs; increasing contraceptive advice and provision delivered through telehealth consultation; and, most recently, implementation of routinely commissioned anti-HIV Pre-Exposure Prophylaxis (PrEP). We have held a number of engagement events and will continue with these in order to work alongside service users and providers to refine the specification for the service.
- 2.4 Data from 2019 shows that:
- 84% of overall attendees were female
 - 58% of overall attendees were aged 20 and over

- Just over 7% of young people identified as LGBT with less than 1% of attendees who were trans.
- Contraception accounted for 41% of attendances.
- The highest proportion of clinic attendees were White ethnic groups (47%) followed by Black or Black British (19%).
- Just under 15% of service users identified as having a disability.

The service specification will require continued efforts to target under-represented groups through building pathways with services who support these groups and meeting young people in the places they feel most comfortable.

2.6 We are committed to the Fast Track Cities ambition of zero new HIV diagnoses by 2030. In 2019 there were 2858 tests for HIV with young people in clinics and a further 500 tests delivered via the outreach element of the service. There were no positive results. Camden has championed access to anti-HIV Pre-Exposure Prophylaxis (PrEP) for all that need it. The specification will include outreach, education, testing and assessment for PrEP eligibility. At the time of writing, NHS provision of PrEP is for Level 3 services. In anticipation of change, this service will be expected to be prepared and able to implement PrEP. Camden will continue to push for expansion of the PrEP offer, whether through changes in NHS routine provision or through pilots.

2.7 The providers will continue their excellent partnership with Camden schools and Camden Health Schools Team to deliver Relationship and Sex Education (RSE) and upskilling teachers to deliver RSE. They will use feedback from young people to cyclically reflect and refresh content delivered.

2.7 The contracts for these services come to an end on 31st March 2022 with no further provision to extend. The Camden & Islington Public Health Directorate has a mandatory duty to provide sexual health services. Best practice and National Institute for Health and Care Excellence (NICE) guidelines recommend that young people's services are provided separately to adults. It is proposed that the contract will be for an initial period of five (5) years with two (2) optional extensions of up to two (2) years each. The total lifetime of the contract will be nine (9) years.

2.8 Demand for Sexual Health services in Camden among young people and young adults is impacted by the high student population, particularly on demand for services at our Brook Euston service due to its central location, and by the high levels of inequality and deprivation experienced in these age groups. Delivering a model which takes into consideration vulnerabilities, needs and preferences when planning care, including the transition of care to adult services, with users transitioning those appropriate to access services differently is intended to ensure services are better able to manage capacity and meet the current demand amongst young people and, importantly, increase the focus on reaching under-represented communities in younger age groups.

2.9 Adult services continue to offer specific services to young adults as they have always done. Both adult and YP services have gone through significant transformation in response to COVID with both adult and YP clinics rapidly introducing some telehealth / telephone-based services, which have offered additional ways to access services, dependent on need and age. There is increased e-service access, including both for HIV and STI testing and

contraception which does not need direct in-clinic contact. These services will be integral to developing a transition plan with a young person if assessed as appropriate for moving between young people's and adults' services. We are considering the learning and experience obtained through the pandemic to inform the design of these services, to be able to provide a balance of ways to be able to access services. Although over the lifetime of this contract the practice and evidence base may develop, at this point young people under 18 are directed to clinics rather than online services, to ensure that safeguarding aspects of care can be fully assessed.

2.10 We are currently in the process of engaging with young people and adults to gauge their feedback on the current service and have recently completed a round of "mystery shopping". The Public Health Knowledge and Intelligence team is currently producing data analysis on young people aged 13 – 25 in the Borough of Camden which will include forecasts of need for the life of this contract. The service model for young people will remain under review with providers and users to ensure that it is achieving the outcomes that young people seek. The same process of regular review will also be used with adult services ensuring that lessons learnt from covid are implemented, delivering the intended outcomes and that there are no unintended consequences or gaps in provision emerging.

Procurement approach and business case

2.11 The procurement will be conducted in accordance with the Public Contracts Regulations 2015, under Chapter 3 Section 7 Social and Other Specific Services (known as the "light touch" regime). Under Regulation 76 the Council has the flexibility to use any process or procedure to run the procurement, provided it is sufficient to ensure compliance with the principles of transparency, equal treatment of economic operators (service providers) and proportionality. The intended procedure will be based on the competitive procedure with negotiation, allowing for negotiation if deemed appropriate. The Council will reserve the right to award the contract on the basis of initial tenders without negotiation. The Council reserves the right to not award the contract if tenders are of insufficient quality.

This will be a jointly procured service between Camden and Islington. It will be procured as a single contract. The total contract value will be £1,540,150 per year. Based on a contract length of nine (9) years (5+2+2), we estimate the value of the contract to be £13,861,355 with Camden's contribution of £6,986,125. Islington Council will be responsible for the payment of these contracts with Camden's contribution accrued at the end of the financial year.

2.12 A Prior Information Notice (PIN) and questionnaire was published on the London Tenders Portal on 13 January 2021. This was a Market Testing exercise providing information on the proposed service and seeking feedback on supplier's preference for service models. A market engagement event then took place on 30 March 2021 giving potential providers and key stakeholders an opportunity to review and feedback on the draft specification.

2.13 The tender evaluation will be undertaken in the following stages:

- Initial selection stage: tender capacity and initial tender. The process will include an initial assessment of the tenderer's capacity and capability to deliver the contract. This will be done on a pass/fail basis and will include consideration of the tenderer's experience, health and safety, and equal opportunities. Tenders which do not demonstrate sufficient capacity to deliver the services will be eliminated from the process. This will be made clear to tenderers in the documentation along with clear guidance about the pass/fail criteria.
- Tender stage: after applying the selection criteria, those tenderers that pass the initial assessment will then have their initial tender evaluated. Following the evaluation of initial tenders, the Council reserves the right to award the contract on the basis of the initial tenders without negotiation. Alternatively, tenderers will be invited to a negotiation session/s where they will have the opportunity to present their proposals and clarify details around how their individual bids could be improved.

2.14 Following a negotiation phase, if required, tenderers will be invited to submit a best and final offer. These tenders will then be evaluated and the Council will award the contract to the supplier with the most economically advantageous tender in accordance with the evaluation criteria. Full details of the procurement process will be clearly set out to bidders within the tender documentation.

2.15 Our proposed award criteria will be based on, 30% price, 70% quality. We will use Camden's Council's Social Value framework and have allocated 20% of the 70% for quality to social value. Under-funding/staffing a service could lead to an unacceptable quality of service and therefore a higher percentage has been allocated to quality than to cost. The tender award criteria are set out below;

Tender award criteria	Weighting (%)
Price	30%
Quality criteria such as service outcomes/outputs, partnership working, quality of care, safeguarding and co-production	50%
Social Value	20%

2.16 Quality thresholds against key criteria such as quality of care and continuous improvement will be set to ensure only quality tenders are considered for award. For the social value tender award criteria, consistent with the Social Value Act 2012, Camden is legally obliged to consider how the proposed contract might improve economic, social and environmental wellbeing. Officers will use the Camden social value framework in the evaluation criteria.

2.17 The cost element will be assessed by evaluating the submitted pricing schedule. Scores will be assigned to the prices by measuring each price against the lowest sustainably priced tender submitted. The lowest priced tender will achieve the maximum score and any prices above the lowest will be allocated a proportionate score.

3. OPTIONS APPRAISAL

3.1 We have completed an appraisal of options in relation to this project and the following options were considered in relation to this project;

- A. **Re-procure the service (outsourcing).** This option would require a full public procurement exercise due to the contract value and is the recommended option for the reasons set out in Section 2 of this report.
- B. **Insourcing.** This would apply for all three (3) providers, Brandon Centre, Brook and Homerton University Hospital Foundation Trust (HUHFT) delivering these services. All providers deliver clinical services which are considered not suitable for insourcing at this time. This is due to the clinical governance and supervision needed to provide clinical interventions for these open access services available to young people regardless of where they live. This option would mean the transfer of a mixed workforce from the VCS contracts onto Council contracts through the TUPE system. Camden Council would also then need to enter into an arrangement with NHS Trusts for the secondment of clinical staff. In addition the Council would not benefit from the innovation, expertise or additional social value that these voluntary sector and NHS expert providers can offer.
- C. **Do nothing.** This option would entail letting the current contracts run out, and therefore we would be left without any services from 1 April 2022. The impact of the service ceasing to exist would be approximately 7000 young people not receiving a services including, STI testing and treatment, contraception, counselling, education and safeguarding opportunities. We have a mandatory duty to provide sexual health service and NICE guidelines and best practice state that young people should have separate services to adults.

3.2 Further information about the options is provided in the Commissioning Options table attached to this report as Appendix 2.

4. WHAT ARE THE KEY IMPACTS / RISKS? HOW WILL THEY BE ADDRESSED?

4.1 Business risks include providers being suitably skilled, experienced, insured and registered where appropriate to provide the services. There is a risk to the Council if these services are either not re-procured or no providers bid for them, that there would be no specific young people's sexual health services and/or other sexual health services may not be able to cope with demand, this is a statutory service. There may also be pressure on budgets. We will mitigate this risk through our stakeholder engagement and allowing for open conversations with stakeholders on the new specification therefore making it more appealing to bid for.

4.2 We are currently in the process of sourcing a new building to provide clinical space. We have the support of the Council Property Teams with this process.

4.3 An Equalities Impact Assessment (EIA) has been completed (Appendix 1). The Assessment has highlighted that there may be indirect discrimination by reducing the upper age limit. Although this can be addressed through pathways with other sexual health provision, this is also in part addressed through inclusion of vulnerable 22-25 year olds within the scope of the service, and services for other 22-25 year olds is under consideration. The use of other

sexual health services by young adults is being reviewed for a greater understanding of any changing patterns in service use and ensure that delivery models across the system are adapted to any new or emerging needs.

- 4.4 The Equalities Impact Assessment has helped to identify key areas that we can develop the new service including strengthening relationships between services and those who support looked after and care experienced young people. This also includes working more closely with under-represented groups and those that support them such as LGBTQI+, disabled and young males.

5. CONSULTATION/ENGAGEMENT

- 5.1 During the pre-tender process, we have engaged with young people and young adults who have provided valuable feedback about what they would like to see as part of a new service. Young people have designed and delivered a set of focus groups and questionnaires to their peers as part of this process and their findings have been attached in Appendix 3 – First Phase: Young People’s Report Findings.

- 5.2 Young people and young adults will be supporting the whole procurement process and will help design a question for the tender stage as well as evaluation of the tender response. We have engaged with stakeholders on the specification throughout. At our most recent provider event, providers stated that they wanted to be able to provide a level of service more equitable to a level 3 service, rather than having to refer the young person elsewhere. Officers are working on how best to incorporate this into the model (DHSC guidance permitting). The main benefit of this option, is the ‘one stop shop’ approach with only those presenting with particularly complex needs requiring a further referral. Additionally in line with section 2.4 above, providers are also keen to be able to prescribe PrEP. A pilot will be considered in partnership with DHSC/NHSE. event.

6. LEGAL IMPLICATIONS

- 6.1 Legal services has reviewed this report in the light of the Public Contract Regulations 2015 (as amended) (‘PCR’) and the Council’s Contract Standing Orders (‘CSO’) which must be complied with.
- 6.2 This report sets out the proposed procurement strategy for the procurement strategy set out in section 7 of the report to procure a contract for young people’s sexual health services in Camden and Islington for a value of £6,986,120 (Camden contribution) for nine (9) years (5+2+2) using the updated service model summarized in sections 1 and 2 of the report. The evaluation split for assessing the contract will be 50% quality, 30% cost and 20% social value. In accordance with Contract Standing Orders the procurement strategy for a contract of this value requires approval from Cabinet. Cabinet is being asked inter alia to delegate the power to award the contract to the Director of Public Health in consultation with the Cabinet Member for a Healthy and Caring Camden, the Cabinet Member for Best Start for Children and Families and the Executive Director Supporting People.

6.3 The Council must take into account its equality duties when exercising its functions, namely to have 'due regard' to the need to: eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act; to advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and foster good relations between people who share a relevant protected characteristic and those who do not (which involves tackling prejudice and promoting understanding). Under the duty the relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion, sex, sexual orientation. In respect of the first aim only (that is, reducing discrimination, etc.), the protected characteristic of marriage and civil partnership is also relevant.

6.4 The Public Services (Social Value) Act 2012 requires that public authorities letting service contracts consider how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area and how during the procurement it might act with a view to securing that improvement. In fulfilling this duty, the authority must (amongst other things) consider whether to undertake any consultation.

7. RESOURCE IMPLICATIONS

7.1 The YPSH service is included in the Public Health core funding plans. The current annual block contract for YPSH network for Camden £777,000 has been run within budget.

7.2 The YPSH procurement and proposed contract due from April 2022 for a nine year period (5+2+2) is at a total maximum value of £13,861,350. Camden's contribution will remain at current levels at a maximum value of £6,993,000.

8. ENVIRONMENTAL IMPLICATIONS

8.1 The main environmental impact from this procurement will be the use of buildings by the service provider. These will include energy and water use, consumption of materials, and the generation of waste, including clinical waste, all of which have potential carbon emissions. There will also be transport-related impacts from staff travelling to work and from visits as part of the outreach service. The service will explore how to move to other, more environmentally friendly modes of transport. The council does not own the buildings the service will operate from, but the winning bidder will be asked to support the council's zero emissions goal, including discussing procuring renewable electricity for their site(s) and being encouraged to recycle as much as possible.

9. TIMETABLE FOR IMPLEMENTATION

9.1 The London Borough of Islington will be the lead authority for the tender process and Camden's governance arrangements have been built into the indicative timeframe set out below:

Key milestones	Indicative Date (or range)
Tender advert	22 nd June 2021
Invitations to tender issued	22 June 2021
Deadline for submission of tenders	2 September 2021
Tender evaluation and clarification period	14 September – 8 November 2021
Winning Bidders Social Value Delivery Plan submitted to Strategic Contracts and Responsible Procurement Manager	December 2021
Relevant Contract Award Report – Director of Public Health in consultation with the Cabinet Members for a Healthy and Caring Camden and Best Start for Children and Families	Late December 2021
Contract signature / sealing	January 2022
Transition to the new arrangements	January – March 2022
Contract start date	1 April 2022

10. APPENDICES

Appendix 1- Equalities Impact Assessment

Appendix 2- Commissioning Options Table

Appendix 3- First Phase: Young People's Report Findings

REPORT ENDS